A SURVEY OF MATERNAL AND CHILD NURSING COURSES IN BACCALAUREATE PROGRAMS OF NURSING

by

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ABSTRACT

The purposes of this study were to determine the nature of maternal and child nursing courses and to survey the opinions of the maternal and child nursing instructors regarding the objectives, advantages and problems in teaching these courses.

The survey was carried out by sending a questionnaire to an instructor in each of the twenty-eight baccalaureate nursing programs in eleven Western States. The data presented in this study were based on the fifteen baccalaureate schools of nursing in nine Western States which offer their basic nursing students a combined course in maternal and child nursing.

The results of the survey indicated that the maternal and child nursing courses were very diverse in nature. Various approaches were used in teaching maternal and child nursing and the maternal and child nursing content was shown to be organized in several different ways.

A high degree of agreement was shown by the maternal and child nursing instructors regarding the importance of certain objectives and advantages in teaching combined courses in maternal and child nursing. Different problems were encountered by instructors in teaching maternal and child nursing. No one problem was common to all maternal and child nursing instructors, nor was any problem considered to be a major or moderate problem by the majority of instructors.

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CHAPTER I

INTRODUCTION

The progress of this nation as a democracy is dependent upon the success of its families. The White House Conference on Children in a Democracy in 1940 affirmed its belief in the fundamental importance of home life by these words: "In spite of the great changes which have occurred in family life, especially in cities, there is still no more far reaching educational institution than the family. It can be a school for democratic life, if we make it so."[1]

Since the strength of our nation is so dependent on the family group and the security of home life, nursing education leaders are becoming increasingly interested in incorporating a study of the family into the nursing curriculum.

It seems logical that the family should be emphasized in the areas of obstetric and pediatric nursing since this is where the nursing student finds the beginning family as well as gross changes in growth and development.[2]

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[1] Children's Bureau, "Children Bear the Promise of a Better World," Defense of Children Series No. 6, United States Department of Labor, (Washington: Government Printing Office, [n. d.])

[2] Martha L. Adams and Mildred Disbrow, "A Method of Teaching Maternal-Child Health Nursing," Nursing Outlook, (July, 1960), p. 390.

The core of the concept of maternal and child nursing is the care of families. The overall goal of both obstetric and pediatric nursing is the restitution and promotion of family health since the basic elements of any family unit are the parents and their children. Through the formulation of a concept of care which combines obstetric and pediatric nursing, members of each field can enrich the total practice of maternal and child nursing by bringing together the best knowledge from both areas.[3]

Tyler states:

> So far as promoting a relationship to life is concerned, the point is frequently made that the kinds of problems encountered in life and the kind of life-like situations in which students might be expected to apply what they have learned in school tend to cut across narrow subject lines, which again argues for the use of broader groupings, like broad fields or core programs, rather than very narrow units, like many specific courses and subjects.[4]

Problem Area

There is a growing concern over the most desirable approach to teaching the nursing of the mother and child as evidenced by the many recent revisions of nursing courses in these areas. In past years, instruction that dealt with the nursing of the mother and child was presented in two separate courses, obstetrical nursing and pediatric

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[3] Sylvia J. Bruce and Elizabeth J. Hall, "Maternity and Pediatric Nurses Study and Work Together," American Journal of Nursing, (March, 1963), p. 105.

[4] Ralph W. Tyler, Basic Principles of Curriculum and Instruction, Syllabus for Education 305, (Chicago: University of Chicago Press, 1950), p. 65.

nursing. They were taught by different nursing instructors specialized in either obstetric or pediatric nursing but not in both. In the early and middle fifties, steps were taken in baccalaureate degree programs to combine pediatric and obstetric nursing into one course. Specialists in these areas realized that a relationship between the two courses existed since a sizable amount of content could be applied to both obstetric and pediatric nursing. Most of this content appeared to center on family relationships.[5]

Since the origin of maternal and child nursing courses, schools of nursing have correlated and combined their maternal and child nursing courses in many different ways. Many values, as well as difficulties, have been indicated in these experimental approaches to the teaching of maternal and child nursing.[6]

The review of literature in chapter two points up many factors which have been influential in creating a need for changes in the nursing curricula. It also indicates many uncertainties regarding the revisions of maternal and child nursing courses.

The writer selected the area of maternal and child nursing education for this study because there is a need for further exploration

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[5] Imogene D. Cahill, "The Teaching of Maternal and Child Nursing: What is Maternal and Child Nursing?" Nursing Outlook, (January, 1962), p. 39.

