

Living With Changing Expectations for Women With High-Risk Pregnancies

A Parse Method Study

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The purpose of this research was to uncover the structure of the lived experience of living with changing expectations from the perspectives of women with high-risk pregnancies. The researchers' nursing theoretical perspective is the humanbecoming theory and the Parse research method was used. For the participants, living with changing expectations is *foreboding disquietude arising with arduous restrictions, while envisioning the yearned-for with mitigating nurturing engagements*. Findings enhance the theory of humanbecoming as well as enhance understanding of the experience of living with changing expectations. Recommendations for future research and practice are discussed.

Keywords: *changing expectations, high-risk pregnancy, humanbecoming theory, Parse, Parse research method*

The phenomenon of interest in this study is *living with changing expectations*. Living with changing expectations emerged as a phenomenon for further study based on several core concepts identified in 13 research studies exploring the phenomenon of hope (Parse, 1999). The participants of each study were living in diverse situations such as, family members of persons living in a Canadian chronic care facility, children in New York whose families were experiencing difficulties finding a home, and persons living in a Taiwanese leprosarium. They described hope "in unique ways, yet with similar meaning" (Parse, 1999, p. 288). Living with changing expectations was identified as a phenomenon for future research based on the similar core concepts from the 13 studies, including *expectancy amid the arduous, persistent anticipation of contentment, and persistently anticipating possibilities amid adversity* (Parse, 1999). Because of our shared interest in practice with women living with high-risk pregnancies, this population was selected as the participant group. This study built on the humanbecoming knowledge base about the universally lived experiences of hope that shape health and quality of life.

Only one other study (Yancey, 2004) was found that investigated the experience of living with changing expectations. The participant group for Yancey's study was new

graduates of bachelor of science in nursing programs. It was our belief that this universal experience would also be significant to women living with high-risk pregnancies, since pregnancy is a time of change for women and their families. Several studies found that a diagnosis of high-risk pregnancy often leads to feelings of stress and uncertainty for women (Sather & Zwelling, 1998; Stainton, McNeil, & Harvey, 1992) and their significant others (McCain & Deatruck, 1994). Despite the available research identifying the impact of a high-risk pregnancy on women, research has shown that healthcare professionals continue to view the women's situations differently; for instance, women are sensitive to, and at times resent, the label *high-risk* (Hatmaker & Kemp, 1998; Stainton, 1992). Stainton (1992) found that healthcare professionals focused on the woman's medical condition while the woman's focus was on *becoming a mother*. Given that the meaning of the situation differed for the healthcare professionals compared with the women, Stainton suggested that "broadening our knowledge base to include the knowledge embedded in the mothers' experience of the

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situation and valuing it as important data would be helpful in meeting mothers' needs to be known and understood" (p. 47). Stainton and colleagues (1992) contended that the health professional's focus on the woman's medical diagnosis as opposed to her individual experience "lacks meaning for the mother" (p. 117).

Researchers' Perspective

The research was guided by the humanbecoming theory (Parse, 1998, 2007), which posits that humans cocreate meanings moment-to-moment with others and the universe in ways that are transforming day-by-day. Parse (2004) specified further that humans are indivisible, ever-changing, and unpredictable; thus, researchers are led to study human experiences as they are lived and described by persons living the life. Health is viewed as living one's value priorities and is cocreated by the individual with the universe (Parse, 1998). The phenomena for research from this perspective are universal lived experiences related to health and quality of life (Parse, 1987, 2001). *Living with changing expectations*, from the researchers' perspective, involves choosing the meaning of one's situation, which changes moment to moment and day by day. Expectations change as persons cocreate rhythmical patterns of relating with humanuniverse. Living with changing expectations, from a humanbecoming perspective (Parse, 1998), is living the now moment with what is not yet in the process of cotranscending with the possibles.

Research Question and Purposes

The research question was: *What is the structure of the lived experience of living with changing expectations?* The purposes were to: (a) establish a knowledge base about the phenomenon of living with changing expectations while building on the knowledge base about hope, (b) expand the understanding of the humanbecoming theory, (c) provide ideas for additional research, and (d) enhance understanding of the experience of living with changing expectations in order to better inform nursing practice, especially, with women living with high-risk pregnancies.

