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A STUDY OF PHYSICIAN'S EXPECTATIONS OF NURSES FOR
HEALTH TEACHING AND GUIDING PARENTS AND CHILDREN

by

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ABSTRACT

Information was sought which might provide guidelines for the nurse to fulfill her role of health teacher and counselor and to improve nurse education in health teaching and guidance of parent and child.

Twenty-three physicians from three cities were interviewed to determine physician's expectations of nurses for health teaching and guidance of parent and child. Twelve general practitioners and eleven pediatricians were asked to consider nine questions concerning aspects of health where nurses might function as a teacher or counselor.

No differences in expectations were apparent between general practitioners and pediatricians in this small sample. Community nurses (Public Health, Well-child Clinic, and School) were mentioned more often than the Office Nurses and Hospital Nurses (Obstetric, Pediatric, and Nursery) as having a role in teaching and guidance.

Physicians generally believed nurses should be involved in counseling and teaching but expressed more doubts as to the nurses' capabilities regarding those subjects where information was more tentative and required consideration of individual patient differences. They were willing to delegate the responsibility to nurses where information was more routine, static, and no judgements were required.

CHAPTER I

INTRODUCTION

For several years there has been much discussion concerning the health status of the people of the United States. Much of the consideration is centered around the availability of health manpower such as physicians and nurses. Along with the increasing demand for family health care is a decreasing number of general practitioners to meet these demands.¹ Attention has thus been given to the optimum utilization of available health workers. The nurse as a health worker should be very much involved in health teaching and guidance.

The teaching function is one of the activities that the nurse performs in order to accomplish the fundamental purpose of nursing - the promotion of health. Whether the nurse works in the hospital, the home, the doctor's office, or a health service, the goal of nursing is to provide the comprehensive care that will improve and maintain the best health standards possible for the people of our society.²

Nurses graduating within the last few years have been provided with the necessary background for this teaching function.³ With experience, cultivation of skills, and co-ordination with the physician, nurses could assume much of this responsibility. Physicians could then be

¹ J. F. Mc Creary, "The Future of the Teaching Hospital", World Hospital, IV (January, 1968). pp.23-26.

² Margaret Pohl, The Teaching Function of the Nursing Practitioner, (Dubuque: Wm. C. Brown Company, 1968), p. 1.

³ Joseph Stokes, "Physician's Assistants", American Journal of Nursing, LXVII (July 1967), p. 1442.

freed from a large portion of their obligation and thus utilize their time and energy on those activities which are exclusively the function of the physician such as diagnosis and therapy. More health care could then be provided to the public.

The physician may deem the nurse in her various positions as being less capable and responsible for health teaching and guidance than may actually be so. Some doctors seem to feel they are the only ones sufficiently prepared to provide health information and to counsel with the parent and child. Physicians may think that the nurse has not been adequately prepared. Also physicians may tend to enhance these limitations for nurses by not delegating more responsibility. The busy nurse has many demanding and perhaps more immediate obligations to fulfill, she may willingly relinquish the teaching and guidance function. Knowledge, abilities, and skills for health teaching and guidance tend to be lost when not cultivated. Whoever assumes the teaching and guidance function must keep abreast of current literature and trends, and must develop appropriate and therapeutic interpersonal relationships. The nurse may have overlooked this responsibility.

Communication has also been a hindrance to progress. Nurses have not been able to interpret their teaching roll to physicians. Physicians, in turn, may have assumed nurses lack abilities and thus have not given the nurse opportunity to develop her full potential as a teacher and counselor. If nurses are given more responsibility along with guidance from the physician and nurses are expected to keep abreast

of current health literature and trends, they can assume a much greater role for health teaching and guidance of parent and child. More effective services can be offered when nurses and doctors share the responsibility and each knows and accepts the others functions and goals. Shared responsibility would represent a large step toward better health for the nation.

The author became interested in identifying what individual physicians expect of nurses for guidance and teaching. Another area of interest was whether or not differences in expectations existed between general practitioners and pediatricians. If these differences did exist, what were the nature and implications of these. Would there be enough commonalities among them to provide a basis for teaching? If such commonalities did exist, these may be used as a basis for improved teaching methods and content for the student nurse. Means may be found to aid the student in realizing her full potential in teaching and guidance as a registered nurse.

Statement of the Problem.

To determine what physicians perceive as the role of doctors and nurses in health teaching and guidance of parent and child.

Purpose of the Study.

1. To gain information which will assist the nurse to maintain and to fulfill the role of health teacher and counselor and 2. To improve nurse education in health teaching and guidance of parent and child.

Methodology.

A descriptive study was used. A survey of physicians was done by the interview technique. In order to obtain an adequate population of physicians, an equal number of general practitioners and pediatricians were chosen from three different cities. A questionnaire was devised consisting of nine questions concerning various aspects of health teaching and guidance of parent and child. Altogether there were twenty-three physicians interviewed. Each question was concerned with whether or not the physician believed this aspect of teaching was to be the sole responsibility of the physician or if the nurse should assume some responsibility and, if so, the nurse in which nursing category.

Assumptions.

Physicians will verbalize their ideas in the interview situation.