[6] Ibid.

and evaluation in order to determine the most effective and efficient way of teaching students in this area.

Statement of the Problem

The problem of this study was twofold:

(1) What is the nature of the maternal and child nursing courses in baccalaureate schools of nursing?

(2) What are the opinions of maternal and child nursing instructors regarding the maternal and child nursing courses which they teach in baccalaureate programs of nursing?

Purposes of the Study

The purposes of this study were: (1) to examine the approaches used in teaching maternal and child nursing, (2) to find out how content is organized in maternal and child nursing courses, (3) to determine what objectives are viewed as important by maternal and child nursing instructors, (4) to ascertain what instructors feel are the advantages in teaching courses in maternal and child nursing, and (5) to discover what problems are encountered in the teaching of maternal and child nursing. It is hoped that the information gained will be useful to nursing faculties in planning and revising maternal and child nursing courses.

Procedure

The procedure of this study was, first, to review the related literature to determine what the recent developments are in maternal and child nursing education.

In order to survey the maternal and child nursing courses and the opinions of maternal and child nursing instructors regarding these courses, a questionnaire form (Appendix B.page 39) was constructed and sent to an instructor in each of the twenty-eight schools of nursing offering baccalaureate programs in eleven Western States. These twenty-eight baccalaureate programs in nursing are the National League for Nursing accredited programs within the states of Arizona, California, Colorado, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

Due to the wide variety of schools offering maternal and child nursing courses, each having different objectives, methods, and course content, it was desirable to select one particular type of school in one area. One reason for the selection of this particular sample was because changes in maternal and child nursing courses have been led by the collegiate schools of nursing over the past years. Another reason for selecting this sample was because the schools in this area are members of the Western Region of the Department of Baccalaureate and Higher Degree Programs of the National League for Nursing and are also members of WCHEN, the Western Council on Higher Education for Nursing. These groups provide interstate co-operation in nursing education for baccalaureate schools of nursing in the West.

The items on the questionnaire pertain to the organization of content, approaches, objectives, advantages, and problems in maternal and child nursing courses. They were arrived at after a careful study

of the literature in maternal and child nursing. The questionnaire form was reviewed by the writer's committee members to insure that the questions would elicit the most useful information for this study. The writer then submitted the questionnaire to four specialists in the area of maternal and child nursing. One of the specialists is presently teaching maternal and child nursing. These specialists were asked to respond to the questionnaire as well as to check the questions for pertinent content and clarity. After obtaining their suggestions, the final step in the preparation of the questionnaire was to make the necessary corrections.

A letter of transmittal (Appendix A, page 38) and a self-addressed stamped envelope was enclosed with each questionnaire. After a reasonable length of time had elapsed, a follow-up letter, questionnaire, and return envelope were mailed to those instructors who had not returned the first questionnaire.

Limitations

The sample analyzed in this study was small and therefore, limits the findings to the particular region studied.

Questionnaires are often sources of many errors which definitely decreases the validity of this study. Since this particular questionnaire was designed for those schools offering a combined course in maternal and child nursing, questions may have been interpreted differently by those instructors who teach courses which are not combined in their entirety.

Definition of Terms

Obstetric or Maternity Nursing: The nursing care of the childbearing woman during pregnancy, delivery and postpartum and the nursing care of her newborn child.

Pediatric Nursing or Nursing of Children: The art and science of the nursing care of children.

Maternal and Child Nursing: The nursing care of the mother during the maternity cycle and the nursing care of children which takes into consideration the entire family and their interrelationships.

Developmental Approach: The organization of course content in a sequential pattern around the stages of human development.

Disease-Centered Approach: The organization of course content around the medical diagnosis.

Problem-Centered Approach: The organization of course content around the patient's psychological and physical problems and the appropriate nursing measures to solve them.

Human Needs Approach: The organization of course content around the fundamental psychological and physical human needs.

Organization of the Remainder of the Study

Chapter two consists of a review of related literature; chapter three presents an analysis of the findings obtained from the questionnaires; and chapter four includes a summary, the conclusions and recommendations for further study.

