

A Description of BSN Students' Beliefs About Birth Before and After OB Clinical Rotations

by

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Abstract

Background: This study seeks to identify and describe the beliefs of Bachelor of Science in Nursing (BSN) students related to birth. According to the Theory of Planned Behavior, beliefs affect the practice of the nurse, which can positively or negatively affect patient care and outcomes. There has been little scholarly activity focusing on the epistemology of intrapartum (IP) nursing. Understanding how the IP nurse gains knowledge and how this knowledge affects their personal beliefs and actions is critical.

Methods: Data was collected using before and after the obstetric (OB) clinical experience using the revised research tool "Nursing Student's Beliefs about Birth and the Intrapartum Nurse". A descriptive, qualitative method was chosen to analyze the students' responses to the research instrument.

Results: Many of the students' beliefs about birth and the intrapartum nurse were the same prior to and following clinical. One area where student beliefs changed was how they imagined themselves dealing with difficult tasks. Following clinical, students realized that in addition to being a skilled nurse, they also needed to read Evidence Based Practice (EBP) and continue their education. Students' perceptions of how the intrapartum nurse learns also changed to reflect the importance of EBP in addition to experience.

Discussion: BSN students come to clinicals with their own set of beliefs in place, and the impact of clinical experience on the actual beliefs appears to be minimal. BSN OB clinical experience may not provide enough time for the student nurse to fully understand the role of the IP nurse.

Advisor (signature) Date

Department Chair (signature) Date

Honors Program Director (signature) Date

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A Description of BSN Students' Beliefs About Birth Before and After OB Clinical Rotations

This study identifies and describes the beliefs of Bachelor of Science in Nursing (BSN) students related to birth. According to the Theory of Planned Behavior, beliefs affect the practice of the nurse, which can positively or negatively affect patient care and outcomes. There has been little scholarly activity focusing on the epistemology of intrapartum (IP) nursing. Understanding how the IP nurse gains knowledge and how this knowledge affects the personal beliefs and actions of the nurse is critical. Such research has the potential to guide the education of future IP nurses in a direction that would produce better patient outcomes.

This qualitative, descriptive study seeks to answer the research questions “What are the beliefs of Senior BSN students related to birth prior to and following obstetric (OB) clinical rotations?” and “What do Senior BSN students believe about the IP nurse’s role in the birth process?” It is part of a series of research studies designed to understand the impact of the IP nurse’s practice on birth outcomes.

Review of Literature

A key word search of CINAHL was conducted using various combinations of the terms BSN, students, nursing students, beliefs, birth, obstetrics, intrapartum, birth process, and labor. Other keywords used include planned behavior and midwife. This review of literature revealed that there is a lack of research regarding BSN student’s beliefs about birth. However, studies on student beliefs in other areas provided a framework for this study.

Baumbusch, Dahlke, and Phinney (2012) studied the effects of gerontology or older adult care courses being integrated into standard adult care courses. Their pretest-post-test design showed that students’ knowledge and beliefs concerning caring for older adults were enhanced

by the integrated course. The qualitative portion of the pre and post-tests demonstrated that clinical experiences influenced students' beliefs about older adult care.

Armstrong (2009) conducted a review of literature to determine if nurse-midwifery students were influenced by what they saw their clinical mentors do, particularly if their clinical mentor's actions were tradition based rather than evidence based. Many factors could influence students to follow the example set by their clinical mentors. Armstrong pointed out the need for further research in this area to determine if students actually would adopt the traditional practices of their mentors.

A study by Armstrong (2010) collected quantitative and qualitative data and allowed further assessment of whether student midwives were influenced more by Evidence Based Practice (EBP) or what they actually saw their clinical mentors do. Ninety-two percent of students believed that what they observed in the clinical setting was different from the EBP they were taught in class. Armstrong concluded that students were likely to follow traditional practice done by their mentors, even if was not EBP.