The interviewer is able to interpret physician responses.

The physician will be able to generalize his responses to any one question.

More health teaching and guidance is necessary than is presently being done.

Anticipatory guidance is of value in an individual's learning.

Limitations.

Conclusions from the study may allow limited application of findings due to the number of population and the limited area considered. The three population areas were small cities in, essentially rural areas,

located in the north-western area of the United States. The study was limited in its reference to the selected nursing roles of the Office Nurse, the Hospital Nurse which included the Pediatric, Obstetric, and Nursery Nurse; and the Community Nurse which included the Public Health Nurse, Well-Child Clinic Nurse and School Nurse. In an effort to make the questionnaire inclusive but brief, the questions became broad enough that it was possible for the physician to assume a point of reference which would not parallel his views on other referents of the question. Examples were supplied in certain questions to help limit this problem. However, it is believed the initial responses to the questions may more likely represent those areas in which the physician has more definite ideas. Physicians may have needed more time to consider the questions for their responses to reflect their thinking adequately. Many times it was obvious to the interviewer that the physician was busy and had limited time to devote to the interview. The time limitation extended further to that allowed the interviewer for thought, discussion, and recording. Certain limitations are bound to exist because of differing points of reference between interviewer and interviewee. Some of this problem was eliminated when interviews were taped.

Another factor to consider is the confusion which may exist between the physicians actual expectations and his ideal expectations. A pilot study indicated that generally physicians did not take time to delineate which nurse or nurses would be primarily responsible.

Definition of Terms.

Health teaching and guidance: effecting change in performance by imparting information and directing activity toward the attainment of higher levels of mental and physical health as determined by standards of health and needs and wishes of the patient. This includes counseling as defined below.

Health: a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.

Nurse: the professional registered nurse as defined by the Nurse Practice Act.

Role: the functions of an individual.

Counseling: a learning oriented process carried on in a one to one relationship where the nurse seeks to assist the patient to become a happier and more productive member of society. This is accomplished by methods appropriate to the latter's needs and within the context of the total situation whereby the patient learns more about himself and how to put understanding into effect in relation to more clearly perceived and realistically defined goals.⁴

This study will examine the responses of twenty-three physicians to the nine questions relating to health. Each question will be considered individually. It will be noted if trends and consistencies of nurse

⁴ John F. McGowan and Lyle D. Schmidt (eds.), Counseling: Readings In Theory and Practice (New York: Holt, Rinehart and Winston, Inc., 1966), p. 3.

involvement exist in the responses to each health question. Responses will be examined for differences between general practitioners and pediatricians. If consistencies exist, implications may be elicited to aid in preparing student nurses to assume their role in health teaching and in the guidance of parents and children.

CHAPTER II

REVIEW OF LITERATURE

The literature was examined to determine what information was available which would cast light on physician's views of sharing responsibility with nurses. Information regarding the teaching and guidance of patients was especially sought. Apparently, there is an extremely small amount of literature pertaining directly to physicians expectations of nurses for health teaching and guidance. The only articles directly pertaining to this subject were found to be related to the program for pediatric nurse practitioners established at the University of Colorado under Dr. Henry K. Silver and Dr. Lorretta Ford.

Much of the literature examined will be aimed at establishing a need for health teaching and guidance; defining nursing and it's responsibility in health education; the need for nurses in this role; trends in nursing; and characteristics of nursing education for preparing nurses to assume this role.

A need for more health knowledge and guidance toward better health of the American population has been well documented in the literature. Dr. William H. Stewart, Chief of the U.S. Public Health Service states, "It is obvious that without physicians, dentists, nurses and many others there is no health service. Health service is a personal service, between one person and another. Today we are faced with a shortage in health manpower at a time for increasing demand for health service".⁵

⁵ "The Surgeon General Looks at Nursing", American Journal of Nursing, LXVII (January 1967) 64, citing a discussion with Dr. William Stewart.

Scientific research has allowed us to make great strides toward eliminating many diseases and infirmities. Diseases which were once a threat are now markedly decreased if not eliminated. Results of studies, however, reveal levels of health far below that which could be obtained in light of today's scientific advances. Anderson in her article on child health gathers statistics which reveal the prevalence of psychiatric and emotional disorders, the persistence of correctible physical defects, the poor immunization status of numerous children, and the existence of diseases amenable to treatment.⁶ Some of this situation may be attributable to lack of services. Much can be attributed to lack of knowledge of what can be done and where money and services can be obtained. Nurses are in strategic situations to provide this information to people. However, the emphasis in nursing action needs to be aimed predominately at prevention rather than cure. Health teaching and guidance is primarily a preventive approach. The following quotation illustrates this well:

.....the fruits of research need to be made available in a comprehensive language for each and every individual. Education must be used as a vital and constructive force for promotion, protection, and conservation of our human resources. Otherwise, the nations health goals will remain forever disease and problem oriented, therapeutic and remedial, with each succeeding generation as a new target for controlling old and emerging health problems, the result

⁶ Edith H. Anderson, "Commitment to Child Health", American Journal of Nursing, LXVII (October 1967) 2076-2078.

