

Lived Experiences of Nursing Students in Performing Essential Immediate Newborn Care (EINC) in the Delivery Room: A Phenomenological Study.

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ABSTRACT

This phenomenological study explored the factors influencing nursing students' confidence, anxiety, and competence in complying with Department of Health guidelines like Unang Yakap, as well as their lived experiences performing Essential Immediate Newborn Care (EINC) in the Delivery Room. Data were gathered through in-depth interviews with nursing students who had firsthand clinical experience with EINC procedures using a qualitative research approach. To examine the stories, thematic analysis was employed.

The Fulfilled Student Nurse, Happy Student Nurse, Better Student Nurse, Compliant Student Nurse, and Apprehensive Student Nurse were the five main themes that emerged. The results showed that students first felt anxious, fearful, and unconfident, especially when handling newborn babies and administering injections under observation.

The study emphasizes how essential supportive mentorship and hands-on learning are in developing clinical confidence in complex settings. Even though taking the EINC is emotionally draining, it is a life-changing experience that helps nursing students develop their careers as nurses. The results highlight how crucial it is to improve both technical proficiency and psychological preparedness through organized training, simulation, and encouraging clinical settings.

Keywords: Essential Immediate Newborn Care, nursing students, lived experiences, clinical competence, delivery room, phenomenology

INTRODUCTION

Essential Immediate Newborn Care (EINC) is a set of time-bound, standardized procedures designed to improve neonatal survival and health outcomes right after birth. It is frequently operationalized through evidence-based protocols like Unang Yakap. As cost-effective therapies that can avoid a major part of neonatal fatalities, these practices—which include immediate drying, early skin-to-skin contact, fast cord clamping, and not separating mother and newborn—are recommended worldwide (Course Hero, 2021). According to recent studies, following established newborn care guidelines helps lower neonatal morbidity and death, especially when medical professionals are well trained and knowledgeable to implement these guidelines on a regular basis (Caorong & Bangcola, 2024). For nursing students to become competent in newborn care, clinical practice experiences are essential.

A intricate interaction between learning outcomes and emotions is revealed by international studies on nursing students' clinical experiences in newborn and neonatal critical care settings. In this case, a phenomenological study of nursing students in South Korea revealed that students had anxiety and expectations prior to clinical placements. They also identified factors that hindered their ability to acquire skills, such as inadequate instruction and a lack of practice opportunities (Sim et al., 2021). The study also highlighted a gap between theoretical learning and practical application, emphasizing the critical role that the clinical setting plays in developing students' confidence and capacity to deliver professional newborn care (Sim et al., 2021).

Nursing students' knowledge and preparedness for neonatal care has been shown to be significantly enhanced by educational interventions including simulation-based instruction in addition to clinical placement experiences. According to a quasi-experimental study conducted in Tanzania, simulation-based training considerably improved the neonatal care knowledge of nursing and midwifery students when compared to traditional lecture-based methods. This suggests that practical, hands-on training can improve competency in critical newborn care skills (Malya et al., 2025). These results add to the increasing amount of data demonstrating the efficacy of interactive and practice-oriented teaching methods in enhancing student nurses' self-assurance and readiness for actual clinical duties. Despite these developments, there are still gaps in nursing curricula that help students provide skilled and confident newborn care, especially in high-risk areas like delivery and newborn care units.

Understanding the **lived experiences** of student nurses during their clinical engagements with EINC procedures is essential for identifying educational needs and refining training approaches that foster professional competence, reduce anxiety, and improve clinical performance in newborn care.

RESEARCH QUESTIONS

1. What are the lived experiences of nursing students in performing Essential Immediate Newborn Care (EINC) in the delivery room?
2. What factors influence nursing students' confidence, anxiety, and competence in performing EINC according to the Department of Health guidelines such as *Unang Yakap*?