Regan and Liaschenko (2007) used a projective method to examine how the nurses' perceptions of childbirth might affect the interventions done by the nurse, and how this in turn might be connected to cesarean-section rates. Their study identifies "trajectories of action that might directly link nurses to CS." (Regan & Liaschenko, 2007, p. 622) This study demonstrates the impact that the nurses' beliefs can have on patient outcomes.

No studies were found that focused on what BSN students believe about birth and intrapartum nursing. However the studies reviewed did identify sources of students beliefs by demonstrating that students' beliefs could be influenced by class and clinical experience (Baumbusch, Dahlke, & Phinney 2012) and that students may also be influenced observing the

practice of clinical mentors (Armstrong 2009, Armstrong 2010). Further research is needed to determine BSN students' beliefs about birth and IP nursing.

Methods

Instrument

After obtaining IRB approval, a pilot study to determine feasibility and refine the survey instrument was conducted in 2013. The instrument was then sent to several experts in the field of perinatal nursing for content review and additional revisions were made. In January 2014, data was collected using the revised research tool "Nursing Student's Beliefs about Birth and the Intrapartum Nurse". This tool obtains consent, gathers demographic information, and includes 12 open-ended items capturing narrative data identifying the participant's beliefs related to birth. See Appendix A.

Design and Content Analysis

Written and oral instructions were provided to students at the time of data collection. Students were offered the opportunity to ask questions of the data collection team at any point during the data collection process. The maximum estimated time needed to complete the research instrument was thirty minutes. However, students were given as much time as they needed to complete the survey.

A descriptive, qualitative method was chosen to analyze the students' responses to the research instrument. The student's handwritten responses were transcribed verbatim in Excel to facilitate theme development. Responses collected from the before and after groups were analyzed separately and themes were identified. Themes from the two groups were then compared and evaluated for differences. Appendix B, Table 1 allows easy comparison of the themes.

Sample Population

The sample consisted of eight BSN students enrolled at a southeastern university. The students were of multiple ethnicities and were able to read and write English. None of the students were employed in an obstetric (OB) related field at the time of participation.

SPSS 22 descriptive statistics were used to analyze student demographic information. Seventy-five percent of participants were female and twenty-five percent were male (Appendix B, Figure 1). Thirty-eight percent of participants had completed another college degree (Appendix B, Figure 2). A graph of the participant's birth experiences can be found in Appendix B.

Results

Identification of Themes

Birth is. Two themes emerged as students responded to the open ended statement "Birth is". Students described birth in physical terms- "the delivery of a baby" and "Creating and growing another person". They also described the emotional aspect of birth. One student stated that birth is "a scary, beautiful part of life." Other students used words such as exciting, amazing, wonderful, and precious to describe birth. These same themes were identified before and after students' clinical experience.

The pain in labor is. The pain of labor was described as expected, individualized, and intense. It is "a natural experience for the process" one student said, while another student stated "each woman experiences pain in her own way." After attending clinical, students still felt that pain was an expected part of the birth process. One student affirmed that the pain was "worth it", and another added "It is like a marathon."

In caring for the laboring woman, I believe the 3 most important tasks of the intrapartum nurse are. Students were asked to identify what they perceived to be the three most important tasks faced by the IP nurse. The tasks that they identified prior to and following clinical were grouped into the following themes: providing emotional support, providing comfort, caring for mom and baby, teaching the patient what to expect, being an advocate for the patient, and medication administration.

In caring for the laboring woman, I believe the 3 most difficult tasks of the intrapartum nurse are. Students were then asked to identify the most difficult tasks faced by the IP nurse. Students perceived that four of the themes identified as important tasks (providing emotional support, providing comfort, caring for mom and baby, and being an advocate for the patient) were also difficult tasks. The students also identified managing complications, dealing with patient's family/friends, and managing multiple patients as difficult task the IP nurse must accomplish. The same themes were identified following clinical, with the additional theme of medication administration.