is a vicious cycle. The approach is analogous to the flooded basement where everyone is mopping up the water, but no one stops to turn off the faucet.⁷

The most basic approach toward the elimination of this vicious cycle and promoting high-level wellness is the education of the child and his parent. As Goethe said, "Little can be accomplished for the grownup, the intelligent man begins with the child."⁸ Lemual Shattuck in the Shattuck Report states:

Every child should be taught early in life, that to preserve his own life and his own health and the lives and health of others, is one of the most important and constantly abiding duties. By obeying certain laws, or performing certain acts, his life and health may be preserved; by disobedience, or performing certain other acts, they will both be destroyed. By knowing and avoiding the causes of death, disease itself will be avoided, and he may enjoy health and live; by ignorance of these causes and exposure to them, he may contract disease, ruin his health, and die. Everything connected with wealth, happiness and long life depend upon health; and even the great duties of morals and religion are performed more acceptably in a healthy than in a sickly condition.⁹

The earliest teacher of the child is his parent. The parents influence on the child is great. McCafferty states it this way: "Child development theories have re-emphasized the responsibility of the

⁷ Forest E. Conner, "Focus on Health", The Journal of School Health, XXXVII (January 1967), 2.

⁸ Forest E. Conner, "Focus on Health", The Journal of School Health, XXXVII (January 1967), p. 2 citing Goethe.

⁹ Warren H. Southworth, "Health Education from Kindergarten Through College", The Journal of School Health, XXXVIII (April 1968) p. 195, citing The Shattuck Report.

parents, and it has become accepted as an almost indisputable scientific fact that parents are one of the most potent influences on their children".¹⁰ Parents, therefore, need to be directed in helping their child in the desire for and the attainment of optimum health. Perhaps great advances will not be made in changing the behavior of parents, but over a period certain gains will be accrued.

Nurses have long assumed the role of health teacher to a greater or lesser degree. "Many nurses are relied upon for counseling patients and families, and for giving them emotional support".¹¹ Florence Nightengale has said, "I am waiting impatiently for the day when nurses will be asked not only to care for the patient but to help healthy men to maintain their health. It is the duty of a nurse of our generation to teach people how to live healthily".¹² Today, Dr. Lambertson defines nursing as "a dynamic, therapeutic, and educative process in meeting the health needs of society".¹³

However, even though the education of the patient is an accepted function of the nurse as a part of comprehensive patient-centered care,

¹⁰ Margo S. McCafferty, "An Approach to Parent Education", Nursing Forum, VI (January 1967), 80.

¹¹ Rozella Schlotfeldt, "A Mandate For Nurses and Physicians", American Journal of Nursing, LXV (December 1965), 104.

¹² Anita Marin, "The Role of the Nurse in the Total Health Programme", International Nursing Review, IV (October 1957), p. 35, citing Florence Nightengale.

¹³ Eleanor C. Lambertson, "Nurses Must be Teachers and Must Know These Principles", Modern Hospital, CX (February 1968), 126.

it is far from being ideal. Certain trends in nursing as well as the quality of nurse preparation has limited the nurse in this role.

That patient and family teaching is one of the important functions of the professional nurse is now an accepted point of view. The expectation is that a nurse can and will function as a health teacher, but there seem to be few planned experiences in the basic preparation of a nurse to help her to develop the necessary skill for carrying out this function.¹⁴

Too little emphasis is given in nursing curricula to adequately prepare nurses to function capably and with confidence in judging levels of wellness so that appropriate nursing action may be taken toward health oriented goals.¹⁵ Dr. Lambertson states "nurses have devoted relatively little attention to health promotion, prevention of illness, and rehabilitation and these areas depend upon nurses competence in the educative process".¹⁶ However, it is pointed out by Ruth Taylor that our nursing students are being taught how to observe, interview, and listen to patients. They learn how to interpret social behavior and to interview for relief of stressful situations. Students are learning how to use themselves effectively.¹⁷ McCafferty in her article on an

¹⁴ Margaret G. Phillips and Beverly P. Weiss, "Preparing Student Nurses As Health Teachers," The Journal of Nursing Education, VI (January 1967), 35.

¹⁵ Loretta Ford and Henry K. Silver, "The Expanded Role of the Nurse in Child Care", Nursing Outlook, XV (September 1967), 45.

¹⁶ Lambertson, op. cit.

¹⁷ Ruth G. Taylor, "Meeting the Needs for Nursing Service", Maternal Health Nursing (Dubuque, Iowa: Wm. C. Brown Company, Inc., 1967), 29.

approach to parent education states that

the educational techniques available to her [the nurse] for the dissemination of child rearing information are those related with direct communication with individual parents, families, and groups of parents. To apply these direct communication techniques to these audiences, the nurse must possess some knowledge of the teaching-learning process, of human behavior of cultural norms and values, of family structure and function, and of group process. A cursory review of nursing literature and educational curriculum for professional nursing indicate that today's graduate has a basic understanding of these areas of knowledge. Additional education may, of course, be necessary.¹⁸

That the background of nursing is adequate for assuming the role of providing health guidance and instruction is supported by a statement by Schlotfeldt: "Recognition of the need for liberally educated persons in nursing is encouraging the development of a few undergraduate programs based upon or including substantially increased study in the basic fields of human knowledge".¹⁹

A trend in nursing was pointed out by Silver et al. which has limited the nurses participation in the counseling and teaching of patients.