Method

The Parse research method (Parse, 2001) is grounded in the ontology of the humanbecoming theory (Parse, 1998, 2007). The methodology is both phenomenological and hermeneutic. The method is "used to discover the meaning of lived experiences through a study of a persons'

description of experiences" (Parse, 2001, p. 167). The findings are then interpreted through the humanbecoming lens. The research processes are dialogical engagement, extraction-synthesis, and heuristic interpretation.

Participant Selection and Ethical Considerations

Eleven women participants were recruited from the inpatient nursing unit at a tertiary perinatal center where women diagnosed with high-risk pregnancies are admitted. Recruitment involved identification of potential participants by the charge nurse, who approached them to discuss the study. When they agreed to meet the researcher, one of the researchers met with them to further explain the study and obtain consent. Standard measures to protect human subjects were taken and privacy and confidentiality were maintained throughout the study. The research was approved by a university affiliated research ethics board and the research committee at the hospital setting where the study took place.

Participants ranged in age from 21 to 39 years. Reasons for admission included complete placenta previa, polyhydramnios, multiple gestation, preterm labor, incompetent cervix, gestational diabetes mellitus, Graves disease, antepartum hemorrhage, and increased blood pressure. Some of the women had more than one of these medical diagnoses. The average length of stay for the women in the study was 28 days, with a range of 5 to 56 days at the time of the dialogue. Of the 11 women, only 1 was permitted activity as tolerated. Eight women were on bed rest with bathroom privileges, while 2 were on complete bedrest. Women were from diverse economic backgrounds and all resided within an hour and a half commuting distance of the hospital. The research processes were as follows.

Dialogical Engagement

In the dialogical engagement process, the researcher is truly present with persons as they describe their experiences related to the phenomenon of interest (Parse, 2001). Parse (1987) described dialogical engagement as "an intersubjective 'being with,' in which the researcher and participant live the I-thou process as they move through an unstructured discussion about the lived experience" (p. 176). The researcher began the dialogue at the participants' bedsides with the invitation: "Please tell me what it is like to live with changing expectations." There were no other predefined questions. The researcher, in true presence, sought depth and clarity by asking participants to "go on" or "please talk more about that" or to "please describe how that felt," or "what did that mean to

you?” or “what was that like?” There was no attempt to summarize or interpret what participants said. The researcher-participant dialogue continued until individuals had nothing further to say. The dialogical engagements were audiotaped and later transcribed.

Extraction-Synthesis

Extraction-synthesis is a rigorous process that begins with dwelling with the taped and transcribed descriptions of the lived experience in order to understand the meanings and essences of the participants’ thoughts and feelings (Parse, 2001). It involved reading and rereading the transcripts, while highlighting quotes and then constructing a story for each participant about the experience of living with changing expectations. Parse (2001) stated that the story “captures the core ideas about the phenomenon of concern from each participant’s dialogue” (p. 171). The essences, or core ideas for each participant, were then identified, first in the language of the participant and then, in the more abstract language of the researcher. Linking the researchers’ essences together created a statement for each participant called language-art (Parse, 2001, 2003). The researchers dwelled with the language-art created for each participant in order to identify the core ideas (core concepts) present in all.

Heuristic Interpretation

The final process in Parse’s (1987, 2001) research method is heuristic interpretation, where the researcher(s) evolves the core concepts to the language of the theory through structural transposition and conceptual integration. In this way, the knowledge base of nursing science is expanded by explicitly linking the research findings to the humanbecoming theory, thus expanding the theoretical concepts. In 2005, the heuristic interpretation process was expanded to include an artistic expression, which is

a personal rendering or choosing by the researcher of an artform, such as poetry, sculpting, paintings, music, drawings, metaphor, movement, photographs, video recordings, audio recordings, and others. It incarnates the transfiguring moments for the researcher as the structure of the lived experience surfaced through the research process. (Parse, 2005, p. 298)

Rigor and Credibility

Burns’ (1989) five standards for qualitative research (descriptive vividness, methodological congruence, analytic preciseness, theoretical connectedness, and heuristic

relevance) were used to ensure rigor and credibility. To obtain *descriptive vividness*, we have provided detailed descriptions of the study context and data. *Methodological congruence* was ensured through documentation of the research processes whereby procedural and ethical rigor and auditability of findings were achieved. To augment *analytic preciseness*, we have presented the decision-making processes through which transformation of the data were made (Table 1). With respect to *theoretical connectedness*, we have provided direct quotes and examples from the dialogues that support the theoretical interpretations. Lastly, regarding *heuristic relevance*, findings were recognized as true to life by nurses working on the high-risk unit, participants who attended academic rounds, as well as other women who had experienced a high-risk pregnancy who were not involved in the research study. A research consultant with both methodological and content expertise was also consulted to ensure rigor and credibility.