Think about these difficult tasks listed above. Imagining yourself in the role of the intrapartum nurse, how do you see yourself overcoming these difficulties. After describing the difficult tasks, students were asked to imagine how the IP nurse would overcome the difficult tasks. Before clinicals, students imagined that they would overcome the difficult tasks IP nurses face by being excellent nurses: "supporting the [patient] physical and mentally". At the completion of clinicals, students described overcoming the difficult tasks by remaining calm and gaining experience through practice and education.

When taking care of the laboring woman, I must communicate these 2 things to the laboring woman. Two themes were identified prior to and following clinical as the important things the IP nurse must communicate: "what to expect" and "I'm here for you". Students

identified therapeutic communication as the best way to communicate the two themes to the laboring woman.

The care given to the laboring woman by the intrapartum nurse affects patient outcomes. Explain. When asked how nursing care affects patient outcomes, students believed that the positive nursing care would create positive outcomes for the laboring woman, or at least a better chance for a positive outcome. One student stated “I think it makes a huge difference. You can help them go that extra mile.”

I believe the intrapartum nurse learns how to provide care to the laboring woman by. When describing how the IP nurse learns how to care for the laboring woman, students who had not yet attended clinicals identified varied experience as key. Their focus was on actual hands-on care. After completing clinical, the students still felt that varied experience was a key component of how IP nurses learn. However, their focus shifted to include EBP and continuing education as well as hands-on experience.

I believe the intrapartum nurse continues to learn about providing care to the laboring woman by. Prior to and following clinical, students identified hands-on experience, formal knowledge (EBP, continuing educations, research), and reflection as ways that IP nurses continue to learn.

Do you believe intrapartum nurses' beliefs related to birth change over time, with years of experience Students believed that the IP nurses beliefs about birth would change over time. They believed that this change would occur because as IP nurses “grow and learn, [their] views and beliefs evolve and change.” “You see more and experience things that shift beliefs” said one student, while another added “everyone has an idea or theory as to what they think it will be like.”

Yes/no questions. Two instrument items were yes/no questions. Students were then asked to explain their answers. Prior to clinical, all students (100%) believed that nursing care affects client outcomes. Following clinical, seven students (87.5%) believed that care affects outcomes, and one student (12.5%) was unsure if care affected patient outcomes. Prior to clinical, all students believed that the intrapartum nurse's beliefs would change over time. Following clinical, seven students believed that the intrapartum nurse's beliefs would change, while one student believed that the nurse's beliefs would remain the same.

Discussion

Many of the students' beliefs about birth and the IP nurse were the same prior to and following clinical. BSN students come to clinicals with their own set of beliefs in place, and the impact of clinical experience on the actual beliefs appears to be minimal.

Prior to OB clinicals, student responses were vague and demonstrated an inability to express the role of the IP nurse. While their ability to express the IP nurse's role improved after clinical experience, the student's still struggled to identify how and why the IP nurse's beliefs related to birth might change, and what the IP nurse must do to maintain beliefs about birth. This may indicate that the BSN OB clinical experience does not provide enough time for the student nurse to fully understand the role of the IP nurse.

One area where student beliefs changed was how they imagined themselves dealing with difficult tasks. Following clinical, students realized that in addition to being a skilled nurse, they also needed to read EBP and continue their education. Students' perceptions of how the IP nurse learns also changed to reflect the importance of EBP in addition to experience. This finding should encourage nurse educators to include EBP in course content.

Limitations

Sample size for this study was limited due to difficulty accessing students before they attended the clinical portion of the obstetrics course. Because of the qualitative nature of this study, generalizations about nursing students cannot be made.

Implications

Implications for nursing. Understanding what BSN students believe about birth can help shape the education of future nurses. Nurse educators need to put a value-free picture of birth before students. Students' beliefs about birth can be shaped and strengthened as the students gain experience. The research tool "Nursing Student's Beliefs about Birth and the Intrapartum Nurse" may be used to allow students to self-assess their beliefs about birth prior to attending clinical. Nurse educators can use individual results to help students with areas of weakness and guide discussions on how nursing care affects the laboring woman.