RELATED LITERATURE AND STUDIES

Essential Immediate Newborn Care (EINC) in the Delivery Room

A systematic, evidence-based set of procedures called Essential Immediate Newborn Care (EINC) has been set into effect with the goal of improving newborn survival and health outcomes right after birth. Research emphasizes the significance of institutional efforts in converting these protocols into routine practice, even though the World Health Organization's global guidelines outline essential newborn care components like immediate drying, early skin-to-skin contact, thermal care, delayed cord clamping, and early initiation of breastfeeding (WHO, 2023). Several countries have used EINC protocols, such as *Unang Yakap*, to standardize infant care practices right after delivery (Caorong & Bangcola, 2024).

Nurses and midwives who received formal training and workshops on EINC showed higher implementation of EINC steps, especially in the delivery room and nursery, according to a descriptive correlation study conducted in Iligan City, Philippines. This suggests that structured education improves protocol compliance (Caorong & Bangcola, 2024). This study highlights that in order to guarantee that healthcare professionals consistently apply EINC practices, which can enhance the quality of neonatal care, a strong knowledge base and ongoing education are crucial. The need for better integration of classroom learning and clinical supervision is further evidenced by the gaps between theory and practice among nursing students, who reported difficulties performing critical newborn care procedures correctly during their clinical practicum. For nursing students assigned in neonatal care, the responsibility of monitoring and caring for newly born infants, particularly those in delicate health conditions, can be emotionally demanding. During the COVID-19 pandemic, many students relied on virtual communication with their families through online platforms as a source of encouragement and comfort, helping them cope with the stress and anxiety associated with both academic responsibilities and clinical duties (Ordiales, 2024).

Overall, the literature currently in publication supports the critical role that evidence-based EINC protocols play in decreasing neonatal morbidity and mortality. It also highlights ongoing issues with clinical application and training that need to be resolved in nursing education and healthcare systems in order to maximize the outcomes of newborn care.

Nursing Students' Confidence, Anxiety, and Competence in Performing EINC According to Guidelines such as *Unang Yakap*

According to empirical research in nursing education, competence, anxiety, and confidence are interconnected characteristics that have a significant impact on student nurses' capacity to carry out clinical tasks, such as caring for newborns. According to research, anxiety and stress are common during clinical practice for nursing students, which can have an adverse effect on their confidence and clinical competence (Sim et al., 2021). Inexperienced clinical settings and the perceived complexity of neonatal care can cause fear and a lack of confidence, which can impede the effective performance of skills, according to qualitative findings from nursing students' experiences in newborn nurseries and neonatal units (Sim et al., 2021). Reduced anxiety and increased self-confidence are linked to better clinical competence outcomes for nursing students, according to more comprehensive evidence from clinical education studies.

Ramezanzade Tabriz et al. (2024), for instance, found through a comprehensive review and meta-analysis that focused educational interventions are highly helpful in boosting nursing students' self-confidence, a critical psychological component for good clinical performance. Initiatives aimed at enhancing clinical skills and resilience may help students' emotional readiness and general competence, as research on clinical competence and anxiety indicates that greater competence is associated with less anxiety and a smoother transition to professional practice (Lee et al., 2025). Furthermore, research on nursing and midwifery students' preparedness for caring for newborns shows that high-quality clinical supervision, enough practice time, and simulation-based learning are critical factors in determining students' confidence in their ability to carry out newborn care procedures on their own (Sianchapa et al., 2020).

These findings collectively indicate that nursing students' confidence and anxiety levels have a direct impact on their ability to adhere to standards such as those outlined in EINC protocols like *Unang Yakap*, and that educational strategies tailored to enhance practical competence and reduce anxiety can support better clinical performance in newborn care.

THEORETICAL FRAMEWORK

This study is grounded in **Benner's Novice to Expert Theory** and **Kolb's Experiential Learning Theory**, which together

explain how nursing students develop competence, confidence, and professional identity as they perform Essential Immediate Newborn Care (EINC) in the Delivery Room (DR).

Benner's Novice to Expert Theory

According to Patricia Benner's Novice to Expert Theory (Benner, 1984), professional nurses acquire clinical competence through phases of skill development based on experiential learning. Learners start on as beginners who depend on rules and structured instruction. They progressively develop to advanced beginners and, with repeated exposure, to higher levels of competence and confidence. According to Gallagher (2021), this idea has been frequently applied in clinical nursing education to describe how student nurses progress from initial uncertainty to professional proficiency. In this study, students first displayed novice-like characteristics such as anxiousness, fear of making a mistake, and reliance on clinical instructor direction. They showed progress toward more advanced phases of clinical performance as their competence increased and their anxiety decreased with repeated clinical exposure and supportive supervision.

