Nursing behaviors which convey caring to the mother delivered of a stillborn infant
by Twila Jo Zieske

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Nursing
Montana State University
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Abstract:
This study examined nursing behaviors which conveyed caring to the mother delivered of a stillborn
infant and determined the relative importance of these behaviors in order to assist the nurse in meeting
the special physical and psychosocial needs of these bereaved clients.

A sample of ten women (five to nine weeks post-loss) participated in the study. Information was
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Memories; (2) Accessibility; (3) Anticipates; (4) Monitors and Follows Through; (5) Comforts; (6)
Explains and Facilitates; (7) Trusting Relationship; (8) Explains and Facilitates Grief; and (9) Social
Support.

Results of this descriptive study revealed that all thirty-five specific nurse caring behaviors were
enacted by nursing personnel whose nurse caring behaviors were viewed as being important or very
important by the participants who received them.

This study was a beginning attempt at identifying nurse caring behaviors important to mothers
delivered of stillborn infants and demonstrated a need for further exploration of the caring concept.
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by

Twila Jo Zieske

A thesis submitted in partial fulfillment
of the requirements for the degree
of

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June 1987
APPROVAL

of a thesis submitted by

Twila Jo Zieske

This thesis has been read by each member of the thesis committee and has been found to be satisfactory regarding content, English usage, format, citations, bibliographic style, and consistency, and is ready for submission to the College of Graduate Studies.

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ABSTRACT

This study examined nursing behaviors which conveyed caring to the mother delivered of a stillborn infant and determined the relative importance of these behaviors in order to assist the nurse in meeting the special physical and psychosocial needs of these bereaved clients.

A sample of ten women (five to nine weeks post-loss) participated in the study. Information was gathered through the use of a mail-out questionnaire which contained thirty-five identified nurse caring behaviors and asked the participants to indicate if they received these behaviors. The participants were then asked to indicate the degree of importance of each behavior on a Likert-type scale, grading each behavior as being Very Unimportant, Unimportant, Important or Very Important. Demographic data and reproductive histories of the participants were also obtained. The thirty-five nurse caring behaviors were placed into nine nurse caring behavior themes for analysis. These categories were (1) Facilitating Memories; (2) Accessibility; (3) Anticipates; (4) Monitors and Follows Through; (5) Comforts; (6) Explains and Facilitates; (7) Trusting Relationship; (8) Explains and Facilitates Grief; and (9) Social Support.

Results of this descriptive study revealed that all thirty-five specific nurse caring behaviors were enacted by nursing personnel whose nurse caring behaviors were viewed as being important or very important by the participants who received them.

This study was a beginning attempt at identifying nurse caring behaviors important to mothers delivered of stillborn infants and demonstrated a need for further exploration of the caring concept.
CHAPTER 1

BACKGROUND OF THE STUDY

Introduction

The death of an infant just prior to or during delivery is sometimes difficult to accept. This acceptance is especially difficult for the mother and the professional health care personnel involved. The bereaved mother's presence poses special problems for nurses in the maternity unit where one expects the joy and excitement of birth, not the sadness and mourning of death. Yet, caring for bereaved mothers is a part of maternity nursing. Even though rapid advances in medical technology have resulted in a decreased rate of infant deaths, approximately 33,000 babies are stillborn each year in the United States. This is roughly one stillborn in every one hundred deliveries (National Center for Health Statistics, 1985).

In order to care for these mothers, the hospital staff carries out a series of actions which are planned for the benefit of the mother. These actions are often based primarily on a number of common assumptions and customs that arise from a mixture of traditions, state health laws, and the convenience of the institution and its staff (Kennell, Slyter, & Klaus, 1970). There is little information in nursing literature about the response of a mother to the death of an
unborn child. Because of this limited information, nurses have minimal recommendations from which to derive their nursing care. Many of the current recommendations are based on either anecdotal experiences, limited observations, or research on a small number of stillbirths (Kellner, Donnelly, & Gould, 1984). At this time, it is unknown if these recommendations adequately address the unique physical and emotional needs which arise. These unique needs must be met in order to facilitate the grieving process and initiate constructive grief resolution. In addition to not knowing precisely what to do for these mothers, increasing technological demands, decreased staffing levels (which require increased nursing efficiency), and shortened patient hospital stays limit the amount of time available for nursing care. These trends necessitate that nurses perform only those behaviors that they consider a priority or are deemed as mandatory. Since minimal and often unresearched recommendations are all that are currently available for the care of a mother delivered of a stillborn infant, nurses may not recognize the special needs of these patients. These mothers may be hospitalized only briefly, but they require concentrated and efficient nursing care in order to assist them in coping with their loss. The conditions surrounding the mother and her treatment in the hospital are believed to have a significant effect on the eventual resolution of her grief (Kirkley-Best & Kellner, 1982).

For reasons not entirely understood, research in this field has been relatively scant. Research in the area of perinatal bereavement is needed so that effective nursing interventions can be established.
Of what importance are the nursing care behaviors that are currently being carried out? The collection of literature has grown in the area of patient care. Much has yet to be learned in order to provide mothers of stillborn infants with appropriate and effective nursing care in order to assist them in coping with their loss and in eventually resolving their grief.

**Purpose**

The purpose of this descriptive study was to examine the actual nursing behaviors which convey caring to the mother delivered of a stillborn infant and then to determine the relative importance of such behaviors in order to assist the nurse in meeting the special physical and psychosocial needs of these bereaved clients.

The scope of this study encompasses: (a) exploration of the nursing literature about caring and loss; (b) identification of nurse caring behaviors from both nursing and bereavement literature (which provides relevant examples of nurse caring behaviors and identifies criteria basic to the care concept); (c) refinement of the identified nurse caring behaviors into a reliable mail-out questionnaire; (d) identification of the most important nurse caring behaviors as perceived by mothers delivered of stillborn infants; and (e) discussion of the findings as they relate to the nursing care of bereaved mothers.

This study is viewed by the author as offering insight toward the practical aim of helping mothers delivered of stillborn infants feel cared for. This care can be accomplished by providing appropriate and
effective direct physical care, psychosocial support, and assisting
with the specific, yet individual aspects of loss.

Conceptual Framework

This study is based on the conceptual model of nursing as

described by Lydia E. Hall (1969) referred to as the Core, Care, and
Cure Model (Figure 1). In developing this model, Hall drew
extensively from the philosophies of the fields of psychiatry and
psychology in theorizing about the nurse-patient relationship. Hall,
in developing her model, also borrowed from Carl Rogers' philosophy of
client-centered therapy in which the major therapeutic approach is
assisting the patient to clarify, explore, and validate her feelings.
This assistance of the patient in clarifying feelings is a very
important step in helping a person cope with any illness.
Participation of the individual is especially important in dealing
with a loss.

The theoretical assertions underlying this study are based on the
core, care and cure model's approach to the concept of the individual
who is in the process of coping with a disease or illness and the
effect of nursing care upon recovery. The individual addressed in the
model in this study is the mother delivered of a stillborn infant.
Hall's first assertion is that the individual is composed of three
aspects, which are identified as Core, Care, and Cure.

Hall's second assertion, the core concept, is the belief that as
the individual requires less medical care, more professional nursing
care is required. Hall defines the non-acute recovery phase of an
illness as the "second stage" which is the phase most conducive to learning and eventual rehabilitation. It is in this area that the need for increased nursing care is required in order to nurture and teach. Also, it is in this recovery phase that the individual is most able to benefit and learn from the care nurses offer.

The third assertion of this theory is that professional nursing care hastens recovery. It is during the "recovery phase" of an illness that nurses who are educated in the behavioral sciences and who take the responsibility to provide their patients with the appropriate care are most likely to be beneficial (Peskoe & Gumm, 1986).

The major assertions underlying this model are therefore based on Hall's belief that: (a) patients should be cared for only by professional nurses who can take total responsibility for the care and teaching of the patient; (b) patients achieve their maximal potential through a learning process, thereby demanding that the major therapy needed is teaching, and (c) health is hastened by helping patients move in the direction of self-awareness by recognizing their true feelings and emotions.

Three interlocking circles identified as Core, Care, and Cure are the central concepts of Hall's theory (Figure 1). The Core area involves the patient and her individual motives and goals. The Care area refers to the care of the patient and implies that a comforting, nurturing, therapeutic relationship is established. The Cure area is the aspect involved with the illness which in this study is the loss.
The therapeutic relationship which is addressed in this model can be modified to include the nine nurse caring behavior themes studied in this research. The Cure area can also be modified in order to incorporate the psychological, sociocultural, and physical concepts of loss which vary depending on the Core (person) concept of the model.

Despite the simplicity of Hall's model, her theory has provided a conceptual framework which allows for insight into the multi-dimensional aspects of caring for a mother delivered of a stillborn infant by providing a simple and easily understood theory where the major concepts are limited and clear. Hall designed her model to represent the three aspects of the patient and their relationship to the caring aspects of nursing.

**Operational Definitions**

Terminology used in the study is operationally defined as follows:

1. **Caring**
   An attitude which mandates a relationship and compels an individual to carry out a specific type of action.

2. **Nurse caring behaviors**
   The acts, conduct, and mannerisms of professional nurses which convey to the patient concern, safety, and attention. (Larson, 1980)

3. **Feeling cared for**
   The sensation of well being and safeness which is the result of the behavior of another. (Larson, 1980)

4. **Nurses caring for mothers delivered of stillborn infants**
   Professional nurses who in the course of their nursing practice interact with mothers who have been delivered of stillborn infants.

5. **Mothers delivered of stillborn infants**
   Females whose pregnancies have resulted in the delivery of a non-living child of twenty weeks gestation or more.

6. **Stillborn infants**
   A delivery after twenty weeks gestation in which the child exhibits no signs of life. (Montana Law 50-15-101)
FIGURE 1
CORE, CARE, AND CURE MODEL
(Adapted from Hall, 1969)

Core
Person

Interpersonal Relationship

Person's previous experiences in coping with loss

CARE
Therapeutic and interpersonal nursing care

CURE
Illness or loss

Nine Nurse Caring Behavior Themes
Facilitating Memories, Accessible, Anticipates, Monitors & Follows Through, Comforts, Explains & Facilitates, Trusting Relationship, Explains & Facilitates Grief, Social Support.

Sociocultural, Psychological, and Physical Aspects of Loss

Nurses' Attitudes Toward Loss
CHAPTER 2

LITERATURE REVIEW

Introduction

The Core, Care, and Cure Model, as developed by Hall, provides a schematic representation of the specific concepts inherent in this study (Figure 1). These concepts are: (a) nursing care (represented in the Care circle); (b) loss (represented in the Cure circle), and (c) the mother delivered of a stillborn infant (represented in the Core area). Each of the first two concepts (Care and Cure) affect the eventual outcome of the mother. Therefore, the following literature review will present background information which has been essential in building the theoretical knowledge pertaining to each of the three concepts involved in this study.

Care

Since Nightingale’s *Notes on Nursing: What It Is and What It Is Not*, was published in 1859, nursing has used the words, care and caring, to describe itself. Even today; quality care, nursing care, caring of, and caring for, are frequently used terms when describing the art and science of nursing. Yet, definitions and a clear understanding of what is involved in "taking care of" and "being cared for" are lacking.
The words care and caring evoke a wide variety of responses. Care can mean giving attention to or having concern for; responsibility for or providing for; and regard, fondness, or attachment (Gaut, 1979). Therefore, depending on how the word care is used, it can suggest either an attitude or a responsibility. Research now indicates that in order to initiate and maintain a true care/caring relationship both an attitude and a responsibility must be present (Rosenbaum, 1986).

The American Nurses' Association Social Policy Statement (1980) identifies boundary, intersections, dimensions, and core as the four defining characteristics of nursing practice. It is the core characteristic of this statement which establishes the basis of nursing care, yet, the concept of care or caring is not specifically addressed. The Social Policy Statement does indicate, however, that it is the core area which "...distinguishes nursing from other health professions by virtue of its phenomena of concern" (p. 40). Since the word care can indicate attention to or concern for, is this statement then addressing the care/caring concept of nursing?

Care as the central focus of nursing practice and the basis of all nursing knowledge has been the topic addressed by nursing authors such as Hyde (1975), Gadow (1985), Leininger (1977), and Watson (1985). These authors developed the beginnings of nursing theories based on the care/caring concept. It is this initial theory development that has uncovered some of the many conceptual and empirical problems inherent in nursing research. Since nursing is both a science and an art it "...cannot be studied by a simplistic reduction associated with
traditional quantitative research methods" (Watson, 1985, p.89). Yet, in order to establish new foundations for nursing and prevent the loss of the care/caring concept an effort must be made to preserve and advance the human care issue which is critical to today's nursing.

Much of today's nursing literature is addressed toward caring for patient/clients with certain illnesses or disorders. Books have been written on the quality of care and caring for particular types of patients, but literature on the concept of care or caring in general is relatively scarce and the topic has prompted few research endeavors.

Caring as the core component of nursing practice has been explored by several authors. A series of articles by Hyde (1975, 1976a, 1976b, 1976c, 1977) appeared in Nursing Research Reports and addressed the self-care issue from a philosophical standpoint. Leininger (1977), Watson (1979), and Gadow (1985), have also studied the care/caring concept and indicate that the care/caring concept is one of the oldest forms of human expression and also the primary focus of nursing practice. Although these authors feel that care is the concept most central to nursing practice, rigorous research on the topic has been limited. A probable explanation for this lack of testing, according to Leininger, is that nursing is not an absolute, rigidly, testable science and, because of this research is difficult.

The care/caring concept has been defined by several nursing authors, although no single definition addresses all of the unique care/caring aspects as they relate to nursing practice. Hyde (1976c) states that "caring is the attitude and action of a balanced compassionate life" (p.19). Leininger who has based her studies on
the transcultural aspects of caring writes that caring for people "...is one of the oldest and most universal expectations for human survival [along with being] the essence of nursing and the most central and unifying focus for nursing decisions, practices, and goals" (Leininger, 1977, p.2). In 1981, Leininger expanded on her description of care/caring by defining care/caring in a generic sense as:

Those assistive, supportive, or facilitative acts toward or for another individual or group with evident or anticipated needs to ameliorate or improve a human condition or lifeway" (Leininger, 1981, p. 9).

