Intergenerational Reflections on Birth: Story as a Method to Enhance Meaning Making in Prelicensure Nursing Students

Adriane L. Burgess, MSN, RNC-OB, CCE

ABSTRACT

Stories have been used as a way to educate and inform. An educational activity was created for use with prelicensure nursing students in a maternal infant health course where students had the opportunity to be present to the birth stories of older adults. These stories were transformative and brought new context to how the students understood current-day labor and birth practices. This activity allowed students to see how powerful the birth process is in a woman's life, in that these memories had the power to transcend time. Students were also able to build relationships and practice their communication skills with older adults, which in turn may also be beneficial for the older adults as well.

The Journal of Perinatal Education, 26(1), 18–22, <http://dx.doi.org/10.1891/1058-1243.26.1.18>

Keywords: Birth story, nursing education, maternal child nursing, older adults

Birth stories have long been shown to be a method of narrative inquiry which can both work to inform and educate other expectant women and provide newly delivered women with a way to relive what some may call the most powerful experience in a woman's life (Farley & Widmann, 2001). "Among the oldest methods of communication, stories serve to educate others, record historical facts, teach cultural values, bridge generations, set standards and values, and share common experiences" (Hunter, 2008, p. 1). Savage (2001) noted that birth stories can empower women and preserve the integrity of birth as well as inform those who vicariously learn through story. Birth stories also allow women to make sense of often difficult and traumatic events

and discuss their fears all while highlighting their strengths (Beck, 2006).

In the face of significant increases in the medicalization of pregnancy and birth, many nursing students are not exposed to the historical roots from which obstetrics began or to holistic options for labor and birth other than what they see at the hospital bedside. Birth stories may help to reframe what is seen as the ideal birth and subsequently offset the medical model of birth (Savage, 2001). It is important to consider that over the past several decades, as science has advanced, there has been an increase in the number of interventions used during labor and birth. Subsequently, what is considered to be "normal" birth has changed (Edwards & Conduit, 2011).

Allowing students the opportunity to hear and be present to the stories of birth has the potential to expand their ways of knowing which in turn may be transferred to the support strategies they offer at the bedside. The purpose of this article is to describe an educational intervention designed to promote therapeutic listening, develop intergenerational relationships, and expand students' understanding of historical labor and birth practices.

INTERGENERATIONAL STORYTELLING

Gallagher and Carey (2012) found that intergenerational sharing of stories has the ability to help students overcome stereotypes surrounding older adults and build value in these intergenerational relationships. They also found that sharing of stories could also be helpful for older adults because they may be able to work through painful memories brought forth through reminiscing. This, at times, can be therapeutic (Farley & Widmann, 2001; Gallagher & Carey, 2012). Listening to the birth stories of women intimately connects storyteller and listener, allowing them to form a bond (Farley & Widmann, 2001). Affording students the opportunity to be present to the birth stories of women who delivered more than half a century ago allows students to reflect on how the process of labor and birth has truly changed as well as the role they play in supporting women as maternal child nurses in the 21st century.

Story as a Method of Learning

Carolan (2006) discusses that expectant and new mothers learn through others' stories of labor, delivery, and of caring for their new infants. With this said, students may also benefit from listening to the stories of birth and family. Carper (1978) discussed four different ways of knowing: empirical, ethical, personal, and esthetic. Esthetics, or the art of nursing, focuses on developing "empathy and understanding of the subjective experience of others" (Hunter, 2008, p. 9). Nursing education is often outcomes based and focuses on empirical knowing (Hunter, 2008). Listening to a patient's story may help to cultivate empathy and caring. As nurses listen to the stories of their patients, they demonstrate respect for them as individuals, and patients feel listened to and acknowledged (Beck, 2006). In addition, as the story unfolds, the nurse is able to help women to identify their strengths, and it allows for the woman to discuss any concerns or fears they may have (Callister, 2003).