This aligns with Benner's assertion that experiential practice and reflection are necessary for competence development.

Kolb's Experiential Learning Theory

According to Kolb's experiential learning theory, learning is a cyclical process that involves experiencing, thinking, experimenting, and reflecting (Kolb, 1984). Kolb asserts that knowledge is generated when students actively participate in real-world scenarios, think back on their experiences, take criticism into consideration, and apply new information to their future work. Experiential learning is acknowledged as being crucial in nursing education for bridging the gap between clinical competence and theoretical knowledge (Fero et al., 2010). This hypothesis is directly applicable to EINC operations performed by nursing students. The birth room offers tangible clinical experiences that elicit both mental and emotional reactions. Students gain conceptual comprehension, hone clinical judgment, and apply what they have learned in subsequent performances through supervised reflection with clinical instructors and adherence to procedures like Unang Yakap. These iterative cycles of reflection and practice facilitate both skill mastery and emotional resilience.

RESEARCH METHODOLOGY

This study utilized a qualitative phenomenological research design to explore the lived experiences of nursing students performing Essential Immediate Newborn Care (EINC) in the delivery room. Phenomenology was deemed appropriate because it allows for a deep description and interpretation of individuals' experiences regarding a specific phenomenon (Moustakas, 1994). In nursing education, phenomenological approaches have been widely used to examine clinical experiences, particularly in specialized areas such as neonatal and newborn care (Sim et al., 2021). This design enabled the researchers to capture both positive and negative dimensions of students' experiences, including feelings of anxiety, confidence, fulfillment, competence, and adherence to clinical protocols, in alignment with established qualitative nursing research methodologies (Creswell & Poth, 2018; Sim et al., 2021).

The study was conducted in the delivery room (DR) of an affiliated hospital, a high-stakes clinical setting where students were assigned for their Related Learning Experience (RLE). In this environment, students performed EINC procedures under supervision, including immediate drying, skin-to-skin contact, cord clamping, anthropometric measurements, and early breastfeeding initiation, following established newborn care protocols. Delivery rooms are recognized as emotionally demanding clinical areas that significantly influence nursing students' confidence and anxiety levels (Sim et al., 2021).

Participants were purposively sampled nursing students who had direct experience performing or assisting with EINC procedures. Inclusion criteria required that participants were currently enrolled in the nursing program, assigned to the delivery room, and had hands-on experience with EINC. Data were collected through semi-structured, in-depth interviews, allowing participants to share their emotions, challenges, confidence levels, and perceptions of competence. Open-ended questions guided the discussions, and all interviews were conducted with informed consent, recorded, and transcribed verbatim to ensure accuracy and preserve the authenticity of participants' narratives (Moustakas, 1994; Sim et al., 2021).

Data analysis followed a phenomenological thematic approach, involving transcription, identification of significant statements, formulation of meanings, clustering into themes, and synthesis of the essence of participants' experiences (Moustakas, 1994). Emerging themes included Fulfilled Student Nurse, Apprehensive Student Nurse, Better Student Nurse, Happy Student Nurse, and Compliant Student Nurse, reflecting patterns related to clinical competence, emotional responses, and professional growth. Trustworthiness was ensured through credibility, dependability, confirmability, and transferability, achieved via prolonged engagement, member checking, audit trails, bracketing of researcher biases, and thick descriptions (Lincoln & Guba, 1985). Ethical considerations, including informed consent, confidentiality, and prioritizing psychological safety, were strictly observed throughout the study to protect participants' rights and well-being (Sim et al., 2021).

RESULTS AND DISCUSSION

This chapter presents the findings derived from the thematic analysis of the lived experiences of nursing students in performing Essential Immediate Newborn Care (EINC) in the Delivery Room (DR).