An assessment of the present and future roles of the nurse indicates that even though educational programs in nursing may stress comprehensive patient centered nursing care, a critical appraisal of actual practice indicates

¹⁸ McCafferty, op. cit., p. 82.

¹⁹ Rozella Schlotfeldt, "A Mandate for Nurses and Physicians", American Journal of Nursing, LXV (December 1965) 104.

that much of the care is not given by the professional nurse but is, instead, delegated to others, thus leaving the professional nurse mainly with administrative and technical functions and depriving her of the opportunity of fulfilling the comprehensive and independent nursing role of which she is capable.²⁰

Gradually, steps are being taken to facilitate the return of the nurse to nursing activities. The utilization of the manager plan, data processing, automation, and use of allied health workers may all be effective in relieving the nurse of routine administrative and technical functions.

The rapidly expanding field of knowledge in medicine and health care predispose to another trend which is the specialization of nursing.²¹ Teaching and guidance in the maternal-child health area may represent an evolving area of specialization. Because the area is interdisciplinary and depends on the behavioral sciences for its methodology, it may be necessary for the nurse to keep up with the current research in psychology, social anthropology, and sociology.²²

That nurses learn how to teach and counsel patients and that they use their knowledge and skills for this function is vital. The need

²⁰ Henry K. Silver, and Loretta Ford, "The Pediatric Nurse-practitioner", Journal of American Medical Association, CCIV (April 1968) 298.

²¹ Schlotfeldt, loc. cit.

²² Elena M. Sliepcevich and William H. Creswell, "A Conceptual Approach to Health Education: Implications for Nutrition Education", American Journal of Public Health, LVIII (April 1968), 684.

for nurses to do health teaching and guidance is essential since the needs of society are great and there are not enough physicians to accomplish this. Yankauer in his article on allied health workers in pediatrics states: "Changes in the way the pediatrician relates to his practice and greater utilization of allied health workers are inevitable in the face of growing demands".²³ Consideration needs to be given to a shift in the responsibilities of doctors and nurses. Various studies have shown that 50 per cent of a pediatrician's time is spent on care of the well child.²⁴ Much of this could be shifted to the nurse. The nurse in turn could relinquish the more routine, administrative and non-professional activities. The result would be better utilization of health personnel for better health care. This would require that medicine and nursing work together to re-define their roles. If solutions are to be found for the questions remaining unanswered in health care, "nursing and medicine must join forces, and combine their efforts to resolve the problems of current and future child health needs, supply the necessary leadership in meeting these needs, and delineate the new roles each has to offer."²⁵ However, Schlotfeldt

²³ Alfred Yankauer, "Allied Health Workers in Pediatrics", Pediatrics, (June 1968), pp. 1031-1032.

²⁴ Henry K. Silver and Loretta Ford, "The Pediatric Nurse Practitioner at Colorado", American Journal of Nursing, LXVII (July 1967), 1444.

²⁵ Ford and Silver, op. cit., p. 44.

adds, "Regrettably, in recent years there has been too little collaborative action between physicians and nurses who, if they could work effectively in concert would be able to improve the health status of all people substantially".²⁶

The emergence of the program for pediatric nurse practitioners has provided a major step in collaborative action toward filling a gap in health service and defining roles of nurse and physician. It is hoped that the gap can be narrowed a little further by determining physician's expectations of nurses for health teaching and guidance as proposed in this study. The results may help nurses to be better prepared in basic programs to assume a responsibility to the parent and his child for promoting better health through teaching and guidance. It is also hoped that the study will stimulate doctors and nurses to reconsider the nurses' function in this area and thus promote better utilization of nurses for better health.

²⁶ Schlotfeldt, op. cit., p. 102.

CHAPTER III

METHODOLOGY

This study stemmed from the author's involvement in teaching student nurses to teach and help patients and their families on the pediatric hospital ward. Evidence indicated that as a nurse instructor, the author had more and differing expectations of nursing students for teaching individual patients than the patient's physician. In order that an approach to teaching students their role of patient teacher and counselor guidelines were needed which would be agreeable to both physicians and nurse educators. A step in establishing these guidelines lay in determining physician's expectations of nurses for teaching and guidance. The topic was narrowed to aspects of health teaching as opposed to teaching and counseling in various disease processes. Thus, the author's approach became a determination of whether or not commonalities existed among physicians (Pediatrician's and General Practitioners) expectations of nurses' responsibilities for health teaching and guidance. The presence or lack of such commonalities should help to establish guidelines for improved teaching of nursing students and improved functioning of the graduate nurse.

Generally, the physician's time has seemed limited. The obtaining of data seemed more assured through a scheduled interview session than the completion and return of a written questionnaire. Therefore, the interview was chosen as the method for obtaining the data. This approach of personal confrontation was also preferred to allow the author more

opportunity to gain additional insight into the physician's views and attitudes relating directly or indirectly to patient care and teaching. Some of the interviews were taped. Others were taken free-hand by the interviewer.