Listening to stories of patients helps students to reflect on prior knowledge, acknowledge personal biases, and consider how they may react if faced with similar clinical situations in the future (Gidman, 2013; Hunter, 2008). Story has the potential to build one's capacity to care and promote empathy and understanding of culture because students are able to conceptualize lived experiences that are shared between themselves and the storyteller (Brown, Kirkpatrick, Mangum, & Avery, 2008). Giarratano (1997) stated, "Story may also expand diagnostic reasoning from a holistic perspective and enhance creativity and critical thinking" (p. 128). When using birth stories as an educational strategy in her course, Giarratano noted that students were subsequently better able to address the need for patient advocacy as well as to identify ethical concerns in the care of women.

EDUCATIONAL INTERVENTION

Seven students were in need of a clinical make-up day because of previous clinical absences. It is often difficult to schedule make-up clinical experiences because of time limitations as well as faculty and clinical site availability. When designing clinical make-up experiences, it is hoped that the make-up clinical is as valuable and educational as the originally scheduled clinical time, allowing for learning and patient interaction as well as academic and social growth. During obstetrics clinical, it was identified that many nursing students were only exposed to medicalized birth, giving them a distorted view of the birth process. I was concerned about how this view of birth could affect the care these students would provide women when entering practice. It was the hope that this birth story assignment would expose students to how birth has changed over time and allow students to reflect on how birth is more than simply another hospital admission. In addition, it was important to consider how the assignment allowed for students to meet course objectives as well as program outcomes. With human caring science theory as a curricular framework, the following program outcomes drove the design of this clinical make-up experience: *presence, praxis, advocacy, scholarship, self-care, and leadership*. It was the hope that through this experience, students would build caring connections, be present for, as well as value the diverse stories brought to life by these older adult women.

The clinical experience was created by matching senior-level maternal infant nursing students with

women residing at a senior living center. Before our visit, the activities director of a senior residential facility asked several female residents if they would be open to sharing their birth stories with nursing students. The activities director reported that these women were excited and open to sharing and being present with these nursing students.

In preparation for the experience, students were asked to read three articles on the importance of birth stories as well as create interview questions as a way to initiate discussion between themselves and their interviewee. These questions were created as a guide to keep the interview progressing and to give students time to reflect on what they hoped to gain from the interview prior to the experience. The students were instructed that they should not read from their sheet of questions but rather refer to the list of questions when needed. The students were asked to send their questions to the instructor a few days prior to the interview to ascertain that this part of the assignment had been completed and to assure that the students were properly prepared.

Upon arriving at the senior living facility, the women were awaiting our arrival in a common area. Students and residents were not assigned but rather randomly paired off as they felt comfortable. Students began by introducing themselves and explaining the purpose of the visit. The women at the senior living home volunteered for this activity and appeared very engaged with the students; they seemed excited to tell their stories as they gathered around in the common area of the residential facility. Students sat closely and listened intently as they let the birth stories of each woman unfold. The interviews with each woman took about an hour; however, during some of that time, the women were also sharing as a group and talking and learning from each other. After the interviews were over, the students thanked each woman for sharing such precious memories.

The students gathered in a separate room for a debriefing. During the debriefing, each student shared their client's stories and reported what they noted to be different from what they had learned in lecture and seen in the hospital setting about labor and birth. The students also discussed what they found most poignant about the experience. The students were excited to share and reflect on how different obstetrics is today from what they had just learned from the women. This debriefing took roughly 1 hour. The students were given a specific set of follow-up questions (Table 1) and were asked

TABLE 1
Guided Reflection Questions Given to Students After the Educational Experience

1. What surprised you most about what was revealed in your client's birth story?
2. How do you think her birth story impacted her life?
3. How did what your interviewee described differ from what you see and hear today from the women you have met in the hospital setting?
4. What was most poignant about this experience for you?
5. How will what you learned from your client impact how you care for women in the future?
6. Will this experience change how you care for women giving birth or how you view the experience of birth? If so, how, if not why?

to go home and to continue to reflect on what they had heard and how they had felt while listening to each woman's birth story. The students were then responsible for writing up a reflection guided by these questions which they submitted to the instructor.