Watson, like Leininger, has also looked at the transcultural aspects of care, but states that the establishment of a nurse/client interaction is essential in a caring relationship. Although Watson does not give a specific definition of caring she writes that:

The idea and value of caring is clearly not just a thing out there, but is a starting point, a stance, an attitude, which has to become a will, an intention, a commitment, and a conscious judgment that manifests itself in concrete acts (Watson, 1985, p.31-32).

Watson furthers her description of caring by indicating that she believes nursing to be the "philosophy and science of caring" (1985, p.68).

Gadow (1985) bases her writings on caring upon the interpersonal nurse/client relationship (much the same as Watson), but focuses on "caring as a moral ideal ... [which] entails [a] commitment to a particular end." She proposes that this particular end is the
"...protection and enhancement of human dignity ... [and caring is] the concern above all for the dignity of patients" (p.32).

These authors all agree that caring mandates a relationship and compels the caring individual into a specific type of action toward a positive outcome, but no consensus has been reached on a single, acceptable description of care. In order to seek out and establish a functioning care/caring theory base, the concept of care must be carefully analyzed and defined through descriptions of its use.

In discussing care/caring theory several authors have developed constructs in order to arrive at theoretical assumptions related to care or the concept of care. Twenty-seven major constructs have surfaced in Leininger's cross cultural studies. It is from these twenty-seven constructs that Leininger draws her definitions of caring.

**TABLE 1**

**LEININGER'S MAJOR TAXONOMIC CARE CONSTRUCTS**

1. Comfort Measures  
2. Compassion  
3. Concern  
4. Coping Behaviors  
5. Empathy  
6. Enabling  
7. Facilitating  
8. Interest  
9. Involvement  
10. Health Consultation  
11. Health Instruction  
12. Health Maintenance  
13. Helping Behaviors  
14. Love  
15. Nurturance  
16. Presence  
17. Protective Behaviors  
18. Restoring Behaviors  
19. Sharing  
20. Stimulative Behaviors  
21. Stress Alleviation Measures  
22. Succorance  
23. Support Measures  
24. Surveillance  
25. Tenderness  
26. Touching  
27. Trust  
28. Others

(Leininger, 1981, p.13)
Eight universal concepts and principles relative to caring have been abstracted from Leininger's study data and incorporate the ideas that caring is: (a) essential for human survival; (b) is closely related to social structure; (c) is both symbolic and non-symbolic in function; (d) emphasizes support measures; (e) is a vital part of the curative process; (f) is humanistically oriented; (g) occurs in both direct and non-direct helping activities; and (h) is most satisfying when it is reciprocal in nature (Leininger, 1977).

Watson bases her care theory on ten major principles she identifies as "carative factors". It is through the use of these factors that a structure for studying and understanding nursing as a science of caring can be developed. The ten "carative factors" represent actions which pertain to both the nurse and the patient and include the needs to be experienced, communicated, expressed and promoted. The ten "carative factors" as defined by Watson (1985) are: (a) formation of a humanistic altruistic system of values; (b) installation of faith-hope; (c) cultivation of sensitivity to one’s self and others; (d) development of a helping-trust relationship; (e) promotion and acceptance of the expression of positive and negative feelings; (f) systematic use of the scientific problem-solving methods for decision making; (g) promotion of interpersonal teaching-learning; (h) provision for a supportive, protective, and/or corrective mental, physical, sociocultural, and spiritual environment; (i) assistance with gratification of human needs; and (j) allowance for existential-phenomenological forces (Watson, 1985).
According to Watson the first three "carative factors" are interdependent and function together to promote positive health changes and to establish the foundation for the science of caring. But in order to implement these factors the nurse must utilize psychosocial and psychological assessment skills in determining the needs of the patient, thereby establishing a therapeutic interpersonal relationship. By 1985, Watson had further developed her caring theory into one of interpersonal caring and listed five basic requirements essential to the development of a "transpersonal caring relationship." These include: (a) a moral commitment to protect and enhance human dignity; (b) an intent to affirm the subjective significance of the patient; (c) an ability to realize and accurately detect feelings and the inner conditions of another; (d) the ability to assess and realize another's condition of being and feel union with that person; (e) the knowledge and sensitivity obtained through one's own life history and previous experiences and opportunities.

From her work, Watson has developed eleven assumptions related to human care values in nursing. These assumptions are: (a) care and love are the most universal of cosmic forces; (b) often the care and love needs of an individual are overlooked; (c) the caring profession of nursing will affect human development and determine nursing's contributions to society; (d) in the beginning the will to love and care must be imposed upon one's own behavior; (e) nursing has always held a human caring stance towards people with health-illness concerns; (f) caring is the essence of nursing and the most central
and universal focus for nursing practice; (g) human care is receiving less and less emphasis in the health care delivery system; (h) caring values of nurses and nursing have been submerged; (i) preservation and advancement of human care as a clinical endeavor is a significant issue for nursing; (j) human care can be effectively demonstrated only interpersonally; and (k) nursing's social, moral, and scientific contributions to human-kind and society lie in its commitment to human care ideals in theory, practice, and research (Watson, 1985).

The ten major assumptions of Leininger closely coincide with Watson's. Leininger's assumptions on care are (a) human caring is a universal phenomenon; (b) caring acts and processes are essential for human survival; (c) caring is the essence of professional nursing; (d) care has biophysical, cultural, psychologic, social, and environmental dimensions; (e) nursing acts are transcultural; (f) care behaviors, goals, and functions vary in different cultures and in different care systems; (g) the identification of professional caring behaviors, beliefs, and practices is essential to advancing the body of nursing knowledge; (h) care is largely culturally defined, and (i) there can be no curing without caring (Leininger, 1981).

By comparing both Leininger's and Watson's assumptions both authors indicate that:

1) Care is a universal phenomenon.
2) Care is essential for the survival of the human race.
3) Caring is the basis of the nursing profession.
4) Nursing growth depends on its commitment to care.

One final study on caring is worthy of mention. Larson (1981) studied important nurse caring behaviors as they related to oncology
patients and developed six care "themes": (a) anticipates; (b) trusting relationship; (c) comforts; (d) monitors and follows through; (e) accessible; and (f) explains and facilitates. These care "themes" evolved through her study of caring behaviors as perceived by both the patients being taken care of and the nurses caring for the patients. Larson's study was based on much of Leininger's and Watson's care/caring theory and although it provided only preliminary results, it did establish a basis for a prescriptive level caring theory. The identified "themes" can therefore be viewed as a further step in describing an essential part of the knowledge base relative to the care/caring concept of nursing.

In summary, the concepts of care and caring are central to nursing practice but require further clarification of their meanings and relationships. New foundations in nursing must be grounded in the human care process. The care theory and knowledge evolving from the scientific study of care will allow for advances in concepts inherent in the human art and science of nursing.

Loss

Through the use of identified care/caring behaviors, the nurse can enter into the intense relationship involved in caring for an individual who has suffered a loss. But in order to appropriately care for a bereaved individual, the unique and specific concepts of loss must be understood. By combining care/caring theory and the theory involved in grief and loss effectively, nursing care of a bereaved individual can assume a meaningful direction, direction
toward resolution by allowing the bereaved to explore and experience her grief.

The loss experience can be present throughout life, and in its broadest sense, exists when any aspect of one's self is no longer available to a person. When loss is symbolic it can be fully known only by the person experiencing it. Loss can refer to the image one has of one's self and one's body (one's private and social identity) or associated with one's body image and self representation. In a general sense, loss can be conceptualized in three terms: (a) psychological (loss of self-concept, self-esteem, or self-identity); (b) sociocultural (loss of social identity, social role, family constellation or cultural heritage); and (c) physical (loss of body function or structure, or loss in quality of valued physical attributes) (Watson, 1979).

Psychological loss experiences are inherent in human development and include a wide range of attitudes toward the self and emotional states. Sociocultural loss as described by Marris (1974), includes four kinds of loss: (a) loss of attachments, (b) disintegration of a predictable environment; (c) prospective threat to meaning of life, and d) alteration of a relationship.

Psychological and sociocultural losses may take many different forms and meanings depending upon six personal factors identified by Watson (1979): (a) the individual; (b) the extent of loss or change; (c) the extent to which the lost object was valued; (d) the manner in which the lost object was valued; (e) the number of previous losses; and (f) whether adequate coping and resolution has occurred.
Physical loss is perhaps the most obvious and easily understood type of loss. It includes the loss of possessions, significant others, and loss of body function.

Grief is defined as a highly variable emotional, psychological, physical, and social response or process whereby individuals separate from the loss they have experienced (Peppers and Knapp, 1980). Grief is an instinctive response involving growth (psychologic) and reassessment of values and philosophies which may be characterized by shock, disbelief, and denial. Grief, then, is the response to loss, and must be distinguished from bereavement which is often used interchangeable with grief. Bereavement is a much broader term than grief, involving mourning, or the culturally determined procedure for behaving after the loss. But for the purpose of this paper, bereavement will be considered a stage of mourning that follows grief and involves readjustment to the environment and detachment from the loss (Lindemann, 1944).

Resolution is considered to be the final stage involved in the grief process where "re-integration" is obtained (Dunlap, 1979). The time period necessary for the "re-integration phase" to be completed varies and depends on the personal qualities and experiences of the bereaved individual. Often called the recovery phase, resolution is usually preceded by a conscious decision by the bereaved that dwelling on the loss is useless and life must now proceed.

Numerous theorists have developed stage theories of grief. There are usually three to five stages through which the bereaved will
normally progress. The following discussion of stage theories will illustrate their commonalities.

Engel's theory (1964) suggests that the grief process consists of three stages: (a) denial and shock, a phase in which the griever fails to believe the loss, (b) developing awareness accompanied by sadness, pain, helplessness, hopelessness and crying, bereavement and (c) resolution, in which the bereaved adapts to the new situation. Though these stages may vary in intensity and duration, Engel asserts that they will occur in order.

Parke's theory (1973) suggests that grieving occurs in four stages. Similar to Engel, Parkes' first stage, numbness, is marked by shock and lack of acceptance. However, Parkes split the stage described by Engel as developing awareness into two distinct bereavement stages: pining, which involves yearning for and attempting to regain the loss, and disorganization, involving an acceptance of the loss. Finally, reorganization occurs which is similar to Engel's resolution stage.

Kübler-Ross (1968) provides a stage theory similar to the Engel and Parkes. Kübler-Ross' five stages begin with denial which is described in the same manner as the previous two theorists. However, Parkes' (1973) pining stage has been divided into two distinct components: rage and anger, and bargaining. In rage and anger, frustration from the loss can be directed at the deceased for having died, at others (such as hospital personnel) for letting the death occur, or at the griever for perceived past injustices. Bargaining
follows and involves attempts to regain the lost object, the death not being fully accepted. The fourth stage, disorganization, is similar to Parkes' equivalent stage. Kübler-Ross' fifth and final stage, acceptance, is similar to Engel's (1964) resolution, and Parkes' (1973) reorganization stages. Kübler-Ross's additions focus on cognitive contents not previously emphasized.

Lindemann (1944), in his classic work on grief, described the features of normal grief response as (a) somatic distress; (b) preoccupation with the image of the deceased; (c) guilt, (d) hostile reactions; and (e) loss of patterns of conduct (or loss of one's normal behavior patterns. Bowlby (1961) identified three stages which are (a) protest; (b) despair, and (c) denial. Again, many of the elements in these two models are similar to the other theory stages previously described.

Rubin (1981) stated that two distinct theoretical clinical models can be identified from the literature on loss. The first approach is psychodynamic and based on Freud's formulation of loss. This approach, according to Rubin, related grief to the psychological detachment from the loss. The second model is identified as a personality change model and again places grief in stages which are: (a) crisis and disorganization; (b) reorganization; and, (c) stability and predictability or return to pre-loss pattern (Rubin, 1981).

The use of both frameworks in the development of Rubin's Two Track Model (1981) allows for a dynamic perspective that reflects the links between the affective detachment process and the changes in the bereaved's personality function during the early stages of grief.
A summarization of the model follows.

1. The experience of loss has a broad impact upon the bereaved. Homeostatic patterns of interpersonal functioning are upset therefore, the task of the bereavement response is to reestablish homeostatic functioning in all areas, but not necessarily to reestablish pre-loss levels of functioning (resolution).

2. The first stage in the reaction-to-loss process requires the bereaved to accept the reality of the loss, and to begin the loosening of affective attachment to the loss. This stage, known as the acute grief period, is typically marked by dramatic changes in behavior.

3. The following stage is known as the mourning or bereavement period which is characterized by a more subdued process of detachment from the loss and more subtle changes in personality functioning. During this stage, the affective detachment and personality change processes retain a level of interdependence, but achieve a degree of independence as well.

4. At the final stage, resolution has been achieved. The detachment process has reached its conclusion and personality changes have also stabilized. Homeostatis has again been achieved. It is at this point that persisting effects of the loss can be identified and it is now possible to discuss independently, the relationship to the loss and the presence or absence of any persisting personality changes.

   (Rubin 1981, p.103-104)

Each area of Rubin's Two Track model has direct relevance to nurse care/caring. Regardless of the nature of the loss, the helping professional must respond to both the loss and the meaning it has for the person experiencing it, (recognizing its symbolic nature) and facilitate the grief work that accompanies the loss. Without proper grief work, the loss is not resolved.
Obviously, there is a strong similarity in behavior patterns described by various authors as the grief process. Though these theorists state that the duration and intensity of stages are highly variable, they also assert that the progressions represent a normal process, but the loss of a stillborn infant takes on special problems since the child is often seen as not yet existing. Therefore, the next area to be presented discusses the specific aspects of loss which must be addressed in caring for a mother who has been delivered of a stillborn infant.

**Stillbirth**

Since 1968, and particularly through the efforts of Dr. Elizabeth Kübler-Ross, death has become a focus of investigation in the medical and health care professions. Simultaneously, in the Western world, death has moved from the home to the hospital. Also, because of improved prenatal care, the death of an infant has become an uncommon event in an individual's family life history. Yet, there are still 45,000 perinatal deaths per year in the United States (Kennell and Klaus, 1982), and approximately 33,000 of these are stillbirths (National Center for Health Statistics, 1985).