CHAPTER II

REVIEW OF LITERATURE

The idea underlying the term, maternal and child nursing, has been accepted from the very beginning of public health nursing. In the home setting and in any public health program, consideration was given to the mother-child relationship. The term "maternal and child nursing," actually evolved from the term, "maternal and child health," which public health personnel used as their frame of reference in providing services to improve and maintain the health of mothers and children.[1]

Society, too, has recognized since ancient times that child-bearing and child-rearing are the responsibility of both parents. The process of joint responsibility begins with the union of their hearts and minds, followed by physical union, planning for the baby, and the rearing of the child. Although the maintenance of this duality appears important, the hospital setting often interrupts this process by not considering the family-child relationship.[2]

In the past, students in obstetric nursing focused their attention primarily on the physical care of the mother. This focus was very limited since it excluded not only the mother's emotional needs but

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[1]Cahill, op. cit., p. 38.

[2]Hazel Corbin, "Maternity Care Today and Tomorrow," American Journal of Nursing, (February, 1953), p. 202.

also the father and siblings from the pregnancy experience and preparation for the baby.[3]

We now know that the emotional factors of childbearing and child-rearing are closely related to the physical factors and that good maternity care takes both of these factors into consideration.[4] The concept that pregnancy is a family affair is now causing nurses to look at family relationships because they realize that these relationships will influence the development of the child.[5]

Margaret Mead states:

> We know today that families are the only sure way in which infants and children can be given the protective and affectionate care they need. Families are also the only sure way in which human beings can learn to be really human - able to trust and love, able to learn and to work, able to play their role in the widening community, nation, and world, able to have faith in themselves and faith in an order that transcends their individual lives. American family life is an adventure in which each member, children as well as parents, has to play a continuous part in order to make it the perfect launching ground from which the young adult can enter the world.[6]

Just as the focus in obstetric nursing was primarily limited to the physical care of the mother, pediatric nursing was primarily focused on the child's treatment and recovery. Little attention was given to

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[3]Frances Harpine, "Concepts in Maternal and Child Health," American Journal of Nursing, (December, 1961), p. 86.

[4]Corbin, op. cit., p. 203.

[5]Harpine, loc. cit.

[6]Margaret Mead, "Family Life Is Changing," Sidonie Matsner Gruenberg (ed.), The Encyclopedia of Child Care and Guidance, (Garden City, New York: Doubleday and Co., Inc., 1954), p. 682.

his parents and family. An example of this was the very rigid visiting hours on pediatric wards. In this area, also, nurses are realizing that children are actually a part of their parents and that this close relationship is an important factor in the progress of their development and their recovery from an illness.

The concept that preparation for parenthood begins in infancy has also increased nurses' attention to the mother-child relationship. If instructors accept this concept, then it would be difficult to discuss the preparation for marriage and parenthood without bringing in child development and the care of children.[7]

Over the past few years, an increasing amount of knowledge has been recognized as being important in understanding the individual and family. This has resulted in more liberal arts courses in baccalaureate degree programs in nursing which, in turn, has resulted in the synthesis of this knowledge into nursing.[8]

Lucile Petry Leone has the following views on the changing needs of people: "What we know in this generation as social science . . . has changed our perception of needs. Today, we strive to perceive man's emotional, spiritual, and intellectual needs, as well as his physical needs. We strive to see how all these are related."[9]

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[7]Harpine, op. cit., p. 85.

[8]Cahill, op. cit., p. 39.

[9]Lucile Petry Leone, "The Changing Needs of People," American Journal of Public Health, (January, 1957), p. 33.

Many social changes occurred within the family during World War II. There was an increased demand for parent education, rooming-in, and natural childbirth. Much of this content was appropriate for both maternity and pediatric nursing since it centered on family relations.[10]

The fact that more people are getting married at an earlier age and having larger families dictates the necessity of changing the nursing curricula. Families are now more mobile and more isolated from their relatives than they were a generation ago. These factors are important in selecting content for maternal and child nursing courses which will meet society's needs and expectations.[11]

Since greater numbers of adolescents are becoming parents, maternal and child nurses are becoming more aware of their responsibilities in meeting the needs of persons within this particular age group. Instead of limiting their studies in growth and development to the preschool child, they are extending it through the adolescent stage. In this way, nurses can help adolescents to understand themselves as well as to accept their new role of parenthood. Both pediatric and obstetric nurses come in contact with adolescents, and therefore, have an opportunity to help these young people.[12]

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[10] Cahill, loc. cit.

[11] Imogene D. Cahill, "The Teaching of Maternal and Child Nursing: Faculty, Students, Society," Nursing Outlook, (March, 1962), p. 188.

[12] Bruce and Hall, op. cit., p. 108.