Implications for future research. Future research is needed to determine student nurses' beliefs regarding how the IP nurse maintains core beliefs regarding birth. Students who have only experienced OB clinicals may not have a fully developed sense of core beliefs. Students who are precepting in an OB related area could provide valuable insight. An interview format may better capture student's beliefs about IP nursing. Quantitative methods of determining student beliefs may also provide important data.

References

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Appendix A

Nursing Student's Beliefs about Birth and the Intrapartum Nurse Research Tool

The University of Alabama in Huntsville Consent to Participate in Research

Research Title: BSN Student's Beliefs Related to Birth: A Qualitative Perspective

Principle Investigator: Ellise D. Adams PhD, CNM, 256-824-2442, ellise.adams@uah.edu

Student Investigator: Rebecca Meyer, ram0020@uah.edu

Explanation and Purpose of the Research: This qualitative, descriptive study seeks to answer the research question: What are the beliefs of BSN student's related to birth? It is part of a series of research studies designed to understand the impact of the intrapartum nurse's practice on birth outcomes.

Description of Procedures: As a participant in this study you will be asked to complete the BSN Student's Beliefs Related to Birth (BSBRB) on two separate occasions. To accurately draw conclusions from this data, it is important to complete all items of the research instrument. It is estimated that the maximum time to complete the entire research instrument is 30 minutes. To participate in the study you must be a student currently enrolled in a baccalaureate nursing program and in an obstetrical nursing course.

Potential Risks: You will be asked to give demographic information and asked about your beliefs related to birth and the role of the intrapartum nurse. A possible risk of this study is loss of confidentiality. Your name will not be associated with the research instrument and this consent form will be kept in a separate location from the data received. While completing the research instrument there is a risk of loss of time, fatigue or emotional discomfort. The maximum time to complete the entire research instrument is 30 minutes. Your participation in this study is voluntary and you may discontinue your participation at any time. The researchers will attempt to prevent any problems that could occur. You should let the researchers know at once if there is a problem and they will assist you.

Contact Information: If any questions should arise about this study or your rights as a participant, you may contact the Principal Investigator at any point in the research process. Please see the contact information at the top of this form. You may also contact the Institutional Review Board, Dr. Pamela O'Neal, IRB Chair, NB207, irb@uah.edu, 256-824-5191.

If you agree to participate in this study, please sign and date below. A copy of this form will be supplied to you upon request.

Participant Name (Please Print)

Signature/Date

Researcher Name (Please Print)

Signature/Date

Thank you for agreeing to participate in the study: **BSN Student's Beliefs Related to Birth: A Qualitative Perspective**. It is estimated it will take no more than 30 minutes to complete the research instrument.

Demographics: Please complete the following information about yourself.

1. Female _____ Male _____
2. I am a senior BSN student. Yes _____ No _____
3. I have completed the clinical portion of my obstetric nursing course. Yes _____
No _____
4. I am currently employed in a hospital labor & delivery unit; a mother-baby unit; a well-baby unit; or a neonatal intensive care unit. Yes _____
No _____
5. I have previously completed another college degree. Yes _____
No _____. If yes, please list _____

6. As a student nurse I have attended (include number) _____ vaginal births
_____ cesareans
7. I have personally given birth (if male, my partner has given birth and I was in attendance) _____ times
8. I have attended _____ births not listed in #6 or #7 above.
9. My goal is to work in this area after graduation and to seek employment in a hospital labor & delivery unit; a mother-baby unit; a well-baby unit; out-patient OB/GYN setting; a neonatal intensive care unit or an out-of-hospital birthing center.
Yes _____ No _____

BSN Student's Beliefs Related to Birth (BSBRB)

Think about your beliefs related to birth and respond to the following. There are no right or wrong answers.

1. Birth is _____

2. The pain in labor is _____

3. In caring for the laboring woman, I believe the 3 most important tasks of the INTRAPARTUM nurse are:
a.
b.
c.

4. In caring for the laboring woman, I believe the 3 most difficult tasks of the INTRAPARTUM nurse are:
a.
b.
c.

5. Think about these difficult tasks listed above. Imagining yourself in the role of the intrapartum nurse, how do you see yourself overcoming these difficulties?