In Performing Essential Immediate Newborn Care (EINC)

In assisting clients in the delivery process which is from having true labor pains, to the delivery of the baby including the placenta and the execution of EINC and postpartum care are procedures that are very crucial for nursing students to further enhance their knowledge, skills and attitude towards clients in labor, their pain, till the delivery of the baby and performing EINC. Thus, these are likewise extensive and significant weight for nursing students to bear for them to be able to pursue their dream in becoming a full-fledged registered nurse. However, with these load that Student Nurses are carrying, anxiety increases. Furthermore, for student nurses, all these anxieties when overcome, will be a beautiful and fulfilling experience and will be able to perform effectively and efficiently.

Statements from student nurses are enumerated to answer the query above:

Participant A answered;

"I have found this procedure enjoyable and easy to learn. Before I was left to do it on my own, I was properly taught on how doing this. It was indeed a beautiful experience".

Participant B further stated that;

"There were times when I did not do it in order, but the more I was assigned in EINC, I get to learn how to properly do it".

Participant C on the other hand stated that;

"The very thing that's important for me here is being careful in handling and completing the newborn care procedure. It's quite tiring especially if there are no watchers on the watch for both the mother and child".

Participant D responded;

"I was really happy that my last two cases were under a good Clinical Instructor because I learned a lot from her and I was able to observe proper EINC. It was done properly".

Participant E similarly stated that;

"In my experience, the EINC was strictly followed by the EINC DR and it is fulfilling to see the bonding between the mother and newborn baby, especially when you've explained the importance of EINC compliance to the mother".

Participant F replied as;

"EINC protocol was observed for "Non-separation of baby from mother" because the newborn is brought to a crib to do the anthropometric measurements. But after that, the newborn is returned to the mother".

Participant G further answered;

"In performing essential immediate newborn care, I was really scared/nervous because the bones of the newborn are fragile and with one mistake, the newborn may slip".

Participant H similarly stated that;

"In my experience, EINC is strictly complied by ZCMC-DR and it is fulfilling to see the bonding between the mother and newborn baby, especially when you've explained the importance of EINC compliance to the mother".

Participant I added;

"At first, it was difficult for me to perform EINC since it was my first time to be assigned in the DR but with the help of my Clinical Instructor still managed to do it, and after doing it for several times, I have already gained confidence in doing it".

Participant J replied as;

"Caring for a newborn is easy and injecting is somehow scary. It makes me feel anxious but fulfilled in performing EINC".

Participant K likewise replied as;

"Immediate drying of the newborn, skin to skin contact after delivery of the newborn, proper clamping within 60 seconds and 30 seconds and breastfeeding at least 60 minutes or 30 minutes".

Participant L responded as;

"In performing Essential Newborn Care, one should follow the proposed steps of the DOH which is the Unang Yakap".

Participant M answered;

"In doing EINC, I had a hard time because I was nervous but glad that I was able to performed well".

Participant N likewise stated that;

"In performing EINC, we are taking anthropometric measurement of the newborn, we clean them and put clothes. I felt scared but happy that it went well."

Lastly, Participant O responded as;

"I can't do it properly, sometimes because I was not confident".

To categorize these experiences in Performing Essential Immediate Newborn Care (EINC) the themes were created and subcategorized into two: a.) Positive experiences and b.) Negative experiences. Themes Fulfilled Student Nurse, Better

Student Nurse, Compliant Student Nurse and Happy Student Nurse fell under the category of positive experiences. On the other hand, themes Apprehensive Student Nurse fell under negative experiences.

The Fulfilled Student Nurse

Assisting clients in the delivery process and performing Essential Immediate Newborn Care or EINC is one of the vital procedures done in the Delivery Room by student nurses. For some student nurses, they feel nervous in performing this procedure. However, for some other student nurses, it is a beautiful and fulfilling experience if one were able to do it effectively and efficiently. This is the case for Participants D, E, G, H, J, M and N.

For Participant D, the outcome of her experiences in the rotation is determined by the Clinical Instructor that she would be under. According to her, *"I was really happy that my last two cases were under a good CI,"* Prior to knowing who her clinical instructor was, Participant D was nervous. She lost this nervousness when she knew that she was assigned to a good Clinical Instructor. According to her, being assigned to a desirable clinical instructor made her learn more things and she was able to execute the procedure of doing EINC properly. *"I learned a lot from her, and I was able to observe proper EINC. It was done properly,"* she stated.