After the death of a family member, a ritualized pattern of bereavement or mourning was usually followed. This pattern was also practiced with the loss of a stillborn and often included making a burial box, carving a headstone, and burying the deceased in the family plot. Hospitals have now assumed some of the care of sick and especially the care of the critically ill and the dying. This has
allowed family involvement with death to diminish. Coinciding with the family's decreased involvement with death, involvement in burial arrangements has also diminished through the establishment and increased availability and use of mortuaries. Therefore, for many families, the ritualized pattern of bereavement and the tasks which accompanied death have been shared with individuals outside of the family. This is particularly true in the loss of a stillborn infant. Since this loss may be a family's first intimate experience with death, it is easy to allow others to assume the responsibilities involved in the funeral arrangements in an effort to forget the entire event.

As in any loss, the loss of a stillborn infant requires a period of grieving by the parents. Yet, because the unborn baby is often seen as a "non-person" (Lewis, 1976) and is largely unacknowledged by society, families are often left unaided and unsupported in their grief. The support system of friends and family is often found lacking as they find it extremely difficult to acknowledge the pain and distress brought on by the loss of an infant they never knew (Phipps, 1981). These parents are also less likely to have support available from other parents who have not had a similar experience. A stillborn baby is delivered into an environment of silence and is mourned by parents who often find others do not know what to say and the silence continues long after the birth.

Recent long-term studies by Peppers and Knapp (1980), Culberg (1972), and Turco (1981) have shown that the care of mothers delivered
of stillborn infants may be inadequate. Some mothers never resolve their grief after delivering a stillborn infant. These mothers may experience pathologic grief reactions which manifest themselves years later as bonding problems with subsequent children (LaRoche, Lalinic-Michaud, Engelsmann, Fuller, Copp, and Vasilevsky, 1982). Bourne and Lewis (1984) have even suggested that the subsequent children may carry these problems into the next generation when they become parents themselves. In trying to prevent unresolved grief reactions, one must examine in detail how to care for a mother after she is delivered of a stillborn infant (Bourne, 1983; Kennel, Slyter, and Klaus, 1970; Peppers and Knapp, 1980; Kirkley-Best and Kellner, 1982).

Unlike the death of older children and adults, the death of an unborn infant takes on special significance. The parents' grief and bereavement are often considered to be abnormal by those who have not lost an unborn child. These individuals cannot readily see the bonds that exist between parent and child and may not realize that strong emotional attachments develop between a mother and her unborn baby long before birth (Klaus and Kennell, 1976). These attachments are stimulated by fetal activity, hormonal changes, psychological preparation, and fantasies about the baby to be.

A growing body of literature has now documented the existence of grieving processes in response to a stillbirth. Research done by Kennell and Klaus (1982) and Kennell, Slyter, and Klaus (1970) has looked at the mourning response to parents to the death of newborn infants. These findings show that in neonatal death there is no
relation between the amount of mourning and the length of the baby's life. Actually, current research suggests that the acute grief reaction brought about by stillbirth is as intense if not more so than other types of bereavement (Phipps, 1981; Hodge and Graham, 1985). One research study even ventures to suggest that the loss of an unborn baby may have at least as severe an effect on the woman as the death of her husband (Nicol, Tompkins, Campbell and Syme, 1986). While very little empirical research has been done with these grieving parents, there can be no doubt that a normal and appropriate parental response to a stillborn infant is one of intense grief and bereavement, just as it is with the death of any loved person. Giles (1970) and Lewis (1976) have suggested that the bereaved mother's experiences in the hospital have a significant effect on the outcome of her grief. The grief and mourning involved in the birth of a stillborn infant, when acknowledged by nursing personnel, can be facilitated through appropriate care.

Stillbirth is accompanied by all the typical problems of death and grief. In addition, the pregnancy and process of delivery create specific needs which must be met for the mother's physical well being. These include the episiotomy or Caesarean incision, post-partum bleeding, and engorged breasts. The concomitant physiological response to birth and the psychological response to death make the care of this mother particularly difficult. Often everything is done for the physical care and comfort of the mother while states of emotional distress are neglected (Elkan, 1981). The
lack of research into effective nursing interventions for maternal
grief has hampered the establishment of nursing care for bereaved
mothers (Nicol, et al., 1986; Kellner, Kirkley-Best, Chesborough,
Donnelly, and Green, 1981).

Several studies have attempted to answer various questions
concerned with nursing care of a mother delivered of a stillborn
infant and deserve mention. Brady, Birmingham, Keelan, Magee,
Pendergast, & Malone (1984) used a pilot study in order to describe
mothers' reactions to stillbirth and to ascertain nurse caring
behaviors which might be found to be associated with adjustment to the
loss. They found that mothers' reactions to stillbirth are consistent
with the grieving process and that a number of areas, including
communication between hospital staff and the mother, sensitivity to
the mothers' needs, involvement of significant others, and the nature
of burial arrangements made, are all important areas in the management
and care of a mother delivered of a stillborn.

Forrest, Standish, and Baum (1982) studied the efforts of support
and counseling for stillbirth bereavement. They found evidence that
supportive care included the opportunity to talk about the baby's
death and the effects of the death on them. In this study,
participants indicated that the issue of "flexibility" had been
important where mothers had thought that their care had been good.
For example, they had been encouraged to choose the type of funeral
they wanted. The photographs of the baby that had been taken and
being able to see and hold their infant also proved to be of value.
Kirk (1984) investigated theoretical aspects of the management of stillbirth. Kirk indicated that nursing care of these mothers should emphasize helping them understand all the alternatives available to them and try to create some reality out of a seemingly unreal situation. This is done by dealing with the mother directly by encouraging the mother to see and hold her baby, collection of mementos, encouraging the mother to give her infant a name and providing plenty of time to listen to the mother which will indicate areas where teaching is required.

Seitz & Warrick (1974) have also addressed nursing care required in order to assist the mother of a stillborn cope with her loss. By creating an atmosphere that is comfortable and permissive for the expression of feelings, a maternity nurse can assist the mother in the assimilation of her loss. A permissive atmosphere for grieving can be provided by increasing the mother's physical care which helps meet the mother's dependency needs, and also provides an opportunity for her to talk about her loss and grief. By providing concrete and personal information about the stillborn infant, a nurse helps the mother work through the denial aspect of her grief.

Summary of Literature Review

Nurse caring behaviors as defined by Larson (1981) are "the acts, conduct, and mannerisms enacted by professional nurses which convey to the patient concern, safety, and attention." When these behaviors are put into action, the recipient of the care (for example, the mother of a stillborn infant) should have "...the sensation of well being and
safeness" (Larson, 1981, p.4). But what exactly are these behaviors? Although there is a growing body of literature describing the impact of infant loss on mothers, many effects of this loss have yet to be reported and many questions have yet to be asked. Even though a stillbirth occurs approximately once in every one hundred deliveries (National Center for Health Statistics, 1985), relatively few research endeavors have been undertaken on this topic. With this in mind, maternal grief and the subsequent care of a grieving mother are areas for investigation. There is need for careful research in this area to assist health care personnel to establish a broader knowledge base about the particular aspects of maternal grief. Without proper study, professionals are destined to follow the fashions of the popularized literature on grief without appropriately meeting the needs of the families of stillborn infants (Kirkley-Best and Kellner, 1982).

Montana Law 50-15-101 defines a stillbirth or fetal death as a birth after twenty weeks gestation which is not a live birth. Stillbirth can further be divided into two types. The first type is intrauterine fetal death (IUFD). This is a fetal death after twenty weeks gestation but before the onset of labor (Cefalo, 1982). In this case, the baby's death is diagnosed before delivery. The second type of stillbirth involves no prior knowledge of the death and is not diagnosed until delivery. While it is medically important to recognize the difference in these two events, both diagnoses result in the delivery of a dead child, and the subsequent grief must be acknowledged and handled appropriately.
A study by Nicol, et al. (1986) stated that about twenty percent of women who experience perinatal death suffer a pathological outcome of bereavement. Perinatal death is a death occurring in the period preceding, during or within twenty-eight days after birth. It is therefore logical to assume that supportive nursing interventions directed towards these women after their loss would be effective in reducing this percentage. Further investigation is required to define the best and most appropriate nurse caring behaviors which will meet the specific needs of mothers delivered of stillborn infants.

In order to seek out and establish a functional care/caring theory base for the mother delivered of a stillborn infant, the concept of care must be carefully analyzed and defined as it relates to loss, grief and eventual resolution in order to appropriately care for a bereaved mother. By investigating the nurse caring behaviors enacted when a mother is delivered of a stillborn, a preliminary step can be taken toward the establishment of the nurse care/caring knowledge base. Further clarification of the meanings and relationships in the care concept involves the use of descriptive studies such as this. But in order to appropriately care for a bereaved individual, the unique and specific concepts of loss must also be understood. Then by combining nurse care/caring theory and the theory involved in loss and grief, nursing care of the mother delivered of a stillborn infant can assume a meaningful direction. The helping professional must respond to both the loss and the meaning it has for the person experiencing it through appropriate nurse caring behaviors that assist in facilitating grief work and appropriate resolution.
CHAPTER 3

METHODS

Design

To determine which nurse caring behaviors mothers delivered of stillborn infants receive and the relative importance of each caring behavior to these mothers, a sample of women six to nine weeks post-loss were studied using a questionnaire developed by the investigator. Demographic data and reproductive histories were also collected to determine if there was a relationship between these variables and the perception of nursing needs and the care required to meet those needs.

Setting

Subject contact was made through two tertiary care hospitals with level two labor and delivery units in Montana. These two predominantly rural hospitals serve the central and eastern Montana regions and are the two largest hospitals in the state. Each hospital had delivered approximately ten to twenty stillborn infants per year for the past five years and was chosen as a contact hospital because of the increased chances of obtaining the largest possible study population.
A non-probability convenience sample of all mothers delivered at these two hospitals of a stillborn infant of twenty or more weeks gestation between January 1, 1986 through December 31, 1986, were asked to participate in this descriptive study. A total of twenty-two mothers who met the study criteria were reported, with a consenting study sample of ten participants.

**Instrument**

Data were collected by a structured questionnaire (Appendix E) which included questions pertinent to the nursing care of a mother delivered of a stillborn infant. The questions contained in the instrument were related to the physical, emotional, and general caring behaviors of the professional nursing personnel involved in the care of the study participants.

**Instrument Development**

The construction of an instrument to measure the perceived importance of nurse caring behaviors incorporated two phases; first, identification of nurse caring behaviors from a review of maternity nursing and loss literature and second, the refinement of these identified behaviors into questionnaire items. These behaviors were then categorized into six nurse caring themes related to all nursing care as identified by Larson, (1981), and three nurse caring sub-themes which specifically addressed loss aspect of stillbirth, for a total of nine nursing care categories (see Table 2).
From a careful examination of the literature on caring, loss, and stillbirth, and from the author's experience in nursing, thirty-five caring behaviors were identified as being representative of the caring concept of nursing. These items were labeled as nurse caring behaviors and became the pool of items used in the subsequent development of the instrument questions to measure the perceived importance of the caring behavior.

**TABLE 2**

**NINE NURSE CARING BEHAVIOR THEMES INCORPORATED INTO THE QUESTIONNAIRE**

Themes of General Nurse Caring Behaviors as Identified by Larson, 1981

Accessible
Anticipates
Comforts
Explains and Facilitates
Monitors and Follows Through
Trusting Relationship

Three Sub-themes Specific to the Loss of Stillborns*

Facilitating Memories
Facilitating Grief
Social Support

*adapted from Forrest, Standish, and Baum (1982), Seitz and Warrwick (1974), Brady, Birmingham, Keelan, Magee, Prendergast, and Malone (1984)

The three sub-themes are each an expansion of one of the general nurse caring behaviors. The Facilitating Memories and Facilitating Grief areas allow for expansion of the Explains and Facilitates theme by including questions pertinent to the subsequent aspects of grief involved. The Social Support theme of nurse caring behaviors also
allows for more specific information to be obtained on the perceived availability of social support which was originally included in Larson's Comfort theme.

The body of the questionnaire contained thirty-five specific questions regarding the nursing care received by the participant in an attempt to operationalize each of the caring behavior themes. The participants were presented statements of nurse caring behaviors and were asked to indicate if they were a recipient of these nursing actions during their hospital stay. They were then asked to indicate the degree of importance each behavior had for them on a Likert-type scale, grading each behavior: 1) Very Unimportant, 2) Unimportant, 3) Important, 4) Very Important.

It is believed that nursing care designed for a mother delivered of a stillborn infant, as in nursing care in general, is provided through a therapeutic interpersonal relationship which allows a woman to emotionally and intellectually confirm her infant's death (Brunt, 1985). This process is aided by nurse caring behaviors which provide basic comfort, and encourage the expression of emotions and communication among the mother, family members, and medical personnel. Other activities that assist in the confirmation of the infant's death include the behaviors addressed in the Facilitating Memories and Facilitating Grief question areas of the questionnaire. Seeing, holding, naming the infant, mementos of the birth, and honest open discussion about emotional feelings all assist the mother in confronting her loss.
A demographic section was also included within the questionnaire. A series of questions were developed by this investigator and were included as a part of the study to investigate the relationship of demographic variables to the perception of nurse caring behaviors. Included in this section of the questionnaire were questions regarding age, marital status, race, religion, and heritage, since it is not yet known if these factors influence mourning and bereavement practices and/or attitudes toward nursing care. The demographic section, also allowed for assessment of participant homogeneity. Reproductive background of the participants were also questioned. Such questions as number of pregnancies, living children, stillbirths, miscarriages, and abortions and if any children had been given up for adoption allowed for some indication of the participants' past childbearing losses. An area entitled "Comments" allowed for the inclusion of anecdotal data, and a general care assessment area allowed for comments on the hospital stay overall.

**Instrument Validity**

**The Expert Panel Review**

Two experts in the Maternal-Child Nursing field constituted the expert nurse panel. These two panel members were selected because of their expertise in their nursing practice. The panel reviewed the questionnaire and addressed: 1) content validity of each behavioral statement as being representative of the caring concept of nursing, and 2) clarity of the items in understandable terms. Utilizing the
comments of the expert nurse panel members, items were changed and reworded for final review in a pre-test situation.

Pre-test

The final review process involved was an examination of the questionnaire by three mothers delivered of stillborn infants who were beyond the six to nine week post-loss period. The intent of this phase of the process was three fold; first, to again assess each item for content validity. Does each item express a nurse caring behavior? Secondly, to increase the reliability of the items by making them understandable to those actually involved in receiving nurse caring. Thirdly, to evaluate the actual time involved in completing the questionnaire. The pre-test situation found all three of the areas accessed to be satisfactory.