Recently, more emphasis is being placed on the family's contribution to the mental health of its members. The home is thought to be the foundation for preparing children to meet the stress situations which they will encounter throughout life. The family must help children meet their emotional needs and solve their own problems. The nurse is one of the key persons influencing families' attitudes toward health and can be instrumental in helping the family meet its needs for wholesome living.

Florence Blake advocates the following as essential in giving psychotherapeutic support to the whole family:

> If we want to prepare nurses to understand their patients and function in units where mothers and young children are accommodated together, education and training will need to begin when the students enter the school of nursing. To prepare students to understand the nursing care requirements of mothers and children, education and supervised experience must precede the students' clinical practice in maternity and pediatric nursing. Students must come to these services with a knowledge of family life and its importance to the growing individual and to his parents and with interest which motivates them to want to acquire ways of contributing to it.[13]

The need is now present for integration of an interdisciplinary program which will not only ensure healthy mothers and babies, but which will also help parents achieve a happy family life and establish good interpersonal relationships between them and their children. We

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[13]Florence G. Blake, The Child, His Parents and the Nurse, (Philadelphia: J. B. Lippincott Company, 1954), p. 23.

need to send home healthy, happy mothers that are equipped with the knowledge and attitudes which will promote optimum child development and good family living.[14]

Nursing education has sought to meet this need by combining obstetric and pediatric nursing into the one course, maternal and child nursing. It was felt that the whole family would benefit if maternity and pediatric nurses worked more closely in providing nursing care for parents and children. Both of these fields of nursing have the same fundamental goal which gives them a common base for sharing experiences. A mutual understanding is also necessary if these nurses are going to work together to stimulate and deepen the parent-child relationship. This should enable these nurses to work more effectively in their own clinical specialty.[15]

Dorothy Johansen states that "integration of courses can be successfully accomplished only where a common approach is possible, and where there is a related body of material exemplifying a significant whole."[16]

The closeness of the clinical areas of obstetrics and pediatrics has caused some instructors to identify common content that pertains to

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[14]Hazel Corbin, "Meeting the Needs of Mothers and Babies," American Journal of Nursing, (January, 1957), p. 54.

[15]Bruce and Hall, op. cit., p. 105.

[16]Dorothy Johansen, "The Integrative Method of Teaching," American Journal of Nursing, (January, 1950), p. 117.

both the nursing care of mothers and children. They believe that this provides an opportunity to focus on the family and on health maintenance. Other instructors do not consider the ill child in maternal and child nursing courses since they believe that this content is more closely related to medical and surgical nursing. Quite a number of instructors still prefer to maintain the separate courses in maternity nursing and nursing of children, although many of these instructors work closely with one another to avoid repetition of course content as well as to point up relationships between the two courses.[17]

The maternal and child nursing courses are very diverse in nature due to the many different approaches used in teaching these courses. Since the content has been organized in many ways, different objectives, advantages, and problems have resulted from each of these teaching methods.

Merely fusing two courses of study does not insure the integration of these in the students' learning or even in the content or methods. Problems may arise in these integrated courses in relation to the subject matter, students, and faculty.[18]

Maternal and child nursing leaders feel that the many advantages of combining courses in maternal and child nursing outweigh the

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[17]Imogene D. Cahill, "The Teaching of Maternal and Child Nursing: Curriculum Development," Nursing Outlook, (February, 1962), pp. 92-94.

[18]Johansen, loc. cit.

disadvantages and problems encountered. Some of these maternal and child nursing instructors have made efforts in resolving these problems by investigating the relationships between these two clinical areas and experimenting with different approaches in teaching this common content.[19]

In offering a combined course in maternal and child nursing, instructors are attempting to prepare nurses who more nearly meet their expectations of the "ideal" nurse. Dorothy Johansen believes that the "ideal" nurse is

> . . . that person who, in professional and general education, has an integrated approach to herself, her work, and her society; that person who is used to dealing with problems and recognizes them as such, whether in the patient, herself, or in a cultural situation; and that person who sees the relationships of interaction, through every phase of our existence, and who sees the necessity of revaluing old conclusions in the light of new evidence.[20]

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[19]Imogene D. Cahill, "The Teaching of Maternal and Child Nursing: What is Maternal and Child Nursing?" Nursing Outlook, (January, 1962), pp. 39-41.

[20]Johansen, op. cit., p. 119.