Strict compliance is always inculcated, especially within the healthcare field. To Participant E, *"In my experience, the EINC was strictly followed by the EINC DR and it is fulfilling to see the bonding between the mother and newborn baby, especially when you've explained the importance of EINC compliance to the mother."*

Participant G says that the fragility of newborn babies is challenging to her. According to her, *"In performing essential immediate newborn care, I was scared/nervous because the bones of the newborn are fragile and with one mistake, the newborn may slip."* Participant G's fear of making mistakes that might be detrimental to the newborn made her nervous while performing the EINC. This is also the same case for the Participant H. She was also nervous in doing the EINC due to the newborn's size and vulnerability. The nervousness caused her to have tremors and become anxious. *"I am really nervous because it is really small. It is also vulnerable. I had tremors and my anxiety is also increasing as I do EINC,"* she stated.

The caring for the newborn is one of the basic functions of the student nurses in the delivery room. Given that caring is one of the innate features a nurse should have, Participant J didn't have a problem in doing this. *"Caring for the newborn is easy,"* Participant J stated. However, despite of this being easy, she finds it really hard to inject the baby. For her, it makes her really scared once she does this. *"Injecting is somehow scary. It makes me anxious,"* according to her.

The nervousness being felt by Participant M affects her performance in executing the Essential Immediate Newborn Care (EINC). Her nervousness is inversely proportional to the quality of EINC rendered. This means that she does not perform well when she is nervous. *"In doing EINC, I had a hard time because I was nervous,"* she stated. Similar to the case of Participant M, taking of the anthropometric measurement of the newborn was the procedure that made her feel nervous. *"In performing EINC, we are taking anthropometric measurement of the newborn, we clean them and put clothes. I felt scared, she stated."*

The Apprehensive Student Nurse

Confidence is one the vital qualities a student nurse should possess in order to properly perform the procedures. However, some student nurses are having a trouble because of their lack of confidence. Participant O is one of them. According to her, *"I can't do it properly, sometimes because I was not confident."*

The Better Student Nurse

Student nurses undergo the process of improvement most especially when they have been subjected to numerous exposures in doing the procedure. Participant B and I are one of them.

Committing errors is one of the things that are being experienced by student nurses, especially on their first exposure. Participant B admits experiencing this kind of situations. The order of how the Essential Immediate Newborn Care (EINC) is being done is one of her problems. According to her, *"There were times that I did not do it in order."* Despite that she managed to find herself improving in terms of the order of the procedure. *"The more I was assigned in EINC, I get to learn how to properly do it,"* she stated.

The first experience of the student nurses poses difficulties in doing the task, such as performing the Essential Immediate Newborn Care or EINC. This difficulty was experienced by Participant I. Her firsthand experience in performing EINC was described as something that was hard to do. *"At first, it was really hard for me to perform EINC since it was my first time to be assigned in the DR,"* she stated. Despite of the hardships in performing EINC, she did her best to improve in doing this procedure since she recognizes the vitality of performing this well. *"But with the help of my Clinical Instructor, I was able to make it and after doing it for several times, I have already gained confidence in doing it,"* she expressed.

The Happy Student Nurse

While other Student Nurses undergo the process of losing their confidence, Participant A, experiences the opposite. Participant A views her experience as something that motivated her to perform the procedure properly. Being able to view things positively vastly helped Participant A to eliminate any forms of nervousness and fear while doing the Essential Immediate Newborn Care. *"I have found this procedure enjoyable and easy to learn, it was indeed a beautiful experience"*

she stated. However, she also made mention that one contributing factor that led her to have confidence in doing this procedure is the fact that it was properly taught to her. *"Before I was left to do it on my own, I was properly taught on how to do it properly,"* she added.

The Compliant Student Nurse

Participants C, F, K and L experienced being compliant in performing the Essential Immediate Newborn Care or EINC.

For Participant C, *"The very thing that's important for me here is being careful in handling and completing the newborn care procedure. It's quite tiring, especially if there are no watchers on the watch for both the mother and child."* She recognizes the importance of being careful in executing EINC due to the newborn's fragility and vulnerability.