What Students Learned

Both during our debriefing and in their written reflections, students were shocked to learn that home births were common when many of these women delivered and reflected on how currently this practice is often regarded as nonconventional. Students also recounted that they were surprised about the extensive at-home recovery many of these women had to undergo. They learned from these women that many had to remain in bed or on one floor for months after delivery. Other women reported the use of ether during delivery and stated to students that they could not remember their delivery. Both the students and the senior women seemed to appreciate the historical differences in birth practices. One client reported her surprise in someone even wanting to hear her birth story. She reported to her student that she was not educated about birth prior to her own labor. She stated that women did not tell their stories so as not to scare other women. Students were surprised by the private way in which these women described their labor and birth experience, and in the debriefing, the students found this in stark contrast to today's society where we "over-share," often using social media to describe very personal details of our daily lives and provide up to the second updates on changes in our "status."

What They Remembered

Interestingly, students noted that the women they interviewed did not report remembering having

pain during their labor and delivery. Students reflected that they were surprised at how much these women could remember about their birth experiences so many years later, yet pain was not something they really associated with the experience. Other themes that came to the surface when discussing the differences in the birth stories were as follows:

- Experiences of home birth versus hospital birth
- Socioeconomic differences in the use and availability of pharmacotherapies
- Differing theories pertaining to recovery after birth
- Importance of social support in the postpartum period, whereas there was limited family support during labor and delivery

Not only did students learn about birth practices from the past, but many of the clients were very interested to learn about the birth practices used today; one resident even stated she had never heard of a cesarean surgery. Interestingly, one woman reported to the student that she had lost her memory several years ago; however, she continued to tell her recollection of the story of both of her births. These stories often tied back to her own life and other major and often disruptive events that occurred within her life, again pointing to the therapeutic value that storytelling may hold.

Improvements in the Education Strategy

When designing this educational intervention, I could not have imagined the richness of the student reflections. To further strengthen the assignment, collaboration with geriatric nursing faculty would be very valuable so that students could have focused on the unique needs of older adults, particularly older adult women. As older adults progress into Erikson's final stage of psychosocial development, ego integrity versus despair, storytelling and reminiscing may aid in the reduction of depressive symptoms often common in this population (Scott & DeBrew, 2008). For the students, this assignment allowed them to form a relationship with an older adult and get to know them on a personal level, rather than simply as patients for whom they would care. Storytelling can work to build relationships which can start to break down negative stereotypes nursing students may have about older adults. Storytelling can also promote communication and improve nursing student's interview skills of older adults (Scott & DeBrew, 2008). Although initially this assignment was

Students reflected that they were surprised at how much these women could remember about their birth experiences so many years later, yet pain was not something they really associated with the experience.

created to meet the objectives of a maternal infant course, it may benefit multiple courses throughout the curriculum, such as geriatric nursing and health assessment.

Gaps in the Literature

With an understanding that there are physical and biologic changes that occur in a woman's body after birth that can persist for many years and effect long-term health outcomes, the emotional and psychological effects associated with the birth process may remain as well. Authors such as Beck (2004, 2006) have explored the role sharing birth stories can have on lessening fear after a traumatic birth. Beck (2006) described that by telling their story to others, women are often empowered and given voice. With an understanding that birth is often a pivotal experience in a woman's life, a gap in the literature exists as to when in a woman's life the retelling of these birth stories may no longer seem valuable to them as individuals. It would seem that if birth is recognized as the most important day in a woman's life, then the retelling of her story would always be valued regardless of her age. Further research should be done to assess the benefits the telling of their birth story holds for older adult women.

IMPLICATIONS FOR PRACTICE

Hunter (2008) suggested that listening to birth stories can allow for students to reflect on how women were affected by certain situations and thus to go on to subsequently improve the outcomes for other women for whom they will care. One student reported that when she first began her interview, her client was very closed off; however, the student

Allowing students the opportunity to hear birth stories of women who delivered well more than half a century ago allowed the students to reflect on how the process of labor and birth has truly changed, as well as the role they play, as maternal child nurses, in the lives of their patients.

reflected that it was amazing how two strangers could come together over very personal life events. As the story unfolded, the two formed a bond, and the client became uplifted by the story of her birth and her life with her husband and family. In addition to reflection on labor and birth, Gallagher and Carey (2012) found that intergenerational sharing of stories has the ability to help students overcome stereotypes surrounding older adults and build value in these intergenerational relationships.