6. When taking care of the laboring woman, I must communicate these 2 things to the laboring woman:

- a.
- b.

7. The best way to communicate these things is _____

8. The care given to the laboring woman by the INTRAPARTUM nurse affects patient outcomes.

- a. I agree _____ I disagree _____.
 - b. Explain _____
-
-
-

9. I believe the INTRAPARTUM nurse learns how to provide care to the laboring woman by _____

10. I believe the INTRAPARTUM nurse continues to learn about providing care to the laboring woman by _____

11. Do you believe INTRAPARTUM nurses' beliefs related to birth change over time, with years of experience?

a. Yes _____ No _____.

b. If yes, why do you think they change? _____

c. How do they change? _____

d. If they don't change, why not? _____

12. In your opinion, what must the INTRAPARTUM nurse do to maintain beliefs related to birth? _____

IRB Approval Letters**IRB approval.**

Ellise Adams
College of Nursing

August 5, 2013

Dear Dr. Adams,

The UAH Institutional Review Board of Human Subjects Committee has reviewed your proposal, *BSN Student's Beliefs Related to Birth: A Qualitative Perspective*, and found it meets the necessary criteria for approval. This proposal is approved, and you may begin your research. Your proposal seems to be in compliance with this institutions Federal Wide Assurance (FWA) 00019998 and the DHHS Regulations for the Protection of Human Subjects (45 CFR. 46) and has been classified as expedited.

Please note that this approval is good for one year from the date on this letter. If data collection continues past this period, you are responsible for processing a renewal application a minimum of 60 days prior to the expiration date.

No changes are to be made to the approved protocol without prior review and approval from the UAH IRB. All changes (e.g. a change in procedure, number of subjects, personnel, study locations, new recruitment materials, study instruments, etc) must be prospectively reviewed and approved by the IRB before they are implemented. You should report any unanticipated problems involving risks to the participants or others to the IRB Chair.

If you have any questions regarding the IRB's diction, please contact me.

Sincerely,

A handwritten signature in cursive script that reads 'Pam O'Neal'.

Pam O'Neal PhD, RN
IRB Chair
Associate Dean for Undergraduate Programs
College of Nursing
phone: 256.824.5191 or 6100 and fax: 256.824.2850 email: irb@uah.edu

IRB approval for method revisions.

Ellise Adams and Rebecca Meyer
College of Nursing

January 8, 2014

Dear Dr. Adams and Ms. Meyer,

The UAH Institutional Review Board of Human Subjects Committee has reviewed your proposal, *BSN Student's Beliefs Related to Birth: A Qualitative Perspective*, and found it meets the necessary criteria for continuing approval with the revisions you have made. This proposal is approved, and you may begin your research. Your proposal seems to be in compliance with this institutions Federal Wide Assurance (FWA) 00019998 and the DHHS Regulations for the Protection of Human Subjects (45 CFR 46) and has been classified as continuing.

Please note that this approval is good for one year from the date on this letter. If data collection continues past this period, you are responsible for processing a renewal application a minimum of 60 days prior to the expiration date.

No changes are to be made to the approved protocol without prior review and approval from the UAH IRB. All changes (e.g. a change in procedure, number of subjects, personnel, study locations, new recruitment materials, study instruments, etc) must be prospectively reviewed and approved by the IRB before they are implemented. You should report any unanticipated problems involving risks to the participants or others to the IRB Chair.

If you have any questions regarding the IRB's diction, please contact me.

Sincerely,

A handwritten signature in cursive script that reads 'Pam O'Neal'.