Participant F views were that of the performance of the EINC must be well-anchored on the protocols that the hospital has. For her, *"EINC protocol was observed for Non-separation of baby from Mother because the newborn is brought to a crib to do the anthropometric measurements. But after that, the newborn is returned to the mother."* In this case, it is clear how Participant F recognizes that the protocols must be strictly met and must not be taken for granted.

The step-by-step process is the main focus of Participant K in doing the Essential Immediate Newborn Care. It is important for her to perform these procedures, though following the steps systematically. According to Participant K, *"Immediate drying of the newborn, skin to skin contact after delivery of the newborn, proper clamping within 60 seconds and 30 seconds and breastfeeding at least 60 minutes and 30 minutes."* As a student nurse she makes it sure that these processes will be followed strictly which is anchored on the protocols and the procedure properly.

Like Participant K, Participant L performs the Essential Immediate Newborn Care according to the proposed steps of the Department of Health. According to Participant L, *"In performing Essential Newborn Care, one should follow the proposed steps of the DOH which is the Unang Yakap."*

The analysis was guided by the two research questions of the study. Data were coded, categorized, and synthesized into overarching themes that reflect both experiential realities and influencing factors.

On the lived experiences of nursing students in performing Essential Immediate Newborn Care (EINC) in the delivery room. The analysis generated five major themes representing the participants' lived experiences:

1. The Fulfilled Student Nurse
2. The Happy Student Nurse
3. The Better Student Nurse
4. The Compliant Student Nurse
5. The Apprehensive Student Nurse

These themes illustrate the dual nature of the experience—both rewarding and anxiety-provoking.

Theme 1: The Fulfilled Student Nurse

Several participants described performing EINC as meaningful and professionally satisfying. Despite initial fear, they expressed fulfillment after successfully completing procedures such as immediate drying, skin-to-skin contact, cord clamping, anthropometric measurements, and newborn injection. Participants emphasized that seeing the mother and newborn safely bonded brought emotional satisfaction. Some highlighted that having a supportive Clinical Instructor enhanced their confidence and contributed to their sense of accomplishment. This theme suggests that successful task completion and positive maternal-newborn outcomes reinforce professional identity formation among student nurses.

Theme 2: The Happy Student Nurse

One participant described the experience as enjoyable and manageable due to adequate preparation prior to independent performance. Proper instruction and demonstration before actual clinical exposure increased confidence and reduced anxiety. This theme indicates that structured clinical preparation contributes to positive emotional responses and self-efficacy during high-stakes procedures.

Theme 3: The Better Student Nurse

Improvement through repetition emerged as a central experiential pattern. Participants reported initial difficulty in remembering the proper sequence of EINC steps but noted significant improvement after repeated assignments.

With continuous exposure, students developed technical competence, improved sequencing skills, and enhanced confidence. This theme reflects experiential learning and the development of procedural mastery through practice.

Theme 4: The Compliant Student Nurse

Participants demonstrated strong adherence to established EINC protocols, particularly those aligned with Department of Health (DOH) guidelines such as *Unang Yakap*. They emphasized step-by-step implementation, including immediate drying, uninterrupted skin-to-skin contact, delayed cord clamping, and early breastfeeding initiation. This theme reflects awareness of professional responsibility, patient safety, and evidence-based practice standards.

Theme 5: The Apprehensive Student Nurse

Despite positive experiences, anxiety and fear were consistently reported. Participants described nervousness when handling fragile newborns, performing injections, conducting anthropometric measurements, and working under the observation of Clinical Instructors and hospital staff. Some reported trembling hands, fear of committing errors, and lack of confidence during their first exposure. Emotional pressure, performance standards, and the vulnerability of the newborn contributed to heightened apprehension. This theme highlights the emotional demands inherent in delivery room clinical practice.