The Final Instrument

The resulting thirty-five questions based on nurse caring behaviors and nine caring themes became item statements designed to assess and evaluate the caring behavior of nurses. The specific intent of the instrument for this study was to evaluate if the identified nurse caring behaviors occurred and to rank the importance of each behavior according to each participant by the use of a Likert-type scale. Appendix E contains the completed questionnaire. Reliability of the questionnaire has yet to be established.
Procedure

The research proposal was approved by the College of Nursing and the institutional review boards of both hospitals. Permission was then obtained from each hospital and a research assistant on each labor and delivery unit was chosen. The research assistants obtained the names and addresses of all mothers who had been delivered of a stillborn infant of at least twenty weeks gestation between January 1, 1986 and December 31, 1986. All mothers who met the study criteria and who were five to nine weeks post-loss were sent an inquiry letter (Appendix A).

In the inquiry letter the individuals were asked to return the consent form indicating their willingness or non-willingness to participate in the study. If the potential respondent indicated a desire to participate in the study, she was asked to sign the consent form (Appendix B). If she did not wish to participate she was to return the consent form unsigned.

The research assistant at each location was contacted by this researcher at frequent intervals. This contact time allowed for exchange of information, discussion of problems and concerns, and also assisted in keeping the assistants motivated. The research assistant was provided with a work sheet which was to be filled out on each potential subject and had a step-by-step instruction sheet (Appendices 7 and 8) which were developed to insure that the research design was carried out according to protocol.
When a signed consent form indicating a positive response was received by the research assistant it was immediately forwarded to this researcher. All unsigned responses with the names and addresses of the potential participants unwilling to participate were destroyed. If a response, either positive or negative was not received by the research assistant one week after the inquiry letter was sent, a second letter, or prompt, (Appendix C) was sent to the prospective participant, again asking for a response. If neither a positive nor a negative response was obtained from the prompt letter, within two weeks from the date the prompt letter was sent, the names and addresses of those potential participants were destroyed by the research assistant. The whole procedure, as described above, was planned to maintain the confidentiality of the prospective participants. In this manner, the researcher had access only to the names and addresses of the respondents who had consented to become a study participant.

Upon receiving the signed consent form and address of the respondent who wished to participate, the researcher sent a copy of the signed consent form (Appendix B), the questionnaire (Appendix E), and a resource list (which contained a listing of support people, self-help groups and pertinent literature to stillbirth) (Appendix F) to each participant along with a pre-addressed stamped envelope. Upon completion of the questionnaire the respondent returned it to the researcher for analysis. Data collection was completed by February, 1987.
Protection of Human Subjects

Potential participants received an inquiry letter (Appendix A) which explained the purpose of the study, how the data would be collected and used and approximately how long it would take to complete the questionnaire. After receiving this information the potential respondents were asked to sign a consent form (Appendix B) indicating that they understood that their participation was voluntary and that they could withdraw from the study at any time.

All participants and their responses have been kept confidential. The signed consent forms have been locked in a file at Montana State University College of Nursing at the Billings Extended Campus and will be destroyed after a period of five years.

Data Analysis Plan

Descriptive statistical techniques including frequency distribution were used to describe and synthesize the group data obtained. Data obtained were summarized into nurse caring behavior themes and were presented in tables to provide graphic descriptions of the sample and used to identify possible correlations between nurse caring themes and Likert-scale ratings of importance.
The major purpose of this study was to examine nursing behaviors which convey caring to the mother delivered of a stillborn infant, and to determine the relative importance of such behaviors in order to assist in improving the effectiveness and efficiency of nurses in meeting the special physical and psychosocial nursing needs of these clients. Subjects selected for this study were mothers delivered of stillborn infants and the questionnaire developed was used to gain these subjects' perceptions.

Information gathered for this study was obtained through a mail-out questionnaire. A total of twenty-two stillborn infants were delivered during the year of study at the two tertiary care hospitals involved in this study. Of the twenty-two possible, eleven signed consent forms were received (50% return). However, only ten questionnaires were sent because one person indicated that she was unable to participate "at this time" but would like to participate at a later date. Since she would not meet the six to nine week post-loss time frame, she was omitted from the study. Of the eleven non-participants, four unsigned consents were received indicating a
wish not to be included in the study and seven potential participants
did not respond in any manner to the inquiry or prompt letters.

The study population consisted of a group of ten married, white
women, 24 to 40 years of age with a mean age of 31.8 years. (median
age 31.5, mode 31). These women had 12 to 16 years of education (mean
13.95; median 14.25; mode 12) and all indicated that they were working
less than 40 hours per week. Their occupations included two teachers,
two receptionists/bookkeepers, a dietician and five homemaker/
housewives. All but one of the participants was born in America and a
variety of religious preferences were represented. The demographic
data for this study is presented in Table 14.

Reproductive history data for this study is presented in Table 15
and demonstrates that the number of pregnancies per participant varied
from one to five (mean 3; median 4; mode 3) with zero to four (mean
1.7; median 2; mode 1) living children. Two of the study participants
had experienced a previous miscarriage and two were primigravidas
(first pregnancies) at the time of the loss. Participants indicated
that none of their living children had been born prematurely nor had
any children been given up for adoption.

The time in hours from diagnosis of infant's death until delivery
varied from zero (diagnosis made at birth) to seventy hours (mean 21;
median 12.5; mode 2). Six of the labors were induced and two of the
stillborn infants were delivered via Caesarean deliveries. Two labors
began spontaneously.

Nine nurse caring behavior themes were identified and investigated
in this research. These behavior themes are listed in Table 3.
TABLE 3

NINE CATEGORIES OF NURSE CARING BEHAVIOR THEMES
EXPLORED WITHIN THIS STUDY

<table>
<thead>
<tr>
<th>Category 1</th>
<th>Category 2</th>
<th>Category 3</th>
<th>Category 4</th>
<th>Category 5</th>
<th>Category 6</th>
<th>Category 7</th>
<th>Category 8</th>
<th>Category 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>FACILITATING MEMORIES</td>
<td>ACCESSIBLE</td>
<td>ANTICIPATES</td>
<td>MONITORS AND FOLLOWS THROUGH</td>
<td>COMFORTS</td>
<td>EXPLAINS AND FACILITATES</td>
<td>TRUSTING RELATIONSHIP</td>
<td>EXPLAINS AND FACILITATES GRIEF</td>
<td>SOCIAL SUPPORT</td>
</tr>
</tbody>
</table>

Each category contained three to eight questions to which the study participants responded as to whether the behavior was carried out during their hospital stay. Each participant was then asked to rate the importance of that behavior to her. Each question was then placed in the appropriate nurse caring behavior theme (Category 1-9) for ease of analysis. The data obtained from this study has been summarized in the following manner: (a) participants indicating a positive response ("Yes, I received this nurse caring behavior") were totaled, (b) Likert-scale ratings of the importance (1-4) of the behavior for the participants who indicated positive responses were then totaled and averaged. This allowed for an average score of individual nurse caring behaviors.

Nurse caring behaviors identified as belonging in Category 1 - FACILITATING MEMORIES were nursing behaviors such as providing opportunities to see, hold, and/or name the baby (Questions 18, 20, and 23) and the collection of mementos associated with the birth
All ten of the participants indicated that they had received these nursing behaviors and that they were perceived as being VERY IMPORTANT (4) to them. The collecting of mementos was also carried out for all of the participants and was also reported as VERY IMPORTANT (4). Table 4 summarizes these results. Table 16 contains the individual participants' responses to the questions contained in this category.

Lewis (1976) speaks of the importance of the process of making memories, in order for the grieving mother to have a tangible person to mourn. With so little time and so few opportunities for memories, mothers cling to small things that may seem unimportant to others. A brief glimpse of the baby's face and an opportunity to cradle the infant in their arms may be all a mother has to remember the baby. Naming the baby gives parents another way to remember their child. Mementos such as pictures, measurements, footprints, a lock of hair, and identification bands also appear to be very meaningful to mothers and are often the only tangible remembrance of the baby's existence. The responses of the women participating in this study confirm the importance of the process making memories.

Category 2 - ACCESSIBLE questions concerned the availability of the nurse. All participants indicated that the nursing activities identified in this area were carried out. Study participants indicated that they received encouragement to call if she had any problems (Question 1). On the average, participants indicated that it took nurses one to four minutes to answer their call light (Question 37) and were checked upon between 4-30 times in 24 hours.
### TABLE 4
DATA SUMMARY TABLE OF CATEGORY 1 - FACILITATING MEMORIES

Summary of responses of mothers delivered of stillborn infants to nursing care behaviors specific to facilitating memories of the stillborn infant. (N=10).

<table>
<thead>
<tr>
<th>Questions</th>
<th>Number of Respondents</th>
<th>Avg. Behavior Receiving Behavior</th>
<th>Avg. Behavior Importance Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. The nurse offered me the opportunity to see my baby</td>
<td>N=10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. The offer of an opportunity to see my baby was</td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>20. I held my baby</td>
<td>N=10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Holding my baby was</td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>23. I was given the opportunity to name my baby</td>
<td>N=10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. The opportunity to name my baby was</td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>26. The nurse collected mementos of my baby's birth for me</td>
<td>N=10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. How important are these mementos to you now?</td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>36. If you received any mementos of the baby's birth, which did you receive?</td>
<td>N=7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-Pictures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-Measurements</td>
<td>N=10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-ID Band</td>
<td>N=7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-Footprints</td>
<td>N=8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-Lock of hair</td>
<td>N=6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-Others</td>
<td>N=7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: NA (Not applicable) 1 Very Unimportant 2 Unimportant 3 Important 4 Very Important
(Question 38). Although individual participant's responses varied in this category, all participants indicated that both the number of times they were checked on and the response time to the signal light were appropriate. Since the length of stay in the hospital varied for these mothers the number of times the individual participant was "checked" on was bound to vary. The important factor was that the frequency was viewed as appropriate in their individual opinions. Participants' responses indicated that they perceived the nurses as being accessible. See Table 17 for individual participants' responses to the questions contained in the ACCESSIBLE category. The responses to the questions in this category are summarized in Table 5.

The ANTICIPATES category (Category 3) questions concerned the ability of the nurse to anticipate the usual course of events related to the patient's loss and plan for these events appropriately. All participants indicated that they were provided the opportunity to talk privately with their family (Question 9). Private time while in the hospital (Question 30) was provided for eight of the participants, and seven of the ten participants felt that their nurses did anticipate their feelings (Question 8).

Nursing care of mothers of stillborn infants makes special demands on staff, calling for additional sensitivity which enables them to anticipate and respond appropriately to the needs of individual mothers and their families. See Table 18 for individual responses to the questions contained in Category 3 - ANTICIPATES. A summary of the responses in this area is located in Table 6.
### Table 5

**DATA SUMMARY TABLE OF CATEGORY 2 - ACCESSIBLE**

Summary of responses of mothers delivered of stillborn infants to nursing care behaviors indicating accessibility of nurses.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Number of Respondents</th>
<th>Avg. Behavior Receiving Behavior</th>
<th>Importance Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The nurse encouraged me to call if I had any problems or needed anything (N=10)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. This encouragement to call by the nurse was</td>
<td></td>
<td></td>
<td>3.6</td>
</tr>
<tr>
<td>37. How long (on the average did it take the nurse to answer your call light? Range (Minutes) 1-4 minutes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38. How many times were you checked on by nursing personnel (on the average per 24 hours? Range 4 to 30</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: NA (Not applicable) 1 Very Unimportant 2 Unimportant 3 Important 4 Very Important
TABLE 6

DATA SUMMARY TABLE OF CATEGORY 3 - ANTICIPATES

Summary of responses of mothers delivered of stillborn infants to nursing care behaviors indicating nurses' anticipation of participants' needs. (N=10).

<table>
<thead>
<tr>
<th>Questions</th>
<th>Number of Respondents</th>
<th>Avg. Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. The nurse anticipated my feelings</td>
<td>N=7</td>
<td></td>
</tr>
<tr>
<td>8. The nurse's anticipation of my feelings was</td>
<td></td>
<td>3.6</td>
</tr>
<tr>
<td>9. The nurse provided for the opportunity for me and my family to talk privately</td>
<td>N=10</td>
<td></td>
</tr>
<tr>
<td>9. The nurse's providing for opportunities for me and my family to talk privately was</td>
<td></td>
<td>3.8</td>
</tr>
<tr>
<td>30. I was provided private time while in the hospital</td>
<td>N=8</td>
<td></td>
</tr>
<tr>
<td>30. The nurse's provisions of private time was</td>
<td></td>
<td>3.4</td>
</tr>
</tbody>
</table>

Note: NA (Not applicable) 1 Very Unimportant 2 Unimportant 3 Important 4 Very Important

Category 4, the MONITORS AND FOLLOWS THROUGH theme, asked three questions pertaining to general nursing care and nursing attention to bodily needs. All participants felt that the nurses paid attention to their bodily needs (Question 13) even though four participants left the hospital within a few hours after their delivery (Question 29). All ten participants indicated that they felt the length of their hospital stay was appropriate (Question 35) and indicated their general nursing care as being GOOD (3) to VERY GOOD (4).
Kellner, Donnelly, & Gould (1980) indicated that many mothers delivered of stillborn infants were discharged from the hospital early and many patients resented this; yet a study by Brady, et al. (1984) found that the women in their study were satisfied with the length of their hospital stay which was confirmed by the data obtained in the current study.

A summary of the responses in this category is located in Table 7. See Table 19 for the individual participants' responses to the questions contained in the MONITORS AND FOLLOWS THROUGH theme.

**TABLE 7**

**DATA SUMMARY TABLE OF CATEGORY 4 MONITORS AND FOLLOWS THROUGH**

Summary of responses of mothers delivered of stillborn infants to nursing care behaviors indicating the ability of the nurse to appropriately monitor the mother's status and follow through with the findings. (N=10).