Findings

Participant Stories

Three examples of participants’ stories of living with changing expectations, along with the extracted-synthesized essences and language art, are presented here. To protect anonymity, pseudonyms are used throughout.

Mary’s Story

Mary had been in the hospital for a month. This was her first pregnancy and she was pregnant with twins. For Mary, living with changing expectations was focusing on what “was important” while feeling “pretty scared,” and having to give up control and independence. Mary said that being diagnosed with a high-risk pregnancy and being admitted to the hospital “wasn’t what I expected. Because I am a very healthy person I figured I would have a healthier pregnancy.” She had anticipated having a hospital stay at some point but, after a regular appointment, she “ended up having to stay in the hospital.” For Mary, “just thinking about having premature babies” was frightening. The hospitalization, twin pregnancy, and the possibility of preterm infants were all unexpected. She said, “I just never anticipated that it would be like this, different.” She stated, “I’ve gone from being very active to less active,” and to “being taken care of. I’m not used to [it] generally. I’m an independent person.” Mary explained, “I’m a big planner and plan everything out to the last second and how we’re going to execute it, and oftentimes the best planned lesson never goes the way you want it to.” With changes in her expectations she tried to focus on her twins. She shared, “I’m not really

Table 1
Heuristic Interpretation of the Core Concepts

| Core Concept | Structural Transposition | Conceptual Integration |
|---|---------------------------|----------------------------|
| Foreboding disquietude with arduous restrictions | Cumbersome confinement | Powering enabling-limiting |
| Envisioning the yearned-for | Visualizing the treasured | Imaging |
| Mitigating nurturing engagements | Ameliorating affiliations | Connecting-separating |
| Structure | | |
| The lived experience of living with changing expectations is <i>foreboding disquietude arising with arduous restrictions, while envisioning the yearned-for with mitigating nurturing engagements</i> . | | |
| Structural Transposition | | |
| The lived experience of changing expectations is <i>cumbersome confinement in visualizing the treasured with ameliorating affiliations</i> . | | |
| Conceptual Integration | | |
| The lived experience of living with changing expectations is <i>powering enabling-limiting the imaging of connecting-separating</i> . | | |
| Artistic Expression | | |
| Buds swell on branches | | |
| Wind blows damp coldness bone deep | | |
| Promise of Spring. | | |

thinking about myself, because if I did, I think I'd drive myself nuts. I just made up my mind that I couldn't think about all that, about missing and how it was affecting me. I'd have to focus on that I had two little people that I was expecting—that was more important." Mary found that the support she was receiving from friends and family was also beyond what she had expected. She said, "[I] feel really close to people right now, really. It's brought lots of relationships a lot closer."

Essence in Mary's Language

- Living with changing expectations is having scary thoughts about the future and having to give up control and independence, while shifting focus to the expected babies with the support of close relationships.

Essence in Researchers' Language

- Disquieting restrictions emerge with picturing the cherished with the ominous while nurturing engagements fortify.

Language-Art

- Living with changing expectations is disquieting restrictions emerging with picturing the cherished with the ominous as nurturing engagements fortify.

Joan's Story

It was Joan's first pregnancy and she had been in the hospital for 22 days. For Joan, living with changing expectations meant feeling "anger," "fear," and "frustration" with "loss of control" and an unknown outcome,

but hoping and praying for the best. She shared, "If something is not going quite the way that I want, then I usually have the power to change it to be able to achieve the final outcome that I want. In this situation, all I can do is what the doctors tell me to do and hope and pray for the best." She explained, "I worked in a corporate environment and had a very high-paced job before this, and to go from that to lying in bed basically 24 hours a day, you know, the loss of control is very difficult." Joan said, "The change of my expectations are sort of like my joy of a safe arrival really has been sort of put on hold, and that's the biggest change in expectation for me, is that I don't think that I can look at that as a guaranteed outcome." She said she fears that

something terrible is going to happen and my baby is going to be born at 26 weeks, and you know, all the terrible things that are going to go—they could die, they could be disabled. So there's a real overriding sense of fear.