In order to acquire an adequate number of physicians from whom data could be obtained, three cities were chosen. An attempt was made to acquire an equal number of pediatricians and general practitioners in order that a comparison could be made between the views of each group. One pediatrician and one general practitioner interview was obtained from City A. Six pediatrician interviews and seven general practitioner interviews were obtained from City B. Four pediatrician interviews and four general practitioners were obtained from City C. These cities were chosen because of their proximity and availability to the author. All three cities were located in the northwestern area of the United States. City A had an approximate population of 18,391; City B had an approximate population of 94,297; and City C had a population of 75,194. In all three cities the Public Health Nurse functioned as the school nurse. In City B the Public Health Nurse also functioned as the Well Child Clinic Nurse. No Well Child Clinics were held in City A and City C.

All available pediatricians (eleven) in the three cities consented to take part in the study. There were more general practitioners available than were needed to match the number of pediatricians. Twelve general practitioners were randomly selected from a list of those known

to have practices which included the care of children. (An extra general practitioner interview was obtained in anticipation of acquiring an additional interview from a pediatrician.)

A questionnaire was devised which consisted of nine questions relating to health. Each question represented an area in the life of the parent and/or child whose maintenance or achievement would result in a higher level of health for the individual. Each area of health was deemed as being one which could be promoted by teaching and counseling when indicated. Topics considered in the nine questions included anticipatory guidance for growth and development, child rearing practices, infant care, daily health habits, immunizations, dental hygiene, sex education, family planning, counseling, and making referrals. The physicians were asked to consider the following individuals or categories of nurses in determining responsibility for teaching and guidance in selected health areas: A. Physician; B. Community Nurses (Public Health, School, and Well-child Clinic; C. Hospital Nurses (Pediatric, Nursery, and Obstetric); D. Office Nurse.

A pilot study was done to assist in the formulation of the problem and to test the feasibility of the study. Two physicians were chosen from City A. Each was interviewed on the basis of the questionnaire described. Upon completion of the pilot study, the suggested outline was adopted for the major study. The questionnaire as proposed was also used. Responses of physicians interviewed in the pilot study were tabulated in

the data of the major study.

CHAPTER IV

TABULATION OF DATA

Data was collected to determine physician's expectations of nurses for health teaching and guidance of parent and child. Eleven pediatricians and twelve general practitioners, a total of twenty-three physicians were interviewed. Each physician was asked nine questions. Each question concerned some aspect of health teaching and guidance which were to be considered as a function of the doctor, the nurse, or both. Each physician was asked to consider the following individuals or categories of nurses in determining responsibility for teaching and guidance:

A. Physician; B. Community Nurses; C. Hospital Nurses; D. Office Nurse.

Although physicians were asked to consider these categories just described, they included other professional and non-professional people who they thought should share or have exclusive responsibility for the teaching and guidance of parents and children. This type of response was especially true for questions one and two, perhaps partially due to the phrasing of the questions. These questions concerned anticipatory guidance for growth and development and child-rearing practices.

The tabulation of responses included the following: nurse responsibility without stipulations; complete exclusion of nurse responsibility; nurse responsibility with stipulation; stipulations; pertinent remarks; other individuals with responsibility; and categories of nurses specifically included or excluded.

More than twenty-three responses, the total number of interviews were tabulated in some of the questions. An individual respondent sometimes included more than one individual or group to which responsibility was delegated. A single response sometimes included more than one stipulation. Each respondent did not consider each of the nurse categories individually. When one category of nurse was specifically mentioned, it was noted. When the respondent spoke of the nurse in general terms, this was interpreted as meaning all categories of nurses.

Numbers following statements of findings and qualifications indicate the division of pediatrician and general practitioner responses. In each case, the first number refers to the pediatricians and the second to general practitioners.

The terms physician, doctor, and respondent are used synonymously to refer to the physician interviewed.

Question #1. - Who do you think should be responsible for anticipatory guidance for growth and development?

Six respondents gave nurses responsibility without any stipulations.

(2 pediatricians - 4 general practitioners)

Five respondents excluded nurse responsibility. (3 pediatricians - 2 general practitioners)

Three believed this to be primarily a physician's responsibility. (2-1)

One physician said neither physicians nor nurses were

responsible. (0-1)

One believed information should come from within the family.

(0-1)

Three suggested the responsibility of other professional health workers such as the psychologist and the social worker. (2-1)

Two referred to the use of non-professional health workers such as aids and a mother in this responsibility. (2-0)

Eighteen of the twenty-three physicians believed nurses had responsibility for anticipatory guidance in growth and development. (9-9)

The following stipulations were applied to the eighteen responses:

Five - with training and direction from the physician. (3-2)

Two - if the nurse knows. (1-1)

Two - if the patient had no physician. (1-1)

One - restricted to routine matters. (1-0)

A pertinent comment: One physician believed that doctors and nurses could provide better information on the basis of their parental background rather than professional. (0-1)

Specific categories of nurses mentioned:

Nine - Community Nurse (4-5)

Six - Office Nurse (3-3)

Five - Hospital nurses specifically excluded. Explanations to support this were that the parent and child were not receptive to teaching and guidance at this time and hospital nurses were too busy. (2-3)

Question #2. - Who do you believe should be responsible for providing parent guidance in child-rearing practices? e.g., discipline, approach to toilet training, feeding, and provision of learning opportunities.