<table>
<thead>
<tr>
<th>Questions</th>
<th>Number of Respondents</th>
<th>Avg. Behavior Receiving Behavior</th>
<th>Importance Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. The nurse paid attention to my bodily needs</td>
<td>N=10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. The nurse's attention to my bodily needs was</td>
<td></td>
<td>3.7</td>
<td></td>
</tr>
<tr>
<td>29. I went home a few hours after my delivery</td>
<td>N=4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. The opportunity to go home a few hours after my delivery was</td>
<td></td>
<td>3.8</td>
<td></td>
</tr>
<tr>
<td>35. I felt that my hospital stay following the birth was About Right</td>
<td>N=10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39. I felt the general nursing care during my hospital was Very good</td>
<td>N=9</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>N=1</td>
<td></td>
</tr>
</tbody>
</table>

Note: NA (Not applicable) 1 Very Unimportant 2 Unimportant 3 Important 4 Very Important
The COMFORTS area, Category 5, asked questions pertaining to emotional comfort through providing behaviors such as touching, listening, and allowing for the expression of feelings. Eight of the ten participants indicated that touch was used as a comfort measure in their care (Question 3) and seven participants stated that time was provided for them to express their emotional feelings (Question 15). One of the participants indicated that she felt the nurses did not listen to her when she needed to talk. (Question 4).

The nurse realized that "nights were my most difficult time" (Question 7) was not applicable in five of the ten participants' cases. Three of the not applicable responses were received from participants who left the hospital a few hours after their deliveries. Question 7 was answered positively in three cases and was perceived as a very important nurse caring behavior by those who received it.

Through verbal and non-verbal communication the nurse can assist the mother in assimilating her loss by creating an atmosphere that is comfortable and permissive for expression of feelings. Often a sympathetic squeeze of the hand from a nurse is perceived as an emotional comforting measure.

A summary of the responses to this category is located in Table 8. Table 20 contains the individual participants' responses to this category.

In Category 6, EXPLAINS AND FACILITATES, adequate information was indicated as being given to all except one of the participants (Question 3). Seven participants responded that signs and symptoms of
### TABLE 8

#### DATA SUMMARY TABLE OF CATEGORY 5 - COMFORTS

Summary of responses of mothers delivered of stillborn infants to nursing care behaviors indicating the ability of the nurse to comfort the bereaved mother. (N=10).

<table>
<thead>
<tr>
<th>Questions</th>
<th>Number of Respondents</th>
<th>Avg. Behavior Receiving Behavior</th>
<th>Importance Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. The nurse touched me when I needed comforting</td>
<td>N=8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. The nurse's touching me when I needed comforting was</td>
<td></td>
<td>3.5</td>
<td></td>
</tr>
<tr>
<td>4. The nurse listened to me when I needed to talk</td>
<td>N=9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. The nurse's listening to what I had to say was</td>
<td></td>
<td>3.9</td>
<td></td>
</tr>
<tr>
<td>7. The nurse realized that nights were my most difficult time</td>
<td>N=3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. The nurse's realization that nights were my most difficult time was</td>
<td></td>
<td>4.0</td>
<td></td>
</tr>
<tr>
<td>15. The nurse provided time for me to express my emotional feelings</td>
<td>N=7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. The nurse's provision of time for me to express emotional feelings was</td>
<td></td>
<td>4.0</td>
<td></td>
</tr>
</tbody>
</table>

Note: NA (Not applicable) 1 Very Unimportant 2 Unimportant 3 Important 4 Very Important

Problems which could occur at home were not explained to them (Question 14). Five participants received an explanation of what to expect during their labor and delivery (Question 17). Table 21
contains the individual participants' responses to the questions contained in this category. A summary of the responses to these questions is located in Table 9.

**TABLE 9**

**DATA SUMMARY TABLE OF CATEGORY 6 - EXPLAINS AND FACILITATES**

Summary of responses of mothers delivered of stillborn infants to nursing care behaviors indicating the ability of the nurse to provide adequate explanations and facilitate understanding. (N=10).

<table>
<thead>
<tr>
<th>Questions</th>
<th>Number of Respondents</th>
<th>Avg. Behavior</th>
<th>Avg. Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. The nurse provided me with adequate information</td>
<td>9</td>
<td></td>
<td>3.6</td>
</tr>
<tr>
<td>2. This provision of information by the nurse was</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. The nurse explained signs and symptoms of problems which could occur at home</td>
<td>6</td>
<td></td>
<td>3.7</td>
</tr>
<tr>
<td>14. The nurse's explanation of signs and symptoms of problems which could occur at home was</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. The nurse explained what I was to expect in labor and delivery</td>
<td>5</td>
<td></td>
<td>3.4</td>
</tr>
<tr>
<td>17. The nurse's explanation of what I was to expect in labor and delivery was</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: NA (Not applicable) 1 Very Unimportant 2 Unimportant 3 Important 4 Very Important

TRUSTING RELATIONSHIP, Category 7, dealt with the nurse encouraging the participant to ask questions and maintaining confidentiality of the information shared. Eight participants
indicated they received encouragement to ask questions (Question 11) and seven felt that confidentiality was upheld (Question 12). Seven participants indicated that they remained on the post-partum floor following their delivery (Question 28). See Table 22 for individual participants' response to questions contained in this category.

Table 10 contains a summary of the responses obtained in the TRUSTING RELATIONSHIP category.

**TABLE 10**

**DATA SUMMARY TABLE OF CATEGORY 7 - TRUSTING RELATIONSHIP**

Summary of responses of mothers delivered of stillborn infants to nursing care behaviors which assist in the establishment of a trusting nurse/patient relationship. (N=10).

<table>
<thead>
<tr>
<th>Questions</th>
<th>Number of Respondents</th>
<th>Avg. Behavior</th>
<th>Importance Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. The nurse encouraged me to ask questions</td>
<td>N=8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. The nurse's encouragement to ask questions was</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. The nurse treated the information I gave her confidentially.</td>
<td>N=7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. The nurse's confidential treatment of the information I gave was</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. I remained on the post-partum unit after the birth of my baby</td>
<td>N=7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Remaining on the post-unit was</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: NA (Not applicable) 1 Very Unimportant 2 Unimportant 3 Important 4 Very Important
Category 8 which was specific to EXPLAINS AND FACILITATES GRIEF had a wide variation of responses. All participants received some of these caring actions. Eight participants indicated that the nurse helped them understand their feelings about their loss (Question 10). In six of the ten cases, the participants received an explanation of feelings which might occur at home (Question 16). Five of the participants were told what the baby would look like (Question 19). In eight of ten cases, the nurses stayed with the mothers during the first few minutes that they held their child (Question 21) and five participants spent time alone with their baby (Question 22).

Four mothers had autopsies done (Question 25) with a description of the autopsy procedure provided by nurses in two cases (Question 24). Arrangements for the body were discussed by nurses in eight of the study cases (Question 27). Table 11 provides a summary of the participants' responses in this category. See Table 23 for the individual participants' responses to the questions contained in this category.

The last category specific to the care of mothers who had been delivered of a stillborn infant was the SOCIAL SUPPORT area, Category 9. All participants stated that the nurse had involved family members (Question 5) and significant others (Question 6) in their care and allowed their primary support person and immediate family to visit at any time (Questions 31 and 32). Seven participants stated that the opportunity to have visitors other than immediate family was provided (Question 33). Support groups were explained by nursing personnel to all but two of the participants (Question 34).
TABLE 11

DATA SUMMARY TABLE OF CATEGORY 8 - EXPLAINS AND FACILITATES GRIEF

Summary of responses of mothers delivered of stillborn infants to nursing care behaviors which explain and facilitate grief. (N=10)

<table>
<thead>
<tr>
<th>Questions</th>
<th>Number of Respondents</th>
<th>Avg. Behavior Importance Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. The nurse helped me understand my feelings about my loss</td>
<td>N=8</td>
<td></td>
</tr>
<tr>
<td>10. The nurse's helping me understand my feelings about my loss was</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. The nurse explained what I could expect emotionally upon my return home</td>
<td>N=6</td>
<td></td>
</tr>
<tr>
<td>16. The nurse's explanation of what I could expect emotionally at home was</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. The nurse explained what my baby would look like</td>
<td>N=6</td>
<td></td>
</tr>
<tr>
<td>19. The nurse's explanation of what my baby would look like was</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. The nurse remained present for the first few minutes I held my baby</td>
<td>N=8</td>
<td></td>
</tr>
<tr>
<td>21. The nurse's presence for the first few minutes I held my baby was</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. I spent time alone with my baby</td>
<td>N=5</td>
<td></td>
</tr>
<tr>
<td>22. The time I spent alone with my baby was</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. The nurse described the autopsy procedure</td>
<td>N=2</td>
<td></td>
</tr>
<tr>
<td>24. The nurse's description of the autopsy procedure was</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. I had an autopsy done</td>
<td>N=4</td>
<td></td>
</tr>
<tr>
<td>25. The opportunity to have an autopsy done was</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. The nurse discussed with me different arrangements which could be made for my baby's body</td>
<td>N=8</td>
<td></td>
</tr>
<tr>
<td>27. The nurse's discussion of arrangements for my baby's body was</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: NA (Not applicable) 1 Very Unimportant 2 Unimportant 3 Important 4 Very Important
Extending visiting hours and including other children, grandparents and friends, allowing the father to remain overnight, and including family members in the mother's care, as indicated in this category of questions, are important caring behaviors to the bereaved mothers. An explanation of community resources for grief support was also indicated as an important behavior by those receiving this information. A summary of participants' responses to this category is contained in Table 12. Table 24 contains the individual participant responses to questions contained in this category.

With a very few exceptions all nurse caring behaviors studied were rated as IMPORTANT (3) to VERY IMPORTANT (4) when the specific behaviors studied were carried out. No exceptions were found in Category 1 - FACILITATING MEMORIES; Category 2 - ANTICIPATES; Category 3 - MONITORS AND FOLLOWS THROUGH; and Category 5 - EXPLAINS AND FACILITATES. The individual participants' ratings of importance in these areas were highly consistent when the nursing care behavior was perceived as being carried out. The exceptions are indicated in Table 13 according to category, question number and respondent number. One interesting study finding which deserves discussion is that four of the eleven UNIMPORTANT (2) responses were received from a participant who had experienced a previous stillbirth. With this exception no other relationships or patterns were recognized.

From a response of ten out of twenty-two possible, it appears that about half of the mothers chose not to participate. A reason for non-participation in this study could be the emotional difficulties
TABLE 12

DATA SUMMARY TABLE OF CATEGORY 9 - SOCIAL SUPPORT

Summary of responses of mothers delivered of stillborn infants to nursing care behaviors which assist in providing social support. (N=10).

<table>
<thead>
<tr>
<th>Questions</th>
<th>Number of Respondents</th>
<th>Avg. Behavior</th>
<th>Importance Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. The nurse involved my family in my care</td>
<td>N=10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. The nurse's involving my family in my care was</td>
<td></td>
<td>3.5</td>
<td></td>
</tr>
<tr>
<td>6. The nurse involved my significant others in my care</td>
<td>N=7</td>
<td></td>
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<tr>
<td>6. The nurse's involving my significant others in my care was</td>
<td></td>
<td>3.7</td>
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<tr>
<td>31. The nurse allowed my primary support person to visit any time</td>
<td>N=10</td>
<td></td>
<td></td>
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<tr>
<td>31. The nurse's allowance of open visitation by my support person was</td>
<td></td>
<td>3.9</td>
<td></td>
</tr>
<tr>
<td>32. The nurse allowed my immediate family to visit any time</td>
<td>N=10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. The nurse's allowance of open visitation by my immediate family was</td>
<td></td>
<td>3.8</td>
<td></td>
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<tr>
<td>33. The nurse allowed visitors other than my immediate family</td>
<td>N=7</td>
<td></td>
<td></td>
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<tr>
<td>33. The nurse's allowance for visitation of people other than my immediate family was</td>
<td></td>
<td>3.3</td>
<td></td>
</tr>
<tr>
<td>34. The nurse explained support groups available (such as infant loss group)</td>
<td>N=8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. The nurse's explanation of available support groups was</td>
<td></td>
<td>3.2</td>
<td></td>
</tr>
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</table>

Note: NA (Not applicable) 1 Very Unimportant 2 Unimportant 3 Important 4 Very Important
<table>
<thead>
<tr>
<th>No.</th>
<th>Title</th>
<th>Question Number</th>
<th>Respondent Number</th>
<th>Rating</th>
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<tr>
<td>2</td>
<td>Accessible</td>
<td>#1) The nurses encourage-ment to call</td>
<td>10</td>
<td>Unimportant (2)</td>
</tr>
<tr>
<td>6</td>
<td>Explains and Facilitates</td>
<td>#17) The nurses' explanation of what I was to expect in labor and delivery</td>
<td>6</td>
<td>Unimportant (2)</td>
</tr>
<tr>
<td>7</td>
<td>Trusting Relationship</td>
<td>#12) The nurses' confidential treatment of the information I gave</td>
<td>10</td>
<td>Unimportant (2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>#20) Remaining on the post- partum floor</td>
<td>5, 6</td>
<td>Unimportant (2)</td>
</tr>
<tr>
<td>8</td>
<td>Explains and Facilitates</td>
<td>#19) Explanation of what the baby would look like</td>
<td>6</td>
<td>Unimportant (2)</td>
</tr>
<tr>
<td></td>
<td>Grief</td>
<td>#21) Nurse's presence while holding baby</td>
<td>2, 5</td>
<td>Unimportant (2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>#27) Discussion of arrangements for baby's body</td>
<td>6</td>
<td>Unimportant (2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>#34) Explanation of available support groups</td>
<td>4, 9</td>
<td>Unimportant (2)</td>
</tr>
</tbody>
</table>
associated with the recall of incidents which occurred at the time of the loss. Despite the small sample size, the results did demonstrate all thirty-five specific nurse caring behaviors were enacted by nursing personnel. The importance rating of the nurse caring behaviors varied but all of the participants indicated that the behavior identified in the FACILITATING MEMORIES Category were VERY IMPORTANT to them. Replication of the study with a much larger sample size is suggested.

Limitations

The entire population of women delivered of stillborn infants at two tertiary hospitals during the 1986 calendar year were approached as possible study participants. Only those respondents who consented to participate could be studied by the researcher and thus self-selection bias is present. As a result these descriptive study results cannot be considered representative of the total population, that is the results are not generalizable to all nursing care situations involving a mother delivered of a stillborn infant.
The dual purpose of this descriptive study was to examine the caring concept as it relates to the nurse-patient relationship by identifying nursing behaviors which convey caring to the mother delivered of a stillborn infant and then to determine the relative importance of these behaviors. In order to achieve this goal, an exploration of the nursing literature on caring and loss was necessary in order to identify relevant nurse caring behaviors and criteria basic to the care concept. These identified behaviors were then constructed into a questionnaire and the data collected were analyzed. A discussion of the findings of this study as they relate to the nursing care of mothers delivered of stillborn infants follows.