Pam O'Neal PhD, RN
IRB Chair
Associate Dean for Undergraduate Programs
College of Nursing
phone: 256.824.5191 or 6100 and fax: 256.824.2850 email: irb@uah.edu

Appendix B

Tables and Graphs

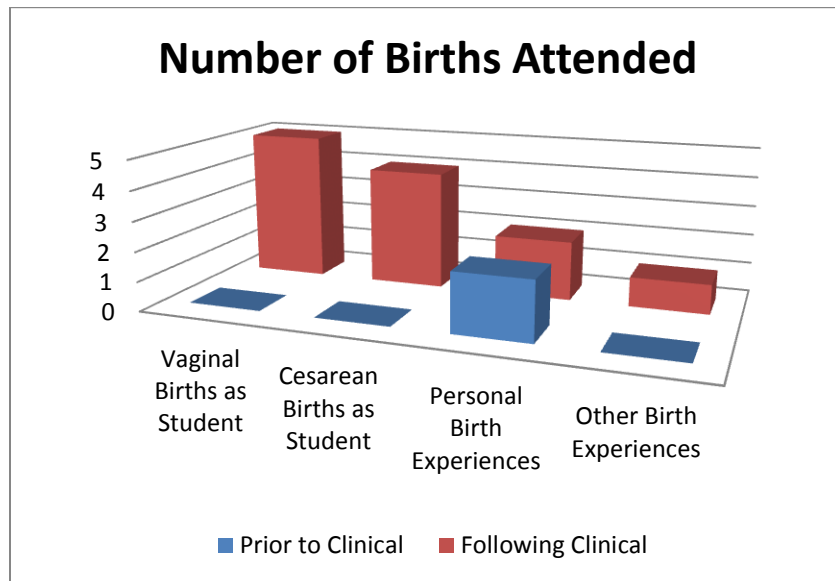


Figure 1

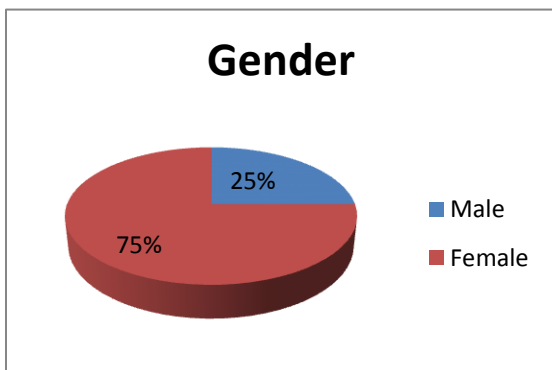


Figure 2

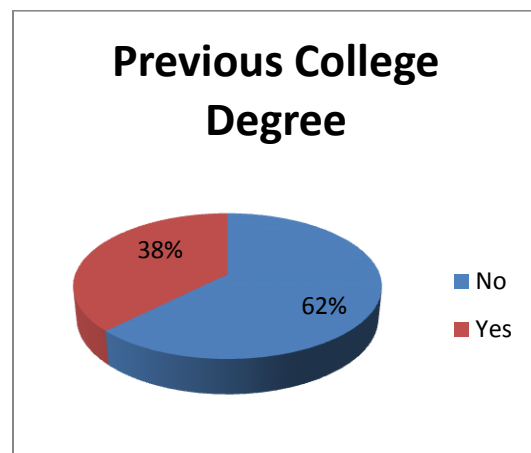


Figure 3

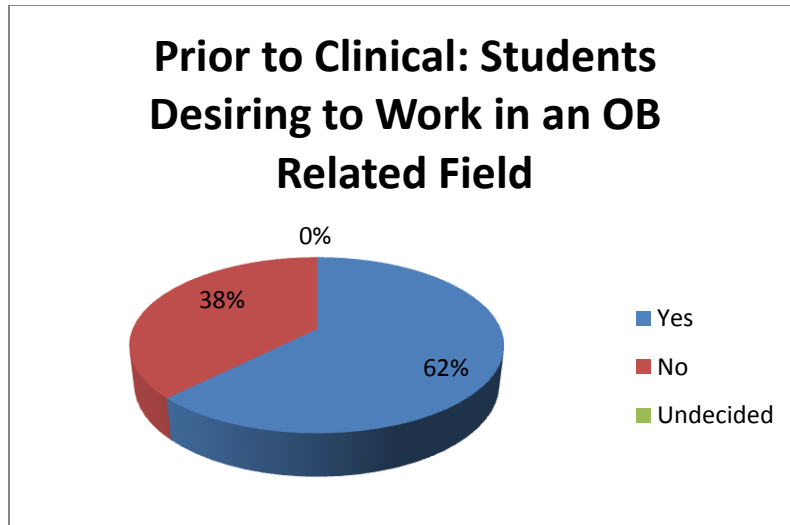


Figure 4

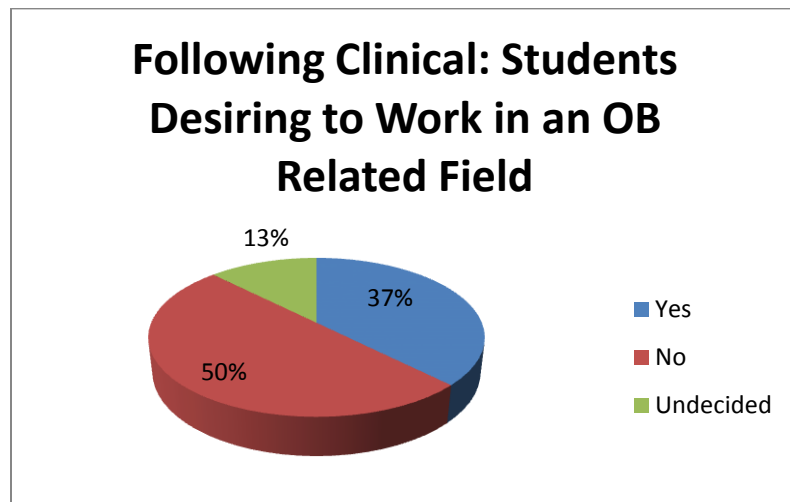


Figure 5

Table 1

	Before Clinical	After Clinical
Birth is:	Physical and emotional.	Physical and emotional.
The pain in labor is:	Expected, individualized, and intense	Expected, individualized, and intense
The most important tasks of the intrapartum nurse are:	Providing emotional support, providing comfort, caring for mom & baby, teaching the patient what to expect, being an advocate for the patient, and medication administration.	Providing emotional support, providing comfort, caring for mom & baby, teaching the patient what to expect, being an advocate for the patient, and medication administration.
The most difficult tasks of the intrapartum nurse are:	Providing emotional support, providing comfort, caring for mom & baby, being an advocate for the patient, managing complications, dealing with patient's family/friends, and managing multiple patients.	Providing emotional support, providing comfort, caring for mom & baby, being an advocate for the patient, managing complications, dealing with patient's family/friends, managing multiple patients, and medication administration.