Seven respondents gave nurses responsibility without any stipulations. (1-6)

Three physicians excluded nurse responsibility. (2-1)

Two indicated the exclusive responsibility of the physician. (2-0)

One thought neither physician or nurse was responsible. (0-1)

Four respondents indicated other professional health workers such as the psychologist and social worker as having a responsibility. (3-1)

One general practitioner mentioned a responsibility of philosophers and theologians. (0-1)

One pediatrician thought a responsibility could lie with non-professional health workers, e.g., nurse aides. (1-0)

Nineteen of the twenty-three respondents believed that nurses have some responsibility for providing parent guidance in child-rearing practices. (9-10) The following stipulations were applied to the nineteen responses:

Four - with training and direction from the physician. (3-1)

Four - additional formal preparation needed for nurses. (4-0)

One - if the patient had no physician. (1-0)

Two - if the nurse knew. (1-1)

One - if the nurse is consulted. (0-1)

One - restricted to routine matters. (0-1)

Other pertinent comments and suggestions offered by physicians were:

Two physicians thought the physician would be more effectual because he is an authority figure. (2-0)

Three physicians believed that nurses should present the alternatives to the patient and allow the patient to make his own choices. The nurse should not impose her ideas. (1-2)

Two respondents thought studies on child-rearing practices have not provided adequate guidelines for nurses and physicians. (1-1)

One physician thought doctors and nurses could provide better information on the basis of their parental background than their professional.

Specific categories of nurses mentioned:

Six - Community Nurse (2-4)

Four - Office Nurse (2-2)

Two - Hospital nurses specifically excluded. The explanations to support this were the same as in Question #1.

The parent and child were not receptive to teaching and guidance at this time, and hospital nurses were too busy.

Question #3. - To what extent do you think nurses should be involved in teaching mothers infant care? e.g., bathing and techniques of feeding.

All twenty-three physicians thought nurses should have a responsibility for teaching mothers infant care.

The following stipulation was made from the twenty-three responses.

Three - if the nurse knows.

Specific categories of nurses mentioned:

Nine - Community Nurse (4-5)

Three - Office Nurse (2-1)

Ten - Hospital Nurse (6-4)

This question received the greatest endorsement as a nursing responsibility. Responses were expressed in more emphatic terms. Comments were made which indicated that physicians recognized nurses as being active in this area; that they were doing a good job; and that physicians were depending upon them. Fewer stipulations were applied.

Comments:

One thought nurses were the "ideal" one to do this. They had the sympathy and empathy necessary to communicate with women.
(0-1)

Two believed nurses should assume total responsibility.

Physicians were too busy. (2-0)

Question #4. - To what extent do you think nurses are responsible in teaching daily health habits? e.g., nutrition; use of alcohol, tobacco, drugs; and exercise.

All physicians thought nurses should have a responsibility for

teaching daily health habits.

The following stipulations were made with the affirmative response.

Two - the physician would be more effectual because he is an authority figure. (1-1)

One - the nurse is restricted to providing routine information.

One - additional preparation needed for nurses. (1-0)

One - if the patient had no physician. (1-0)

Other pertinent comments offered by the physicians were:

Five thought both doctors and nurses must "practice what they preach" if they are to be effective health teachers. (3-2)

Four believed that there are many indefinite and controversial issues contained in the examples given regarding daily health habits. It is important for the health teacher to provide current and factual information. (2-2)

Specific categories of nurses mentioned:

Eight - Community Nurse

Two - Hospital Nurse

Zero - Office Nurse

Question #5. - To what extent do you think nurses should recommend "appropriate" immunizations? (The word appropriate is in quotes because it was the writer's belief that there was a lack of agreement among physicians on this.)

All physicians believed nurses should recommend appropriate immuni-

zations.

Four physician responses suggested that differences of opinion did exist among doctors as to what immunizations should be recommended. (1-3)

Six physician responses specifically indicated that appropriate guidelines were available to the nurse so that she would not need to present information conflicting with physician's views. Guidelines mentioned were the American Academy of Pediatrics and the United States Public Health Service. (2-4)

All responses to this question used the term "nurse" which was interpreted as meaning all nurses. There were no references to specific categories of nurses.

Question #6. - Do you think nurses should provide information on dental hygiene? e.g., technique of brushing teeth; age to first consult dentist; and need for fluoride applications, etc.

Two pediatricians believed nurses had no responsibility relating to dental hygiene. One explained nurses had better things to do. The other said this was the responsibility of the dentist or dental hygienist. (2-0)

Twenty-one of the twenty-three physicians believed nurses should provide information on dental hygiene. (9-12) The following stipulation and comment were deemed significant:

Three - if the nurse knows. (0-3)

Six physicians commented that there would be need for nurses to first consult with the dentist or dental hygienist before providing information. (3-3)

The only category of nurse mentioned:

Three - Community Nurse (2-1)

Question #7. - Do you think any of the nurses should be responsible for sex education? Family planning?