No notable differences were found between the questionnaire results received from the two hospital settings, with the exception of response rate. Total response rate was ten of twenty-two, with six participants out of a total of fourteen possible, coming from setting number one and four participants, out of a possible eight, coming from setting number two.

Some indication of lost participants may be gleaned from a study done by Kellner, Donnelly, and Gould (1984). In this study it was
found that more white mothers accepted follow-up after a perinatal death than non-white (82.9% versus 62.8%, p less than .01) and more married women than did unmarried (81.2% versus 65.3%, p less than .01). Since all current study participants were white and married, it may be that some of the non-participants were unmarried and/or non-white.

The study participants' age range was 24 to 40 years (mean age 32) which indicates participation of a larger number of mothers at the far end of the childbearing continuum than in a previous study. Kellner, Donnelly, and Gould (1984) reported an age range of 14 to 43 (mean age 22.6). The younger mothers, who were also under-represented in the current study, may also be part of the non-participating population.

Results relating to the major themes of nurse care behavior which were explored in this study and the relevant study questions are presented next. The findings demonstrate that the participants in the study primarily perceive the FACILITATING MEMORIES - Category 1, behaviors as being important behaviors to them. All the participants rated the behaviors in this category as being carried out and being VERY IMPORTANT to them. These questions address the most tangible behaviors examined. Crisis intervention with mothers delivered of stillborn infants evolves around behaviors which help to assist them in "affirmation" or in what Parkes (1965) has called "realization" of the event. A mother of a stillborn infant often has a difficult time in dealing with the reality of the death (Kirkley-Best and Kellner, 1982). The "affirmation" process is then accelerated by assisting the mother to accept the child's existence as a person.
The nursing care of mothers delivered of stillborn infants places special demands on the hospital staff. All of the study participants indicated that they had been encouraged to call if they had any problems or needed anything. Although the amount of time it took for nursing personnel to answer their lights varied, all of the respondents indicated that they had been "checked on" appropriately.

All of the participants also indicated that they had been provided time to talk privately with their families and all but two participants were provided private time while in the hospital. Although ratings of these behaviors varied, all participants indicated these behaviors IMPORTANT (3) to VERY IMPORTANT (4).

Seitz and Warrwick (1974) suggest that increasing the physical nursing care of bereaved mothers, (which helps to meet their dependency needs) assists in creating a permissive atmosphere for grieving and provides an opportunity for mothers to talk. All respondents stated that nurses paid attention to their bodily needs, with the majority (eight) indicating that this was IMPORTANT (3) to them. Brady, Birmingham, Kellan, Magee, Prendergast, and Malone (1984) found that all women in their study were satisfied with the length of their post-delivery stay in the hospital, a finding confirmed in the current study. A study done by Brady, et al. (1984) indicated that staff provision of time for discussing the loss was perceived by mothers as the single most helpful factor in resolving their stillbirth experience. This time was provided to seven of the
current study participants with all seven of the participants indicating that the opportunity was VERY IMPORTANT (4) to them.

Being able to perceive a sense of trust in the nurse was a nurse caring theme which was also analyzed. Category 7 - TRUSTING RELATIONSHIP was comprised of items that asked if the nurse encouraged the mother to ask questions and if the mother stayed on the post-partum floor following her delivery. Kirk (1984) found that the ideal setting for bereaved mothers is a single room on the post-partum unit where mothers can be cared for by nurses expert in providing care for the post-partum mother, but Saylor (1977) and Cooper (1979) do not agreed on this aspect of care. Three of the study participants were moved from the post-partum unit after their delivery. The importance ratings of the seven participants who remained on the post-partum floor varied.

The TRUSTING RELATIONSHIP, Category 7, attempted to establish if a trusting nurse/patient relationship had evolved. Although the questions asked in this category may be important to a trusting relationship, operationalization of the variables in this category was weak and requires further development in order to identify behaviors which signify a trusting relationship.

Explaining things in an understandable language and facilitating behaviors which might help the mother cope with her loss are question areas addressed in Category 8 - EXPLAINS AND FACILITATES GRIEF. Responses in this category varied and some of the nurse caring behaviors were not carried out in many of the study cases. This may indicate that these behaviors vary according to the personal beliefs
and knowledge of the nursing personnel caring for the mother and her understanding of the bereavement process.

Forrest, Standish, and Baum (1982) suggested from study results that the impact of support appreciably shortens the duration of the bereavement reaction. Seitz and Warrwick (1974) have also stated that the amount of support a mother needs from the nurse seems to be inversely proportional to the amount of support she perceives as obtaining from her husband and immediate family. All respondents in the current study indicated that immediate family and primary support persons were allowed open visitations in Category 9 - SOCIAL SUPPORT. The importance of this behavior varied among participants as being IMPORTANT (3) to VERY IMPORTANT (4).

Each category of nursing care themes was examined for deviation of responses from the norm. Of particular interest to this study are participants number two and eight. Participant number two was moved from the labor and delivery floor after she was delivered of her stillborn and participant number eight indicated she stayed in the hospital only six hours. By analyzing both of these participant's responses in comparison to the others, several differences can be seen. Both participants were primigravidas (first pregnancies) and were the only primigravidas in the study. They were also the youngest study participants at 25 and 24 years of age. Both participants answered "no" to the following questions whereas all the other respondents answered positively.

Question 30 - I was provided private time while in the hospital.

Question 11 - The nurse encouraged me to ask questions.
Question 10 - The nurse helped me understand my feelings about my loss.

Participant number 2, who was moved to another unit, also indicated "no" where all the other participants answered "yes" to the following additional questions.

Question 2 - The nurse provided me with adequate information.

Question 4 - The nurse listened to me when I needed to talk.

This information seems to suggest as Kirk (1984) had reported, that nursing care behaviors for mothers of stillborn infants may be implemented more often when the mother is on the post-partum unit rather than when she is moved to another unit or leaves the hospital soon after delivery. Nurses on post-partum are more apt to understand the specific nurse caring behaviors necessary and therefore provide the mothers with these behaviors. Although participant number nine indicated that she also left the hospital shortly after delivery and therefore did not stay on the post-partum unit. It is noteworthy that her answers did not vary from the rest of the respondents. When analyzing participants by looking at the total number of negative responses, study participant number two indicated "not applicable (N/A)" or "no" to seventeen of the thirty-five questions whereas the rest of the study respondents answered "not applicable (N/A)" or "no" to eleven questions or fewer.

Two mothers were delivered by Cesarean birth and by nature of their delivery had lengthened hospital stays. One interesting finding is that although many of the responses of these two mothers were similar to the rest of the sample, five of the eleven UNIMPORTANT
64 responses (indicated in Table 14) were received from the two mothers delivered of a stillborn infant by Cesarean birth. Of these five UNIMPORTANT responses, four were received from the participant who had experienced a previous stillbirth. This may indicate that the importance of some nurse caring behaviors may decrease if a prior experience had provided the required information. For example, the mother who had been delivered of the previous stillborn infant indicated that an explanation of (a) what to expect in labor and delivery, (b) what the baby would look like, and (c) arrangements for the baby’s body were UNIMPORTANT to her.

Another important finding worthy of consideration was that the participants generally rated action-oriented behaviors as occurring more often than the emotional support-oriented behaviors. Action-oriented behaviors are often more easily assessed as being carried out.

Implications for Nursing Practice

Practice implications center on the applicability of the study findings to the nursing care of mothers delivered of stillborn infants. This study identifies unique challenges for labor and delivery and post-partum nurses who work directly with the mothers delivered of stillborn infants and their special needs. The nurses must monitor the provision of physical and emotional nursing care, as well as appropriately communicate in order to provide information and give emotional support. Nursing roles are those of providing specialized care, education, support, and referrals specific to expressed needs. Awareness of limitations of the study results
precludes any major recommendations relative to the practice of nursing.

Recognizing this is a small explorative study suggests that a number of nurse caring behaviors are important in the care of a mother delivered of a stillborn infant. These include, but are not limited to, the establishment of a trusting nurse-patient relationship, the involvement of social support in the mother's care, the accessibility of the nurse, the level of communication between the nurse and the mother in order to offer appropriate explanations, the nurse's anticipation of the mother's needs, and issues relating to facilitating grief by providing mementos to make the baby's identity more tangible and by seeing, holding and naming the baby. The nurse caring behaviors perceived as most frequently occurring and being most important was the facilitating memories grouping.

This study explored the mother's satisfaction with the nursing care behaviors received along with the nurses' accessibility. The study participants indicated that the nursing staff was appropriate in response time to call lights and in the number of times they were checked on. Yet, mothers also indicated the importance of private time.

Following the stillbirth, the mothers were recovered in various hospital care areas; some participants stayed in the labor and delivery unit until discharge, some were moved to the post-partum unit, and one was moved to another unit. All of the women were satisfied with the nursing care provided to them in these areas. Nurse caring behaviors specific to the care of bereaved mothers were
provided more often to mothers who stayed on the post-partum unit. Also, all the women were satisfied with the length of their post delivery stay.

Many of the findings of this study serve to underline the importance of appropriate communication and the necessity for sensitivity on the part of the nursing staff. A discussion of the loss was perceived as important. This emphasizes the importance of spending time with the mother in discussing feelings about the loss and allowing her to express her feelings.

Implication for Future Studies

For reasons not entirely understood, research in this area has been surprisingly scant. There are few studies about the specific needs of mothers delivered of stillborn infants. Only through continued research will information be relayed to health care professionals and the public regarding the special needs of this group and only through careful research will it be possible to obtain an understanding of the particular aspects of stillbirth bereavement and its effect on the mother.

The following topics would be fruitful for future research:

1) Past fertility and/or pregnancy history. Are needs more defined where previous problems have been experienced?

2) Of what importance is the hospital stay itself? While literature is growing in the area of patient care, much has yet to be learned. The many decisions that must be made in the initial hours following the loss may have a great impact on the psycho-emotional
state of the mother. Such things as seeing and holding the baby, disposition of the body, autopsies, photographs, funeral arrangements, all may be important to the mother’s later attempts to cope with her loss.

3) The social environment in which the mother finds herself after dismissal from the hospital would be an important area of investigation. What is the effect on the husband-wife relationship? What is the nature of interaction with other family members? Of what importance are support groups?

4) How do actions of family members and/or nursing staff affect a mother’s ability to cope?

5) Does the type of person demonstrating the caring behavior result in differences in the mother’s perception of feeling cared for? A question which needs to be explored is: Is it possible that mothers do not care what type of health care provider enacts the caring behaviors just so long as the end result is that they feel cared for?

With these and most likely, many other questions yet to be answered, this topic remains an open and vital area for scientific inquiry.

This study provided an exploratory analysis of nursing care behaviors as they relate to the mother delivered of a stillborn infant. In order to establish a functional nursing care theory base for these mothers, the concept of care must continue to be carefully analyzed and defined as it relates to loss and eventual resolution. Investigating the nursing care behaviors enacted toward the mother
delivered of a stillborn infant is only a preliminary step taken
toward the establishment of a clear, concise nursing care knowledge
base. Further clarification of meanings and relationships in the care
concept involve the use of many more descriptive studies such as
this. Then by combining nursing care theory and the theory involved
in grief and loss, nursing care of the bereaved individual can assume
meaningful direction. The helping professional must respond to both
the loss and the meaning it has for the person experiencing it through
appropriate nurse caring behaviors, which will facilitate well being
and eventual resolution of the loss.
REFERENCES CITED
REFERENCES CITED


APPENDICES
APPENDIX A

INQUIRY LETTER

Dear

You recently underwent a trying experience during which your baby died and you were delivered of a stillborn infant. Although I am sure that time was difficult for you and that you still experience sadness, I imagine there were some things that happened at that time that were helpful to you and that conveyed to you the concern and caring of those around you. I am a nurse in graduate school interested in learning better ways of helping people who experience sad events like this. I am writing to ask your help with a study entitled "What nursing behaviors convey caring to the mother delivered of a stillborn infant".

This study seeks to develop knowledge concerning which nursing behaviors were most important to you during your hospital stay. I am not evaluating any specific nurse, but rather identifying which nursing behaviors were of particular importance to you. I feel that the knowledge obtained from this study is important in assisting in the development of qualified labor and delivery nurses. Your participation in this study will be greatly appreciated. The benefit of this study will come to people in the future who experience a stillbirth. Although the benefit to you at this time is after the fact, the knowledge gained will further nurses' understanding of the impact of the loss of an unborn child on other individuals like yourself.

If you choose to participate, completion of the questionnaire will take approximately one half hour of your time. All information obtained will remain confidential. Your name will appear only on the consent form. Upon completion of the data collection, the names, addresses, and the data obtained will be destroyed. The signed consent forms will be held in a locked file by the Montana State University College of Nursing for a period of five years after which they will also be destroyed.

If you are willing to participate in this study, please fill out the form entitled Agreement to Participate. Include on this form your name and address so that I may send a questionnaire to you. Use the self-addressed stamped envelope included and return promptly. If you choose not to participate, please return the Agreement to Participate form in the enclosed envelope unsigned. This is done so that your name can be omitted from the list of participants. Your participation or non-participation in this study will, in no way, affect your future medical care.
You are free to write or call me if you have any questions concerning this study, at any time during the conduction of this study. My name and address, along with my telephone number are listed below. You are also free to withdraw from this study at any time.

Thank you for your time and thoughtful attention.

Sincerely,

Twila Jo Zieske, R.N.
1023 Wicks Lane
Billings, Montana  59105
(406) 259-1866
APPENDIX B
CONSENT FORM

I, ____________________________, agree to participate in the research study entitled, "What nursing behaviors convey caring to a mother delivered of a stillborn infant", conducted by Twila Jo Zieske, R.N., a master's student at Montana State University College of Nursing. I understand that this study will require that I answer a questionnaire that will take about one-half hour of my time. This questionnaire will ask what nursing behaviors I found most helpful and important during my hospital stay. I understand that my participation in this study is totally voluntary, and that I may withdraw from this study at any point. I also understand that while completing the questionnaire I may feel sadness in recollecting the event and that the information obtained will remain confidential and will be destroyed upon completion of data collection and only group data will be reported. This form will be locked in a file for a period of five years after which it will also be destroyed.