Birth is, in fact, a life-changing experience which many women continued to be excited to talk about even many years later. Allowing students the opportunity to hear birth stories of women who delivered well more than half a century ago allowed the students to reflect on how the process of labor and birth has truly changed, as well as the role they play, as maternal child nurses, in the lives of their patients. Beck (2006) reported that a woman's perception of her birth as traumatic is significantly tied to her dissatisfaction in the care she received during labor and birth. Providing students with the opportunity to see how birth affects women, even so many years later, may promote students' reflection on the importance of, as well as the long-lasting effects of, the provision of compassionate maternity care.

CONCLUSION

What seemed most poignant for several of the students who participated in this assignment was the change in current maternity care toward family-centered birth. Students were surprised hearing that these older women were often asleep or separated from family when their babies were born, or in a room separated from other women only by a curtain, or that their babies were quickly taken to the nursery. Students were able to realize the significance the birth experience holds in the lives of women because many details were often remembered clearly by these women so many years later. Through therapeutic sharing of stories, this experience bridged an intergenerational gap. These birth stories allowed students to share a connection with the older adult women and to be present to the lives and experiences of women whom they may have never considered in the context of labor and birth.

REFERENCES

- Beck, C. (2004). Birth trauma: In the eye of the beholder. *Nursing Research*, 53(1), 28–35.
- Beck, C. (2006). Pentadic cartography: Mapping birth trauma narratives. *Qualitative Health Research*, 16(4), 453–466.
- Brown, S., Kirkpatrick, M., Mangum, D., & Avery, J. (2008). A review of narrative pedagogy strategies to transform traditional nursing education. *Journal of Nursing Education*, 47(6), 283–286. <http://dx.doi.org/10.3928/01484834-20080601-01>
- Callister, L. (2004). Making meaning: Women's birth narratives. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 33(4), 508–518. <http://dx.doi.org/10.1177/0884217504266898>
- Carper, B. (1978). Fundamental patterns of knowing in nursing. *Advances In Nursing Science*, 1, 113–23.
- Carolan, M. (2006). Women's stories of birth: A suitable form of research evidence? *Women and Birth*, 19, 65–71. <http://dx.doi.org/10.1016/j.wombi.2006.06.003>
- Edwards, A., & Conduit, J. (2011). Do women's ideas of 'normal' birth match those held by professionals? *British Journal of Midwifery*, 19(11), 720–728.
- Farley, C., & Widmann, S. (2001). 1998 ICEA Virginia Larsen Research Grant winner: The value of birth stories. *International Journal of Childbirth Education*, 16(3), 22–25.
- Gallagher, P., & Carey, K. (2012). Connecting with the well-elderly through reminiscence: Analysis of lived experience. *Educational Gerontology*, 38(8), 576–582. <http://dx.doi.org/10.1080/03601277.2011.595312>
- Giarratano, G. (1997). Story as text for undergraduate curriculum. *Journal of Nursing Education*, 36(3), 128–134.
- Gidman, J. (2013). Listening to stories: Valuing knowledge from patient experience. *Nurse Education in Practice*, 13(3), 192–196. <http://dx.doi.org/10.1016/j.nepr.2012.09.006>
- Hunter, L. (2008). Stories as integrated patterns of knowing in nursing education. *International Journal of Nursing Education Scholarship*, 5(1), 38.
- Savage, J. (2001). Birth stories: A way of knowing in childbirth education. *Journal of Perinatal Education*, 10(2), 3–7.
- Scott, K., & Debrew, J. (2009). Helping older adults find meaning and purpose through storytelling. *Journal Of Gerontological Nursing*, 35(12), 38–43. <http://dx.doi.org/10.3928/00989134-20091103-03>

ADRIANE L. BURGESS has been a nurse for 19 years in various maternal child health settings. She currently works as a Clinical Research Specialist at York Hospital in York, Pennsylvania and is an instructor of nursing at Pennsylvania State University, Harrisburg Campus. She previously worked as assistant professor of nursing at Notre Dame of Maryland University. She is working to complete her doctor of philosophy in nursing at the University of Wisconsin–Milwaukee.