Responses concerning sex education were tabulated first. Three physicians did not respond to this part of the question. (1-2) Certain responses contained more than one individual or group to which responsibility was delegated and more than one qualification.

One pediatrician expressed that no responsibility should be carried by the nurse. (1-0)

One pediatrician believed doctors and educators to be primarily responsible. (1-0)

Two physicians mentioned this as primarily a physician's responsibility. (2-0)

Five physicians referred to the prominent role of parent and family in providing sex education. (1-4)

Eighteen of the twenty respondents gave nurses some responsibility.

(8-10) The following stipulations were included:

Two - if the nurse is consulted. (0-2)

Two - restricted to the presentation of the physical facts. (1-1)

Two - additional preparation needed for nurses. (2-0)

A significant comment:

Five thought that nurses should avoid interfering with religious and moral beliefs. (3-2)

Specific categories of nurses mentioned:

Seven - Community Nurse

Zero - Hospital Nurse

Zero - Office Nurse

#7 - Family Planning?

Only fourteen physicians responded to this question. (4-10) Eight of the nine who did not respond were pediatricians. This may be due to the fact that pediatricians do not usually provide family planning service and information to patients.

One physician believed family planning to be the priority of the physician. (1-0)

Thirteen physicians thought nurses shared responsibility in helping with family planning. (3-10) Stipulations and other significant responses:

One - if the nurse is consulted. (0-1)

Four physicians thought that the nurse should refer the patient to a physician for specific methods of family planning. (1-3)

Two physicians mentioned that the nurse should present the various methods and allow the patient to make her own choices.

The nurse should not impose her ideas. (0-2)

Specific categories of nurses mentioned:

Three - Community Nurse

Zero - Hospital Nurse

Zero - Office Nurse

Question #8. - Do you think that nurses should be involved in counseling of parent and child? e.g., for the purpose of improving or maintaining mental health; or facilitating adjustment to stress or chronic illness.

One physician eliminated the nurse in the responsibility for counseling. He believed the doctor, minister, or priest should be the ones to fill this role. (1-0)

Seven physicians gave nurses an endorsement without stipulations in counseling for improving and maintaining mental health.

Twenty-two physicians believed the nurse to have a responsibility in this role of counseling. (10-12) The following stipulations accompanied the twenty-two affirmative answers:

Seven - additional preparation needed by nurses. (3-4)

Four - if the nurse knows. (1-3)

Two - confined to providing information about minor aspects of a chronic disease. (2-0)

Other pertinent comments included:

Four respondents thought the nurse counselor would need to

have a special interest and aptitude for this role. (1-3)

One physician mentioned the need for experience for competent functioning. (0-1)

One physician believed non-directive counseling to be impractical for use by the nurse. (0-1)

Two physicians thought the physician to be more effectual because he is more of an authority figure than the nurse. (2-0)

Specific categories of nurses mentioned:

Four - Community Nurse

One - Hospital Nurse

Zero - Office Nurse

It may be that physicians tended to interpret this question as relating to people with mental illness rather than those who are not considered ill but experiencing emotional problems. The latter was the intent of the author.

Question #9. - Do you feel the nurse should be involved in making referrals to various health facilities? Which nurse?

One physician believed nurses had no role in making referrals. (0-1)

Seven physicians gave unqualified affirmation of the nurses involvement in making referrals. (1-6)

Twenty-two of the physicians believed nurses should have a responsibility in making referrals. (11-11) In the twenty-two affirmative responses, the following stipulations were included:

One - if the patient had no physician. (1-0)

Two - if the nurse knows. (2-0)

One - dependent upon individuals, services, and facilities to which referrals are made. (0-1)

Ten - if there is information and coordination between the referring nurse and the patient's physician.

Other comments included:

Two physicians mentioned nurses as being too eager to make referrals. (1-1)

Two physicians believed physicians often either did not know what facilities were available or overlooked making appropriate referrals. (1-1)

One doctor suggested that nurses should greet newcomers to a city and inform them of available health facilities. (0-1)

Categories of nurses specifically included:

Eight - Community Nurse (4-4)

One - Hospital Nurse (1-0)

Categories of nurses specifically excluded:

Two - Hospital Nurse

One - Office Nurse

No explanations were offered as to why these nurses were excluded.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The purpose of this study was to gain information which would assist the nurse to maintain and fulfill the role of health teacher and counselor; and to improve nurse education in health teaching and guidance of parent and child. To accomplish this purpose, twenty-three physicians (eleven pediatricians and twelve general practitioners) were interviewed to determine their expectations of nurses for teaching and guidance of parents and children. Data was gathered from physicians from three different cities. Each physician was asked nine questions concerning various aspects of health in which nurses might play a role in teaching and counseling. Limiting factors of the study included the number of physicians interviewed, the comprehensiveness of the questions, and the failure to properly define the term nurse when conducting the interview.