Joan stated that she had "stopped everything to deal with preparing for the arrival of the baby," and the changes in expectations left her feeling "frustrated" and "angry, like, why did this have to happen to me?" Joan also reflected on how to "better cope, living with the fact that you do have changing expectations;" for instance, with

support from your family and compassion from the healthcare providers, and really, them taking the time to try to alleviate whatever stress you have, and having them remember that this is all you have to think about, all day every day and anything that

they can do to help us think that things are going to be fine in the end, without sugar-coating things unnecessarily, probably goes a long way.

Essence in Joan's Language

- Living with changing expectations is feeling frustration, fear, and anger at sudden loss of control and an unknown outcome, and yet hoping and praying for the best with support and compassion from family and healthcare professionals.

Essence in Researchers' Language

- Disquieting, foreboding ambiguity emerges with yearning for the cherished with nurturing engagements.

Language-Art

- Living with changing expectations is disquieting, foreboding ambiguity while yearning for the cherished with nurturing engagements.

Kelly's Story

Kelly has been in the hospital for 31 days with the diagnoses of complete placenta previa and idiopathic polyhydramnios. For Kelly, living with changing expectations is the ups and downs and difficulty of having an uncertain future, due to the sudden, long-term hospitalization and the separation from family and friends. She said, "it's hard, you just never think you'd be in this position." She added, "today you're up, tomorrow you're down." She finds being "confined" in the hospital instead of being active at home difficult, but the staff help by answering her questions and talking with her. She said, "they know it's hard and they feel it for us to be here." Kelly explained, "I am in the best place for myself and the child. This is what keeps us going everyday here. Everyday you have to be mentally prepared." She talked about other things that helped her on a day-to-day basis, such as visitors. She said, "the more visitors you get, it's easier for you to get through a day." Kelly looked forward to visits from her son but finds it difficult when he leaves. After her son leaves, she needs time to herself. She shared, "I just go to bed and that's it for the day. No more socializing with anyone, I'm confined to my own little world. It's really tough." She also found it helpful to live with the change in her expectations regarding her pregnancy by talking with others in similar situations. She said "we talk, we express ourselves, at nights we have a little talk until midnight and you're just getting to know different people, how they deal with different

issues, being here and just the whole big change." She also looked to other patients as a sign of what to expect in the future. She said, "so we're all kind of counting our days to see who's next. And once the cycle has started, we all know it's closer to going home, going home time. Something to look forward to."

Essence in Kelly's Language

- Living with changing expectations is a hard, up and down, confining experience with an uncertain future, as talking with family, friends and staff and knowing that it is for the best helps.

Essence in Researcher's Language

- The burdensome emerges with disquieting ambiguity with the cherished connections of benevolent images of the desired.

Language-Art

- Living with changing expectations is the burdensome emerging with disquieting ambiguity with the cherished connections of benevolent images of the desired.

Core Concepts

A story, essence, and language-art statement was written for each participant based on her description of living with changing expectations. From the 11 language-art statements, three core concepts emerged: *foreboding disquietude with arduous restrictions*, *envisioning the yearned-for*, and *mitigating nurturing engagements*. The researchers went back to the original transcripts to highlight participants' language that supported these core concepts to ensure they were present in all the transcripts. When linked together, the three core concepts form the structure that answers the research question, as follows: *The lived experience of living with changing expectations is foreboding disquietude arising with arduous restrictions, while envisioning the yearned-for with mitigating nurturing engagements*. Through heuristic interpretation, the core concepts were moved through higher levels of abstraction to the language of theory. At the structural transposition level, *living with changing expectations is cumbersome confinement in visualizing the treasured with ameliorating affiliations*. At the highest level of abstraction, the experience of living with changing expectations was interpreted as *powering enabling-limiting the imaging of connecting-separating*. The heuristic interpretation of the core concepts through progressive abstraction is presented in Table 1.

Artistic Expression

The new and innovative addition to the Parse research method is the *artistic expression*. We, the researchers, were inspired to write haiku poetry as we dwelled with our findings and our new understandings of the lived experience of changing expectations. One of the haiku poems we felt captured our new understandings and transfiguring moments is as follows:

Buds swell on branches
Wind blows damp coldness bone deep
Promise of Spring.