Signed ____________________________, this _____

day of ____________________________, 19____.

Address ____________________________________________

____________________________________________

____________________________________________
Dear Participant,

A week ago you received information about participation in a research study. It is vital that we receive a response. If you wish to participate, please complete the consent form and return promptly. If you have chosen not to participate, please return the consent form as is.

Thank you.

Sincerely,

Twila Jo Zieske, R.N.
1023 Wicks Lane
Billings, Montana  59105
(406) 259-1866
APPENDIX D

INSTRUCTIONS

Dear Participant:

Thank you for consenting to become a participant in my research study. Enclosed is a copy of your signed consent form, an addressed stamped return envelope, the questionnaire and a list of resources. Please read through the consent form again and retain it for your own information.

When answering the questionnaire, please read each question carefully and answer thoughtfully. Please answer each question. If the question does not apply to your individual situation, mark the "Not Applicable" (NA) area. The area marked "Comments" is provided so you may add any information you feel is important. Feel free to use the comment area in any way you would like.

After you have completed the questionnaire, return it promptly in the enclosed addressed stamped envelope. The questionnaire must be returned as quickly as possible to enable the analysis of your responses.

When answering the questions within the questionnaire, you may feel sadness in the recollection of this event. If these feelings are intense or persist, a list of resources is included for your personal use.

Thank you very much for your time and thoughtful attention.

Sincerely,

Twila Jo Zieske, R.N.
1023 Wicks Lane
Billings, Montana 59105
(406) 259-1866

Please feel free to call or write if you have any questions pertaining to this study.
Please answer the following questions:

Background information:

Total number of years in school __________
Occupation ____________________________
Employment Status: Not employed _____ Less than 40 hrs/week _____
40 hrs or more a week ______
Age in years: __________
Marital status: Single _____ Divorced _____ Married _____
Separated _____ Widowed _____
Religion _____________________________
Race ______________________________
Born in America Yes _____ No _____ If no, where. ________________________

Reproductive History

Number of times pregnant ____________
Number of miscarriages _____________ (Less than 5 months)
Number of abortions _________________
Number of stillbirths ________________ (Greater than 5 months)
Number of children given up for adoption __________
Number of living children _____________
Number of children born prematurely __________ (Less than 36 weeks)

The following questions are designed to obtain specific information about your labor experience surrounding the delivery of your stillborn infant.

Onset of labor was spontaneous Yes _____ No _____
Labor was induced ________________
Time in hours from diagnosis of infant's death until birth __________

On the next two pages you will find a set of statements referring to specific nursing activities. The left hand page contains questions that can be answered yes, no, or not applicable (NA). On the right hand page you will find corresponding statements which ask you to rate the specific nursing activity as to how important it was to you. Please use a scale from 1 (one) to 4 (four) with 1 (one) meaning very unimportant, 2 (two) unimportant, 3 (three) important and 4 (four) very important. If you feel the question does not apply to your particular situation, mark the not applicable (NA) area.
DID THESE BEHAVIORS OCCUR?

Please circle one

1. The nurse encouraged me to call if I had any problems or needed anything
   Yes  No  NA

2. The nurse provided me with adequate information
   Yes  No  NA

3. The nurse touched me when I needed comforting
   Yes  No  NA

4. The nurse listened to me when I needed to talk
   Yes  No  NA

5. The nurse involved my family in my care
   Yes  No  NA

6. The nurse involved my significant others in my care
   Yes  No  NA

7. The nurse realized that nights were my most difficult time
   Yes  No  NA

8. The nurse anticipated my feelings
   Yes  No  NA

9. The nurse provided for the opportunity for me and my family to talk privately
   Yes  No  NA

10. The nurse helped me understand my feelings about my loss
    Yes  No  NA

11. The nurse encouraged me to ask questions
    Yes  No  NA

12. The nurse treated the information I gave her confidentially
    Yes  No  NA

13. The nurse paid attention to my bodily needs
    Yes  No  NA

14. The nurse explained signs and symptoms of problems which could occur at home
    Yes  No  NA

15. The nurse provided time for me to express my emotional feelings
    Yes  No  NA
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<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
</tr>
</thead>
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<tr>
<td>16. The nurse explained what I could expect emotionally upon my return home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. The nurse explained what I was to expect in labor and delivery</td>
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<tr>
<td>18. The nurse offered me the opportunity to see my baby</td>
<td></td>
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<tr>
<td>19. The nurse explained what my baby would look like</td>
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<tr>
<td>20. I held my baby</td>
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<tr>
<td>21. The nurse remained present for the first few minutes I held my baby</td>
<td></td>
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<tr>
<td>22. I spent time alone with my baby</td>
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<tr>
<td>23. I was given the opportunity to name my baby</td>
<td></td>
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<tr>
<td>24. The nurse described the autopsy procedure</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>25. I had an autopsy done</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. The nurse collected mementos of my baby's birth for me</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DID THESE BEHAVIORS OCCUR?

27. The nurse discussed with me different arrangements which could be made for my baby's body
   Please circle one
   Yes  No  NA

28. I remained on the postpartum floor after the birth of my baby
   Please circle one
   Yes  No  NA

29. I went home a few hours after my delivery
   Please circle one
   Yes  No  NA

30. I was provided private time while in the hospital
   Please circle one
   Yes  No  NA

31. The nurse allowed my primary support person to visit any time
   Please circle one
   Yes  No  NA

32. The nurse allowed my immediate family to visit at any time
   Please circle one
   Yes  No  NA

33. The nurse allowed visitors other than my immediate family
   Please circle one
   Yes  No  NA

COMMENTS

34. The nurse explained support groups available (such as infant loss group)
   Please circle one
   Yes  No  NA
35. I felt that my hospital stay following the birth was:
   _____Too short   _____About right   _____Too long

36. If you received any mementos of the baby's birth, which did you receive?
   _____Pictures   _____Footprints
   _____Measurements   _____Lock of hair
   _____Identification Band
   _____Others (Please specify) ____________________________________________

37. How long (on the average) did it take the nurse to answer your call light?
   _____Not Applicable (NA)   Number of minutes_____________
   Was this amount of time appropriate in your opinion?
   _____Not Applicable (NA)   _____Yes   _____No

38. How many times were you checked on by nursing personnel (on the average) per twenty four (24) hours?
   _____Not Applicable (NA)   Number of times_____________
   Do you feel this was appropriate?
   _____Not Applicable (NA)   _____Yes   _____No
   Was the number of times you were checked on
   _____Too few   _____About right   _____Too many

39. I felt the general nursing care during my hospital stay was:
   _____Very Good   _____Good   _____Satisfactory   _____Terrible

COMMENTS:

Please return promptly. Thank you very much.
### How Important Were These Behaviors?

Please circle one

<table>
<thead>
<tr>
<th></th>
<th>NA (Not applicable)</th>
<th>1 Very Unimportant</th>
<th>2 Unimportant</th>
<th>3 Important</th>
<th>4 Very important</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. This encouragement to call by the nurse was</td>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. This provision of information by the nurse was</td>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. The nurse's touching me when I needed comforting was</td>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. The nurse's listening to what I had to say was</td>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. The nurse's involving my family in my care was</td>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. The nurse's involving my significant others in my care was</td>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. The nurse's realization that the nights were my most difficult time was</td>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. The nurse's anticipation of my feelings was</td>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. The nurse's providing for opportunities for me and my family to talk privately was</td>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. The nurse's helping me to understand my feelings about my loss was</td>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. The nurse's encouragement to ask questions was</td>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. The nurse's confidential treatment of the information I gave was</td>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. The nurse's attention to my bodily needs was</td>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. The nurse's explanation of signs and symptoms of problems which occur at home was</td>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15. The nurse's provision of time for me to express my emotional feelings was</td>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Question</td>
<td>Rating Options</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. The nurse's explanation of what I could expect emotionally at home was</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. The nurse's explanation of what I was to expect in labor and delivery was</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. The offer of an opportunity to see my baby was</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. The nurse's explanation of what my baby would look like was</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Holding my baby was</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. The nurse's presence for the first few minutes while I held my baby was</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. The time I spent alone with my baby was</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. The opportunity to name my baby was</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. The nurse's description of the autopsy procedure was</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. The opportunity to have an autopsy done was</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. How important are these mementos to you now</td>
<td>1 2 3 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**How Important Were These Behaviors?**

Please circle one

NA (Not applicable) 1 Very Unimportant 2 Unimportant 3 Important 4 Very important
## HOW IMPORTANT WERE THESE BEHAVIORS?

Please circle one

<table>
<thead>
<tr>
<th>NA (Not applicable)</th>
<th>1 Very Unimportant</th>
<th>2 Unimportant</th>
<th>3 Important</th>
<th>4 Very important</th>
</tr>
</thead>
</table>

27. The nurse’s discussion of arrangements for my baby’s body was

28. Remaining on the post-partum floor was

29. The opportunity to go home a few hours after my delivery was

30. The nurse’s provision of private time was

31. The nurse’s allowance of open visitation for my support person was

32. The nurse’s allowance of open visitation for my immediate family was

33. The nurse’s allowance for visitation by people other than immediate family was

## COMMENTS

34. The nurse’s explanation of available support groups was
APPENDIX F

RESOURCE LIST

NATIONAL SUPPORT ORGANIZATIONS

THE COMPASSIONATE FRIENDS
National Headquarters
P. O. Box 1347
Oak Brook, Illinois  60521  (312) 323-5010

Self-help organizations for parents who have experienced the
death of a child. Approximately 270 chapters in the United
States and worldwide.

RESOLVE, INC.
National Headquarters
P. O. Box 474
Belmont, Massachusetts  02178  (617) 484-2424

Branches in 35 cities, 12 additional branches in process of
organizing. Support organization for those who have
experienced infertility or pregnancy loss.

LOCAL ORGANIZATIONS - MONTANA

COMPASSIONATE FRIENDS (Chapters in Eureka, Kalispell and Billings)
Billings Deaconess Hospital (Petrea Zimdars)
P. O. Box 2547
Billings, Montana  59103  (406) 657-4220

RAINBOW
1431 Cascade
Billings, Montana  59102  Molly Mills (406) 248-3487
or  (406) 657-7028

A support group for women who have suffered the loss of a
child through miscarriage, stillbirth, or infant death.
Individual support. Lending library. Group meetings.

CLASSES

If you live near a college, you may find that often there are courses
offered on the topic of grief. Churches, too, often sponsor programs
about death, dying, and grief that you may want to attend.
PROFESSIONALS

Your obstetrician or the family doctor who was with you when your baby was born may be very helpful.

A social worker, psychologist, psychiatrist and/or family counselor may be helpful if you feel a need for additional counseling. These professionals may be located by looking in the Yellow Pages under Marriage and Family counselors, or by calling one of the major hospitals in your area. The hospital’s pastoral care or social service department may have information about groups in your area that may be of help to you. A self-help group may be your best source of referrals.

Mental health centers are available in most areas and offer a wide range of counseling options. From individual to group counseling, you can expect concerned professional assistance in dealing with your grief. Mental health services can be located in the yellow pages of your telephone book.

Clergy - whether or not you are affiliated with an organized religious group, you may now find yourself searching for some answers. Seek help through your own pastor or ask the chaplain in your hospital for the name of a minister, priest, or rabbi who may help you.

LITERATURE

Below is a partial list of books which may be helpful to you. Your local bookstore will be of assistance to you in locating these and others.


When Hello Means Goodbye (1981) by Pat Schwiebert, R.N. and Paul Kirk, M.D. Copies may be ordered from:
Perinatal Loss - 2443 N.E. 20th Avenue
Portland, Oregon 97212

-or-
University of Oregon Health Center

A guide for parents whose child dies before birth, at birth, or shortly after birth.


Beacon Press, Boston.

Written for parents experiencing grief from miscarriage, stillbirth, or infant death. The personal insights of many women living through their own grief make this book very appealing to those ready to hear from others who have been there.

Bergin and Garvey Publishers Inc., Massachusetts.

Written as a self-help book for parents who have experienced any type of childbearing loss.
APPENDIX G

WORK SHEET

CONSENT FORM NUMBER __________

NAME: ________________________ ______________________

First Last

ADDRESS: ____________________________

Street Apt No.

City State Zip

Stillbirth Occurred _________________ (Date)

5 weeks post-loss _________________ (Date)

Inquiry Letter Sent (5 weeks post-loss) _________________ (Date)

Consent form received ________ (Date) Signed Unsigned No Response

(after prompt letter) (Circle appropriate answer)

Nine weeks post-loss ______________ (Date)

Participant Response ___________ (Date) Signed Unsigned No Response

(Circle appropriate answer)

Date signed consent form forwarded to researcher ______________ (Date)

Notes: Please use this space to record any questions, comments or
problems which need to be brought to the researcher's
attention.
APPENDIX H

RESEARCH ASSISTANT INSTRUCTION SHEET

This sheet is provided for you to use as a guideline in filling out the worksheets on each potential respondent. Please read the instructions carefully. If you have any questions please feel free to call me collect at any time. I will also be in contact with you once a week at your convenience to answer any questions or clear up any problems that may occur. I am hoping that things will run smoothly, but I realize that there will probably be many small details that will need verification before our year together is over. I am very happy to have your assistance. Thank you very much for your time.

1. Please record the date that the research was started, whether or not a stillbirth has occurred.

2. For the purposes of this study all mothers who have delivered a stillborn infant of twenty weeks gestation or greater will be potential participants.

3. At the time the stillbirth occurs, fill in the name and address of the mother along with the date the stillbirth occurred. Please try to check records at least twice a week if not every day so that chart information is readily available. When recording name, address, and date of loss fill in the 5 and 9 week post-loss dates for future reference.

4. During the 5th week post-loss please write or type the mother's first name on the inquiry letter and document the consent form number in the appropriate area on the worksheet. Mail the inquiry letter, consent form, resource list, and return envelope to the mother's home address and document the date the letter was mailed.

5. If a response is received before one week's time, document the date the response was received and circle whether the consent form was returned signed or unsigned.