In general, physicians, both general practitioners and pediatricians believe nurses do have a function in health teaching and guidance. They believe there is a need for nurses to accept this responsibility in the various aspects of health. Physicians, generally, believe that nurses should function as teachers and counselors but are doubtful of the nurses' knowledge and abilities in this capacity. Responses suggest that the physicians doubt that nurses are able to render independent and considered judgements and provide individualized patient care. Qualifying phrases such as: if the nurse knows; in so far as the nurse knows; if the nurse has additional preparation; and if the nurse has training

and direction from the physician denote the limitations the physician expects of the nurse.

Responses tended to indicate more limitations in nurse responsibility when the subject was less concrete, more controversial, and judgements were required. Questions of this nature concerned anticipatory guidance for growth and development; sex education, and family planning; and counseling of parent and child. Responses of physicians suggested few instances when they depended upon nurses to fulfill teaching and counseling functions in those areas. More responsibility was delegated to the nurse when information was more static, routine, and required fewer decisions. Questions of this nature concerned infant care; health habits; immunizations; and making referrals. Responses to those questions also frequently included comments suggesting nurses use judgement or discretion. Physicians evidently were not aware that these are expected activities of registered nurses and have not encountered nurses who were capable of making such judgements.

Questions regarding teaching mothers infant care and the recommending of appropriate immunizations received endorsement as a nursing responsibility with few stipulations. Responses indicated that these were also where nurses had been assuming an active part.

In many responses, physicians included what information, to whom and under what circumstances, and what knowledge and judgements were required by the nurse. Many responses involved stereotyping by the physician. e.g., parents are more capable in providing sex education to the child.

No marked differences were noted between responses of pediatricians and general practitioners. A larger population may have revealed trends which could be interpreted through statistical analysis.

Community nurses were specified most often by physicians to be the ones responsible for teaching and guidance in seven of the nine questions. The exception to this concerned the question of infant care. Hospital nurses were named most often for this. There were no specific categories of nurses mentioned in the responses concerning immunization.

The author has speculated that doctors have referred to nurses as a general category which would include the nurses aid, the licensed practical nurse as well as the registered nurse. The author intended the questions be considered relative to registered nurses whether Associate Degree, Diploma, or Baccalaureate. Further speculation by the author suggests that physicians are not aware of the background of nurses prepared in each of the aforementioned programs. They may therefore be unaware of the preparation and responsibilities of nurses from the various programs.

Community nurses were mentioned most often as having a function in health teaching and guidance. Those nurses included in this category usually have baccalaureate preparation or special preparation such as a public health certificate. Consequently, the author speculates that physicians are more willing to delegate responsibility to community nurses because of their preparation and capabilities in teaching and

guidance. In contrast, the hospital nurse and office nurse categories could have allowed the physician to refer to "nurses" who were nurse aides, licensed practicals, associate degree nurses, diploma nurses, or baccalaureate nurses.

The pediatric nurse specialist was referred to by five pediatricians. Speculation could include that physicians ascribe to this pediatric nurse practitioner the ability to make judgements which could also be within the scope of the registered nurse who does not have this special preparation.

Recommendations for further study would include a determination of physicians expectations of nurses for health teaching and guidance with the registered nurse clearly defined. Further study should include a determination of physician's awareness of nurse preparation in the three registered nurse programs. A determination of nurses perceptions in health teaching and guidance may provide information helpful in improving this aspect of nurse education.

The results of this study may encourage the working professional nurse to examine and improve her own activities as a teacher and counselor. It may further help nursing educators to provide students with the necessary content for health teaching and guidance of parent and child. It may help the educator aid students in arriving at conclusions based on the total factors impinging on the patient's situation, and to practice her decision-making abilities. Further, the educator may encourage

the student and instill in her the confidence necessary for making such decisions.

APPENDIX

This is a questionnaire to determine the physician's (general practitioner and pediatrician) expectations of nurses in various roles for health teaching and guidance of parents and children. This has been prepared by Nancy Fleming for use in a research study at the Master's level in Maternal-Child Nursing.

The following individuals or groups of individuals are to be considered in determining responsibility for health teaching and guidance of parent and child.

A.	B.	C.	D.
PHYSICIAN	COMMUNITY NURSES	HOSPITAL NURSES	OFFICE NURSE
	Public Health School Well-Child Clinic	Pediatric Nursery Obstetric	

Physicians will be interviewed concerning the following questions:

1. Who do you think should be responsible for anticipatory guidance for growth and development?
2. Who do you believe should be responsible for providing parent guidance in child-rearing practices? e.g., discipline, approach to toilet training, feeding, and provision of learning opportunities.
3. To what extent do you think nurses should be involved in teaching mothers infant care? e.g., bathing and techniques of feeding.
4. To what extent do you think nurses are responsible in teaching daily health habits? e.g., nutrition; use of alcohol, tobacco, drugs; and exercise. Other?
5. To what extent do you think nurses should recommend "appropriate" immunizations?

6. Do you think nurses should provide information on dental hygiene? e.g., technique of brushing teeth; age to first consult dentist; need for fluoride applications, etc.
7. Do you think any of the nurses should be responsible for sex education? Family planning?
8. Do you think that nurses should be involved in counseling of parent and child? e.g., for the purpose of improving or maintaining mental health; or facilitating adjustment to stress or chronic illness.
9. Do you feel the nurse should be involved in making referrals to various health facilities? Which nurse?

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