On the factors influence nursing students' confidence, anxiety, and competence in performing EINC according to DOH guidelines

Five major influencing factors were identified:

1. Quality of Clinical Instruction
2. Repeated Clinical Exposure
3. Adequate Knowledge and Preparation
4. Structured Protocol Adherence
5. Emotional and Environmental Pressures

1. Quality of Clinical Instruction

Supportive and competent Clinical Instructors significantly enhanced student confidence and procedural accuracy. Clear guidance, demonstration, and constructive feedback reduced anxiety and facilitated skill acquisition.

2. Repeated Clinical Exposure

Experience emerged as a key determinant of competence. Students who performed EINC multiple times demonstrated improved sequencing, technical ability, and reduced fear.

3. Adequate Knowledge and Preparation

Participants who received proper orientation before performing independently reported greater confidence and smoother execution. Insufficient preparation increased nervousness and hesitation.

4. Structured Protocol Adherence

Following standardized DOH guidelines provided a clear framework for action, helping students feel more in control and systematic in their approach. Structured steps reduced uncertainty and improved performance consistency.

5. Emotional and Environmental Pressures

Several stressors negatively influenced confidence and performance:

1. Fear of harming the newborn
2. Injection-related anxiety
3. Difficulty with anthropometric measurements
4. Presence of supervising staff
5. High expectations from Clinical Instructors
6. Fatigue and workload

These pressures contributed to emotional strain and self-doubt.

DISCUSSION

The results show that a dynamic balance between fear and professional development characterizes nursing students' experiences with EINC. Because of the high stakes in the birth area and the fragile condition of newborns, initial nervousness is normal. But with the right direction, practice, and following organized procedures, students develop from uncertainty to proficiency. According to the study, clinical instructors play a crucial part in fostering clinical confidence. In addition to promoting skill development, supportive supervision also builds mental resilience. Additionally, frequent exposure to experiential learning improves self-efficacy and procedural memory

In addition, Nursing Students were scared, nervous, lacks confidence and felt tired. On the contrary, some concepts were taught to them properly and it was easy for them to learn what's being taught. It was also noted that nursing students focused more on following the proposed steps of the process and doing it systematically. The study by Ibrahim et al. (2024) explains that supportive interactions and emotional bonds can help reduce psychological and physiological stress by promoting feelings of comfort and well-being. In the context of neonatal care, nursing students who care for fragile newborn babies may experience emotional strain, and developing supportive connections with mentors, families, and peers can help them manage stress while maintaining compassionate and attentive care for infants (Ibrahim et al., 2024).

In performing Essential Immediate Newborn Care (EINC), Nursing Students were scared, nervous, lacks confidence and felt

tired. On the contrary, some concepts were taught to them properly and it was easy for them to learn what's being taught. It was also noted that nursing students focused more on following the proposed steps of the process and doing it systematically. Lack of skills, practice, knowledge in general and specifically in taking anthropometric measures were the challenges faced by nursing students. It was also noted that student nurses fear mishandling the baby and committing mistakes, especially when injecting the baby. In some cases, student nurses tend to forget the basic steps in doing the EINC procedure. For them, it was also hard to reach the Clinical Instructor's standards. The fragility of the babies was also a challenging factor and as well as the presence of the hospital staff while doing the procedure.

Following DOH regulations like Unang Yakap provides a reassuring framework that encourages methodical care delivery and lessens performance anxiety. Complex operations are made clearer and less cognitively taxing by structured protocols. Overall, the findings suggest that while performing EINC is emotionally demanding, it is also a transformative experience that contributes significantly to professional identity formation. With adequate preparation and supportive mentorship, nursing students evolve from apprehensive novices into confident and competent practitioners.