The *buds swell on the branches* with imaged hope for what might be amid the often sudden threats and restrictions emerging with *the wind and damp coldness* that reaches to the depths of being where fear and love meet. The *promise of spring* illuminates the warmth and nourishing the buds experience in their emerging process of blooming.

Discussion of Findings

In the following, we elaborate on each of the core concepts and consider the findings in relation to humanbecoming theoretical concepts and relevant research literature.

Foreboding Disquietude With Arduous Restrictions

The core concept, *foreboding disquietude with arduous restrictions*, emerged when participants spoke of the difficulties of being confined while in the hospital, and experiencing limitations, and feelings of loss of control that were in stark contrast to their recent busy, independent lifestyles. As Joan described,

if something is not going quite the way that I want, then you know, I usually have the power to change it to be able to achieve the outcome I want, whether it's in business or it's in my personal life, and in this situation, all I can do is what the doctors tell me to do, and, hope and pray for the best.

This core concept also arises from the women's experiences of feeling fearful and their disturbing uncertainty about the unknown fate of their babies. Sydney shared, "until the day I see these babies, I'm not going to stop worrying." Kelly stated, "with my problem that I'm having I could well lose my child, and this (being hospitalized and separated from her family) is what's best for me now, because I want to take home my baby safe." The

women all feared what might happen if their infants were born too early. Joan shared that she was concerned "that something terrible is going to happen and my baby is going to be born at 26 weeks, and you know, all the terrible things that are gonna go, they could die, they could be disabled, so there's a real, overriding sense of fear." Living with changing expectations for the infant in this study was experienced as *foreboding disquietude with arduous restrictions*, as their hospital confinement was difficult, and yet, they also recognized that it was important to the health of their unborn children. All of the women stated that they recognized that their confinement had a purpose.

This core concept was moved to a higher level of abstraction through structural transposition to *cumbersome confinement*. Cumbersome captures the sense of foreboding and disturbing uncertainty of the fate of their babies experienced by the mothers, while also capturing the difficulties of the restrictions while in hospital which is also reflected in the term confinement. Through conceptual integration, *cumbersome confinement* moves to the theoretical construct *powering enabling-limiting*, which is "the pushing-resisting process of affirming—not affirming being in the light of nonbeing" (Parse, 2001, p. 47), while living the opportunities-restrictions present in all situations. In this study pushing-resisting was evident as the women described their struggles of pushing-resisting their difficult confinement, a restriction which kept them from being with their families and their day-to-day life, but gave them an opportunity to deliver healthy babies. A pushing-resisting was also experienced with the woman's hopes and fears concerning their babies' futures. This leads to the core concept of *envisioning the yearned-for*.

Envisioning the Yearned-For

The second core concept, *envisioning the yearned-for*, arose as the women spoke of their hopes and dreams of carrying their pregnancies as close to term as possible and thereby providing their unborn children with the best possible chance for health. Lisa shared, "You have to keep in mind that you're doing it for the baby, that's the motivation: For the baby, for the baby!" Lisa explained further that you must "think positive and say to yourself, 'I'm doing this for the baby. This is just a temporary sacrifice, and it's going to get better.'" Brenda said she was "hoping, you know, each day will pass so that your babies will still be here for the next day and still be growing and doing well." Diane explained, "It's about these three little babies. I'm very positive and just focus on the positive." Rose explained that a high-risk pregnancy is very different and she is "just waiting for the baby to turn the corner on the milestones. Those

milestones mean something very different, very, very different once you're in the category of high-risk."

The core concept, *envisioning the yearned-for* was structurally transposed to *visualizing the treasured* and was then conceptually integrated and linked to the theoretical concept *imaging*. Imaging is "reflective-prereflective coming to know the explicit-tacit all-at-once. Reality is constructed through this "mutual reflective-prereflective process that is the shaping of personal knowledge explicitly-tacitly" (Parse, 1998, p. 36). All the women pictured what they hoped and yearned for, that is, a live, healthy baby(ies). Their images shaped their personal knowledge of their situation, hopes, and dreams. Through envisioning their babies as healthy, the mothers made choices to restrict their activities, which, though difficult, gave purpose to their confinement. Their babies were their priority.