A) If consent form was returned unsigned nothing else is necessary.

B) If consent form is signed, please forward form to me immediately.
C) If no response is received in one week, a prompt card must be mailed. Please document the date the card was sent. This should be done one week after inquiry letter was mailed.

6. If no response has been received by the 9th week post-loss date, circle participant response area on work sheet - No, No response.

7. Please keep all worksheets. I will need a summary at the end of this study. This will include how many letters sent, how many prompt letters sent, how many unsigned consent forms received, and how many potential participants did not respond.
<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number years in school</td>
<td>14</td>
<td>13</td>
<td>12</td>
<td>14.5</td>
<td>15.5</td>
<td>12</td>
<td>15</td>
<td>16</td>
<td>16</td>
<td>12</td>
</tr>
<tr>
<td>Occupation</td>
<td>Bookpr</td>
<td>Recept-ionist</td>
<td>Housewife</td>
<td>Admin</td>
<td>Housewife</td>
<td>Homemaker</td>
<td>Pre-School</td>
<td>Ele. Diet</td>
<td>House</td>
<td>Bus. Owner</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment Status</td>
<td>&lt;40 per week</td>
<td>&lt;40 per week</td>
<td>Not Empl per week</td>
<td>Not Empl per week</td>
<td>&lt;40 Empl per week</td>
<td>Not Empl per week</td>
<td>Not Empl per week</td>
<td>Not Empl per this time</td>
<td>Not Empl per week</td>
<td></td>
</tr>
<tr>
<td>Age in Years</td>
<td>35</td>
<td>25</td>
<td>31</td>
<td>40</td>
<td>32</td>
<td>30</td>
<td>34</td>
<td>24</td>
<td>36</td>
<td>31</td>
</tr>
<tr>
<td>Marital Status</td>
<td>M</td>
<td>M</td>
<td>M</td>
<td>M</td>
<td>M</td>
<td>M</td>
<td>M</td>
<td>M</td>
<td>M</td>
<td>M</td>
</tr>
<tr>
<td>Religion</td>
<td>Pro</td>
<td>Pre</td>
<td>Pre</td>
<td>Evan</td>
<td>Bap</td>
<td>Hutterite</td>
<td>LDS</td>
<td>Cath</td>
<td>Luth</td>
<td>LDS</td>
</tr>
<tr>
<td>Race</td>
<td>Cau</td>
<td>Cau</td>
<td>Cau</td>
<td>Cau</td>
<td>Cau</td>
<td>Cau</td>
<td>Cau</td>
<td>Cau</td>
<td>Cau</td>
<td>Cau</td>
</tr>
<tr>
<td>Born in America</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>If no, where?</td>
<td>Holland</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: M - Married; Evan - Evangelical; Pro - Protestant; Bap - Baptist; Pre - Presbyterian; LDS - Church of Jesus Christ of Latter Day Saints; Cath - Catholic; Cau - Caucasian
<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of times pregnant</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Number of miscarriages</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Number of abortions</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of stillbirths</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Number of children given up for adoption</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of living children</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Number of children born prematurely</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Onset of labor was spontaneous</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Labor was induced</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Time in hours from diagnosis of infant's death until birth</td>
<td>26</td>
<td>46</td>
<td>12</td>
<td>2</td>
<td>13</td>
<td>Birth</td>
<td>6-10</td>
<td>2</td>
<td>29.5</td>
<td>70</td>
</tr>
</tbody>
</table>

Note: NA (Not applicable) 1 Very Unimportant 2 Unimportant 3 Important 4 Very Important
TABLE 16

INDIVIDUAL PARTICIPANT'S RESPONSES TO QUESTIONS IN CATEGORY 1 - FACILITATING MEMORIES

<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>Participant No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. The nurse offered me the opportunity to see my baby</td>
<td>Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes</td>
</tr>
<tr>
<td>18. The offer of an opportunity to see my baby was</td>
<td>4 4 4 4 4 4 4 4 4 4</td>
</tr>
<tr>
<td>20. I held my baby</td>
<td>Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes</td>
</tr>
<tr>
<td>20. Holding my baby was</td>
<td>4 4 4 4 4 4 4 4 4 4</td>
</tr>
<tr>
<td>23. I was given the opportunity to name my baby</td>
<td>Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes</td>
</tr>
<tr>
<td>23. The opportunity to name my baby was</td>
<td>4 4 4 4 4 4 4 4 4 4</td>
</tr>
<tr>
<td>26. The nurse collected mementos of my baby's birth for me</td>
<td>Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes</td>
</tr>
<tr>
<td>26. How important are these mementos to you now?</td>
<td>4 4 4 4 4 4 4 4 4 4</td>
</tr>
<tr>
<td>36. If you received any mementos of the baby's birth, which did you receive?</td>
<td>1 1 1 1 1 1 2 2 2 2 1</td>
</tr>
<tr>
<td>1-Pictures</td>
<td>2 2 2 2 2 2 3 3 4 4 2</td>
</tr>
<tr>
<td>2-Measurements</td>
<td>3 3 3 3 3 4 5 4 5 4 4</td>
</tr>
<tr>
<td>3-ID Band</td>
<td>4 4 4 4 4 4 6 6 6 6 6</td>
</tr>
<tr>
<td>4-Footprints</td>
<td>5 5 5 5 5 5 5 5 5 5 5</td>
</tr>
<tr>
<td>4-Pictures</td>
<td>Death Blanket Blanket Blanket</td>
</tr>
<tr>
<td>5-Lock of hair</td>
<td>Cert. Cap Cap Cap</td>
</tr>
<tr>
<td>5-Lock of hair</td>
<td>Blankt Cord HairBow</td>
</tr>
<tr>
<td>6-Others (Please specify)</td>
<td>Clamp CribCard</td>
</tr>
</tbody>
</table>

Note: NA (Not applicable) 1 Very Unimportant 2 Unimportant 3 Important 4 Very Important
<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>Participant No.</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The nurse encouraged me to call if I had any problems or needed anything</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>1. This encouragement to call by the nurse was</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>37. How long (on the average) did it take the nurse to answer your call light? (Minutes)</td>
<td>Very Few</td>
<td>2-4</td>
<td>1</td>
<td>1</td>
<td>1-2</td>
<td>2-3</td>
<td>1-2</td>
<td>1-2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38. How many times were you checked on by nursing personnel (on the average) per (24) hours?</td>
<td>Only there</td>
<td>24</td>
<td>24</td>
<td>24</td>
<td>Approp.</td>
<td>4</td>
<td>10</td>
<td>25-30</td>
<td>6 hrs</td>
<td>24</td>
</tr>
<tr>
<td>Do you feel this was appropriate?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Note: NA (Not applicable) 1 Very Unimportant 2 Unimportant 3 Important 4 Very Important
**TABLE 18**

INDIVIDUAL PARTICIPANT'S RESPONSES TO QUESTIONS IN CATEGORY 3 - ANTICIPATES

<table>
<thead>
<tr>
<th>Questions</th>
<th>Participant No.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. The nurse anticipated my feelings</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>N/A</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>8. The nurse's anticipation of my feelings was</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>3</td>
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</tr>
<tr>
<td>9. The nurse provided for the opportunity for me and my family to talk privately</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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</tr>
<tr>
<td>9. The nurse's providing for me and my family to talk privately was</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>4</td>
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<td>4</td>
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<tr>
<td>30. I was provided private time while in the hospital</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>30. The nurse's provision of private time was</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>4</td>
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Note: NA (Not applicable) 1 Very Unimportant 2 Unimportant 3 Important 4 Very Important
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<th>Participant No.</th>
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<tr>
<td><strong>QUESTIONS</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. The nurse paid attention to my bodily needs</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>13. The nurse's attention to my bodily needs was</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>4</td>
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</tr>
<tr>
<td>29. I went home a few hours after my delivery</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>29. The opportunity to go home a few hours after my delivery was</td>
<td>3</td>
<td>4</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
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<td>4</td>
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<tr>
<td>35. I felt that my hospital stay following the birth was</td>
<td>About</td>
<td>About</td>
<td>About</td>
<td>About</td>
<td>About</td>
<td>About</td>
<td>About</td>
<td>About</td>
<td>About</td>
<td>About</td>
</tr>
<tr>
<td>39. I felt the general nursing care during my hospital stay was</td>
<td>Very</td>
<td>Very</td>
<td>Very</td>
<td>Very</td>
<td>Very</td>
<td>Very</td>
<td>Very</td>
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Note: NA (Not applicable) 1 Very Unimportant 2 Unimportant 3 Important 4 Very Important
<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>Participant No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. The nurse touched me when I needed comforting</td>
<td>Yes No Yes Yes Yes Yes Yes Yes Yes No</td>
</tr>
<tr>
<td>3. The nurse's touching me when I needed comforting was</td>
<td>3 2 4 3 4 3 4 4 3 NA</td>
</tr>
<tr>
<td>4. The nurse listened to me when I needed to talk</td>
<td>Yes No Yes Yes Yes Yes Yes Yes Yes Yes</td>
</tr>
<tr>
<td>4. The nurse's listening to what I had to say was</td>
<td>4 3 4 3 4 4 4 4 4 4</td>
</tr>
<tr>
<td>7. The nurse realized that nights were my most difficult time</td>
<td>NA NA Yes NA Yes Yes No NA NA No</td>
</tr>
<tr>
<td>7. The nurse's realization that nights were my most difficult time was</td>
<td>NA NA 4 NA 4 4 4 4 NA NA NA</td>
</tr>
<tr>
<td>15. The nurse provided time for me to express my emotional feelings</td>
<td>Yes No Yes Yes Yes Yes Yes No Yes No</td>
</tr>
<tr>
<td>15. The nurse's provision of time for me to express my emotional feelings was</td>
<td>4 4 4 4 4 4 4 2 4 NA</td>
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Note: NA (Not applicable) 1 Very Unimportant 2 Unimportant 3 Important 4 Very Important
<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>Participant No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. The nurse provided me with adequate information</td>
<td>Yes  No  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes</td>
</tr>
<tr>
<td>2. This provision of information by the nurse was</td>
<td>4   4   4   4   4   4   4   4   NA   4   4</td>
</tr>
<tr>
<td>14. The nurse explained signs and symptoms of problems which could occur at home</td>
<td>Yes  No  Yes  NA  Yes  Yes  No  Yes  Yes  No</td>
</tr>
<tr>
<td>14. The nurse's explanation of signs and symptoms of problems which occur at home was</td>
<td>3   4   4   NA   4   3   2   4   4   NA</td>
</tr>
<tr>
<td>17. The nurse explained what I was to expect in labor and delivery</td>
<td>Yes  No  NA  No  Yes  Yes  No  No  Yes  Yes</td>
</tr>
<tr>
<td>17. The nurse's explanation of what I was to expect in labor and delivery was</td>
<td>3   3   NA  2   4   2   4   NA   4   4</td>
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</table>

Note: NA (Not applicable) 1 Very Unimportant 2 Unimportant 3 Important 4 Very Important
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</thead>
<tbody>
<tr>
<td>11. The nurse encouraged to ask questions</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>11. The nurse's encouragement to ask questions was</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>NA</td>
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<tr>
<td>12. The nurse treated the information I gave her confidentially</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>NA</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>NA</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>12. The nurse's confidential treatment of the information I gave was</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>NA</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>NA</td>
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</tr>
<tr>
<td>28. I remained on the postpartum unit after the birth of my baby</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>28. Remaining on the postpartum unit was</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>4</td>
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Note: NA (Not applicable) 1 Very Unimportant 2 Unimportant 3 Important 4 Very Important
### Table 23

**Individual Participant's Responses to Questions in Category 8 - Explains and Facilitates Grief**

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<th>Questions</th>
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</thead>
<tbody>
<tr>
<td>10. The nurse helped me understand my feelings about my loss</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>19. The nurse explained what my baby would look like</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>NA</td>
<td>Yes</td>
</tr>
<tr>
<td>21. The nurse remained present for the few minutes I held my baby</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>22. The time I spent alone with my baby</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>24. The nurse described the autopsy procedure</td>
<td>Yes</td>
<td>No</td>
<td>NA</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>25. I had an autopsy done</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>27. The nurse discussed with me different arrangements which could be made for my baby's body</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
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</tbody>
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**Note:**
- NA (Not applicable)
- 1 Very Unimportant
- 2 Unimportant
- 3 Important
- 4 Very Important
<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>Participant No.</th>
</tr>
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<tbody>
<tr>
<td>5. The nurse involved my family in my care</td>
<td>1   2   3   4   5   6   7   8   9   10</td>
</tr>
<tr>
<td>5. The nurse's involving my family in my care was</td>
<td>Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes</td>
</tr>
<tr>
<td>6. The nurse involved my significant others in my care</td>
<td>Yes  NA  Yes  Yes  Yes  Yes  No  Yes  Yes  NA</td>
</tr>
<tr>
<td>6. The nurse's involving my significant others in my care was</td>
<td>3   NA  4   4   4   3   NA  4   4   NA</td>
</tr>
<tr>
<td>31. The nurse allowed my primary support person to visit any time</td>
<td>Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes</td>
</tr>
<tr>
<td>31. The nurse's allowance of open visitation for my support person was</td>
<td>3   4   4   4   4   4   4   4   4   4</td>
</tr>
<tr>
<td>32. The nurse allowed my immediate family to visit at any time</td>
<td>Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes</td>
</tr>
<tr>
<td>32. The nurse's allowance of open visitation for my immediate family was</td>
<td>4   4   4   4   4   3   4   4   3   4</td>
</tr>
<tr>
<td>33. The nurse allowed visitors other than my immediate family</td>
<td>NA   Yes  Yes  Yes  Yes  Yes  NA  NA  Yes  Yes</td>
</tr>
<tr>
<td>33. Allowance for visitation by people other than immediate family was</td>
<td>NA   3   4   3   4   3   NA  NA  3   3</td>
</tr>
<tr>
<td>34. The nurse explained support groups available (such as infant loss group)</td>
<td>Yes  Yes  Yes  Yes  Yes  Yes  Yes  No  Yes  No</td>
</tr>
<tr>
<td>34. The nurse's explanation of available support groups was</td>
<td>4   4   4   4   2   3   3   NA  2   3</td>
</tr>
</tbody>
</table>

Note: NA (Not applicable) 1 Very Unimportant 2 Unimportant 3 Important 4 Very Important