Table 1. Thematic Analysis of the Respondents Experiences

Initial Codes (Verbatim-Based Meaning Units)	Categories	Themes
"Beautiful experience"	Emotional Satisfaction	The Fulfilled Student Nurse
"Very fulfilling"	Sense of Accomplishment	
"Happy when procedure went well"	Successful Task Completion	
"Satisfied seeing mother and baby bonding"	Positive Maternal–Newborn Outcome	
"Good CI guided me properly"	Supportive Supervision	
"Enjoyable and easy to learn"	Positive Learning Experience	The Happy Student Nurse
"Confident because I was taught first"	Adequate Preparation	
"Proper demonstration before actual performance"	Structured Teaching	
"Hard to remember the sequence"	Procedural Difficulty	The Better Student Nurse
"Improved after several exposures"	Skill Development Through Repetition	
"Gained confidence over time"	Growing Self-Efficacy	
"First experience was difficult"	Initial Adjustment Phase	
"Followed step-by-step procedure"	Protocol Compliance	The Compliant Student Nurse
"Immediate drying and skin-to-skin contact"	Knowledge of Core EINC Steps	
"Delayed cord clamping"	Evidence-Based Practice Adherence	
"Initiation of breastfeeding"	Standardized DOH Implementation	
"Strictly followed Unang Yakap"	Guideline Adherence	
"Scared to handle the baby"	Fear of Harming Newborn	The Apprehensive Student Nurse
"Hands were trembling"	Performance Anxiety	
"Nervous during injection"	Procedure-Related Anxiety	
"Lack of confidence"	Self-Doubt	
"Pressure from CI and staff"	Environmental Stress	
"Difficulty taking anthropometric measurements"	Technical Insecurity	

CONCLUSION

This phenomenological study looked into nursing students' real-life experiences providing Essential Immediate Newborn Care (EINC) in the Delivery Room (DR) and determined the variables affecting their competence, confidence, and anxiety when carrying out DOH guidelines like Unang Yakap. The results showed that anxiety and professional fulfillment interact dynamically in nursing students' experiences. With repeated exposure and guided supervision, many participants' initial feelings of fear, anxiety, and self-doubt—especially when handling fragile newborns, administering injections, or being watched by Clinical Instructors—gradually transformed into confidence and competence.

Five major themes emerged: **The Fulfilled Student Nurse, The Happy Student Nurse, The Better Student Nurse, The Compliant Student Nurse, and The Apprehensive Student Nurse.** These themes collectively illustrate the developmental trajectory of student nurses in the delivery room setting—from anxiety and uncertainty to professional growth and procedural mastery.

The study also found that excellent clinical training, constant clinical exposure, sufficient preparation, organized adherence to DOH standards, and environmental and emotional pressures are important determinants of students' experiences. Supportive Clinical Instructors and methodical, step-by-step instructions were shown to be the most effective in minimizing anxiety and improving competency. On the other hand, experience, fear of injuring the baby, and performance pressure increased anxiety.

All things considered, EINC is a transforming professional and emotionally stressful experience. Nursing students acquire technical skills, professional confidence, and identity through appropriate mentoring, organized preparation, and ongoing exposure. The results highlight how crucial supportive clinical settings are in developing capable and resilient future nurses.

RECOMMENDATIONS

Various recommendations are made to improve nursing students' learning opportunities and proficiency in providing Essential Immediate Newborn Care (EINC) based on the study's findings. Pre-clinical simulations of EINC procedures should be strengthened by nursing schools so that students can rehearse in an atmosphere of safety before being exposed to real-world delivery room situations. To ensure correct procedural awareness and compliance, the program should have competency assessments, structured return demonstrations, and consistency with Department of Health requirements, such as Unang Yakap. Reflective debriefing sessions following clinical exposure can also aid students in managing their emotional stress and anxiety, which promotes professional development.

Clinical instructors are essential in helping students develop their competence and self-confidence. Particularly during first EINC exposures, instructors should offer hands-on, supportive supervision along with constructive criticism that inspires rather than deters. Independence and self-efficacy must be fostered by gradually increasing student autonomy as competence grows. In order to reduce the anxiety brought on by performance pressure, hospital administrations should make sure that the delivery room offers a safe, encouraging, and collaborative learning environment for professional nurses and student nurses. To give consistent guidance and support best practices, strict adherence to established EINC norms should be followed.

Comparative studies between various clinical settings are recommended for future research in order to explore differences in student experiences. It would be beneficial for nursing education to look at the long-term effects of early delivery room exposure on newly licensed nurses' professional confidence as well as the efficacy of intervention-based techniques for anxiety reduction. All things considered, strengthening mentorship programs, providing chances for practical learning, and adhering to evidence-based practices would help student nurses become more technically proficient and emotionally resilient, thereby equipping them to provide high-quality care in actual healthcare settings.

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