Mitigating Nurturing Engagements

The third core concept of *mitigating nurturing engagements* became apparent as the women spoke of how partners, family, friends, fellow patients, and healthcare professionals provided them with support and the information that they felt they required to go on living with their high-risk medical condition and associated restrictions. Joan stated that "support from your family, and, I think, compassion from the healthcare providers and really just, them taking the time to try to alleviate whatever stress you have. And having them remember that this is all you have to think about all day, every day." Liz explained the importance of her roommates, stating, "The encouragement I have in this room is incredible because we're in the same boat." Mary found that she became closer to family and friends, explaining, "It's brought a lot of relationships a lot closer."

Mitigating nurturing engagements was structurally transposed as *ameliorating affiliations* and through conceptual integration was raised to the theoretical concept of *connecting-separating*, which is "being with and apart from others, ideas, objects, and situations all-at-once" (Parse, 1998, p. 45). The women in the study were connected while separated from their family and friends. Some of the participants spoke of the difficulty of being separated, especially from their young children, while being in hospital to care for their unborn children. Many of the women spoke of how helpful it was to hear from friends and family, even if it was by telephone. Connecting with nurses and physicians was also important to many of the mothers. Connecting with their unborn children and their hopes for the future was common among the mothers and it is what kept many of them going and mitigated their foreboding, fears, and discomforting restrictions.

Findings and Related Literature

The main finding of this study is the structure: *Living with changing expectations is the foreboding disquietude arising with arduous restrictions, while envisioning the yearned for with mitigating nurturing engagements*. The core concepts of *foreboding disquietude with arduous restrictions* and *envisioning the yearned-for* are similar to findings from recent research with women living with high-risk pregnancies. Specifically, women reportedly resent the hospitalization and confinement associated with a high-risk pregnancy, yet understand how it benefits their unborn children, and thus, are steadfast in their path (Harrison, Kushner, Benzies, Rempel, & Kimak, 2003; Leichtentritt, Blumenthal, Elyassi, & Rotmensch, 2005; Maloni & Kutil, 2000; Mu, 2004; Thomas, 2004; Thornburg, 2002). Harrison and colleagues (2003) proposed that women "were committed to having a healthy infant, and placed less emphasis on their own comfort or well-being when they thought that their baby's health was at risk" (p. 111). Similarly, Mu (2004) reported that "mothers experienced a lack of control over their own lives, yet provide a transformational bridge using self-discipline, deliberately and personally, to reframe and assume protective roles for the unborn child" (p. 829). These findings are similar to our finding of *foreboding disquietude with arduous restrictions* since, like the women in our study, the women in the other studies experienced discomfort, however, their value priorities were to protect their babies by doing all that was possible to move toward the safe arrival of their babies. The core concept, *mitigating nurturing engagements* is also similar to other research findings related to high-risk pregnancy. For some women, this support came mainly from family, faith, and healthcare providers (Leichtentritt et al., 2005; Sittner, DeFrain, & Hudson, 2005), while for others, it came from women in similar situations (Maloni & Kutil, 2000).

The structure that emerged from this study is similar to the one that emerged in Thornburg's (2002) study, a Parse method study that focused on the phenomenon of *waiting* for women hospitalized during the antepartum period. Thornburg (2002) proposed that waiting is "*an enduring vigil of burdening toil while engaging-disengaging with close others in cherishing what can-be*" (p. 247). While the phenomenon under study was waiting, it involved the same participant group, that is, women hospitalized during the antepartum period. It is interesting how the above core concepts relate to the experience of the women in our study of living with changing expectations. For instance, *an enduring vigil of burdening toil* is similar to our concept of *foreboding disquietude with arduous restrictions* in that they both speak to the persistent discomfort and fear of the

unknown future of their babies. *Engaging-disengaging with close others in cherishing what can-be* is similar to our two core concepts of *envisioning the yearned-for* and *mitigating nurturing engagements*. Similar theoretical concepts as in the current study emerged in Thornburg's (2002) theoretical structure, which was stated as, "*imaging powering in the connecting-separating of valuing*" (p. 247), whereas ours was stated as *powering enabling-limiting the imaging of connecting-separating*. The similarities between the two studies sheds light on the importance of the context of the experience in that what emerges is often reflective of the priorities of participants as they are lived in the present moment.