I imagine myself overcoming the difficult tasks by:	Being an excellent nurse- the best I can be.	Keeping calm and gaining experience through practice and education.
When taking care of the laboring woman, I must communicate these two things to the laboring woman:	What to expect, and that I'm here for you.	What to expect, and that I'm here for you.
The best way to communicate these two things is:	Therapeutic communication.	Therapeutic communication.
Explain how the care given to the laboring woman by the intrapartum nurse affects patient outcomes:	Positive care = positive outcomes, or at least a better chance.	Positive care = positive outcomes, or at least a better chance.
I believe the intrapartum nurse learns how to provide care to the laboring woman by:	Varied experience and hands on care.	Varied experience, continuing education, and reading Evidence Based Practice.
I believe the intrapartum nurse continues to learn about providing care to the laboring woman by:	Hands on experience, formal knowledge (Evidence Based Practice, continuing educations, research), and reflection.	Hands on experience, formal knowledge (Evidence Based Practice, continuing educations, research), and reflection.
Do you believe intrapartum nurses' beliefs related to birth change over time, with years of experience? If yes, why do you think they change?	As we grow and learn, our beliefs evolve.	As we grow and learn, our beliefs evolve.

Dark pink rows indicate students' beliefs were similar prior to and following clinical.
Light pink rows indicate changes in student beliefs.