Only one study was found that explored the experience of living with changing expectations (Yancey, 2004). In Yancey's doctoral dissertation, she studied the experience of living with changing expectations with 10 new graduates of a prelicensure baccalaureate nursing program who worked as professional nurses in a large, midwestern metropolitan area. Based on the nurses' descriptions of changing expectations, the following structure emerged: "Living with changing expectations is venturing with enlivening anticipation amid burdensome assured-unassured acquiescence, while steadfastness with the cherished arises in unfolding alliances" (p. 114). There are similarities and differences with Yancey's findings and our own.

First the similarities will be discussed. The core concept of *steadfastness with the cherished arises in unfolding alliances* is similar to this current study's core concepts, *envisioning the yearned-for* and *mitigating nurturing engagements*. These core concepts reflect how participants in both studies found that hanging on to what is hoped for, valued, or cherished, along with support from others can help one live on through the difficult times of living with changing expectations. Yancey's (2004) core concept *burdensome assured-unassured acquiescence* is similar to our study's core concept, *foreboding disquietude with arduous restrictions*, in that living with changing expectations is unsettling and burdensome in many ways, be it through fear or uncertainty. Yancey's (2004) core concept was based on the women's "difficulty and uncertainty involved in making life-changing choices" (p. 136). However, the women in our study were burdened with experiencing the life-threatening situations related to giving birth, while also being physically restricted to bedrest or with having to minimize movement while in hospital. One core concept in Yancey's study that was different from those in the current study is *venturing with enlivening anticipation* (p. 128). Here the women told of "looking forward to what might be, while risking venturing" (p. 128). The pregnant women in the current study looked forward to what might be as they were *envisioning*

the yearned-for, but they did so in a way that was safe for their baby; thus, they did not risk venturing beyond what would be considered safe. Interestingly the similarities of the core concepts tap into the universal nature of the phenomenon, while the differences shine a light on the contextual uniqueness of the participants' lived experiences. The findings from both studies further enhance the knowledge base about the phenomenon of living with changing expectations, particularly through a humanbecoming lens.

Recommendations

Nursing Research

Further research is recommended based on the core concepts that emerged from this study. For instance, research related to the experience of *living through a difficult time* is suggested by the core concept of *foreboding disquietude with arduous restrictions*. Research on the experience of *anticipating the future* could emerge out of the core concept of *envisioning the yearned-for*. Also, research investigating the experiences of families and woman-to-woman support would expand knowledge related to *mitigating nurturing engagements*. This research could focus on the experience of feeling cared for. Research eliciting nurses' experiences of caring for women with high-risk pregnancies would also evolve the concept of *mitigating nurturing engagements* and may assist in identifying how women and healthcare professionals view the experience, therefore providing direction on how to bridge the views in order to enhance care for women experiencing high-risk pregnancies.

Nursing Practice

The identification of the core concepts, *foreboding disquietude with arduous restrictions*, *envisioning the yearned-for*, and *mitigating nurturing engagements* can support nurses in providing care to women living with high-risk pregnancies by highlighting the meaning of women's experiences. Nurses may incorporate this new knowledge into their practice. For example, nurses may encourage women to identify relationships that are supportive and help them to nurture these relationships. Nurses may also shift their focus to increase the time spent listening to the woman's experience and acknowledging the paradoxes that they experience, such as wanting to be safe in hospital, yet also wanting to be at home with their family. Acknowledging the imposed restrictions and talking with women about what might help them live with the restrictions could also be incorporated into practice. Being open in relationships with the women and sensitive to both

the common experiences and the uniqueness of each woman's experience is also an important implication for practice. Recognizing that, for most women, this is their first experience living with high-risk pregnancy would also demonstrate support and acknowledgment that each woman is a unique and valued individual.

Conclusions

This study achieved all its purposes. The knowledge base of the phenomenon of living with changing expectations for women living with high-risk pregnancies was enhanced. The core concepts emerging from this research provide suggestions for future research. Through this study, understanding about humanbecoming and in particular, the theoretical concepts of powering, enabling-limiting, imaging, and connecting-separating is enhanced. By connecting the core concepts from this research with the theoretical concepts from the humanbecoming theory a contribution to the development of basic nursing science is made. Also, this research presents opportunities for nurses to enhance their understanding of the humanbecoming theoretical concepts. Finally, the findings provide a window into women's experiences living with changing expectations and in particular those diagnosed with high-risk pregnancies. This research may assist in enhancing understanding of the women's experiences among nurses and other healthcare professionals who influence their experiences, for better or for worse.

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