CHAPTER III

PRESENTATION OF THE DATA

Over a period of five weeks, twenty-four (86%) of the twenty-eight questionnaires which were sent to maternal and child nursing instructors in baccalaureate programs in nursing were returned. Fifteen (62.5%) of the twenty-four schools of nursing combine maternal and child nursing in some way. Nine (37.5%) of the schools of nursing do not offer combined courses in maternal and child nursing, and therefore, returned their questionnaires unanswered as requested. However, one school of nursing which does not presently offer maternal and child nursing is starting an integrated course summer quarter, 1964, while another school of nursing is offering the combined course only to undergraduate students who are registered nurses.

The data which is presented in this chapter is based upon the fifteen schools of nursing in nine Western States which presently combine their maternal and child nursing courses, in some respect, for their basic nursing students. Since the ways in which the maternal and child nursing courses are combined are very diverse in nature, the data will be interpreted by pointing up the differences, as well as the similarities, of the various combined courses in a general discussion of each question.

Question 1.

Table I (p. 17) reports the approaches used by instructors in

TABLE I

APPROACHES USED BY INSTRUCTORS IN TEACHING MATERNAL AND CHILD NURSING IN FIFTEEN BACCALAUREATE SCHOOLS OF NURSING IN NINE WESTERN STATES, WINTER, 1964

	Developmental Approach	Human Needs Approach	Problem Centered Approach	Disease Centered Approach
Schools A, B, C, D	X			
Schools E, F	X	X		
Schools G, H, I, J, K, L	X	X	X	
Schools M, N, O	X	X	X	X

teaching maternal and child nursing in fifteen baccalaureate schools of nursing in nine Western States.

Three instructors checked all of the approaches, six instructors checked all but the disease-centered approach, two instructors checked both the developmental and human needs approach, while four instructors indicated that they use only the developmental approach in teaching maternal and child nursing.

Two other approaches were indicated by instructors. School I focuses their maternal and child nursing courses on "the change, principle behind the change, the resulting needs of mother or child, and therefore, the resulting nursing care." In maternity nursing, the focus is on the changes which pregnancy, labor, delivery, and the postpartum period bring to the mother, infant, and the family. For example, the three trimesters of pregnancy are looked at separately in regards to the physiological, psychological and sociocultural changes occurring. In child care, the focus is on the changes that illness brings about in regards to the different age groups.

The instructor in school C cited the "principle centered" approach as another approach which they use in teaching maternal and child nursing. The course is planned to build on principles and concepts of all preceding courses and the experiences are planned to progress from the simple to the complex.

Questions 2 and 3.

The answers to these questions will be presented together since the responses received to question two are closely related to the responses to question three. In question two, the instructors were asked to briefly explain the way in which the content is organized in the maternal and child nursing courses which they teach while in question three, they were asked to cite an example of the approach(es) they use in teaching.

School G does not title any one course as maternal and child nursing but, instead, incorporates an introduction to maternity and family health and the nursing of the well child in "Introduction to Nursing," the nursing of the sick child and family health in "Nursing of Adults and Children," and advanced maternity and family health in "Family Nursing."

Two schools, C and J, arrange the maternal and child nursing content into the following three major units which are planned to coincide with related clinical experiences:

Unit I: Introduction to Maternal and Child Nursing
Unit II: Nursing Needs of Mothers and Children
Unit III: Major Maternal and Child Health Problems

In using the above three units, school C focuses the content of the maternal and child nursing course on the nursing needs of mothers and children. The course is designed "to help the student develop the nursing skills necessary to assist in the promotion of comfort, health and safety of the mother and infant during the

reproductive experience and to meet the nursing needs of the child in health or illness."

School J not only organizes maternal and child nursing core content, but also organizes pediatric nursing knowledge and obstetric nursing knowledge with selected laboratory experiences and conferences which are relevant to the nursing care in each of these areas.

The students who are receiving their pediatric and obstetric nursing theory and experience in school N are brought together for only two hours a week in "core" classes. These classes pertain to content which implies a common area of interest to students in both pediatric nursing and obstetric nursing. The maternal and child nursing faculty members in this particular school do not believe that the maternal and child nursing course can be combined in its entirety and, therefore, separate the clinical aspects and theory content except for the "core" classes.

School L offers a combined course in maternal and child nursing which is taught concurrently with "Marriage and the Family" and "Child Psychology." Two instructors participate in the presentation of theory and the supervision of the clinical experiences which consist of nine weeks in obstetrical nursing followed by nine weeks in pediatric nursing.

Instructors in schools A, B, C, D, E, G, K, and O indicated that the subject matter and clinical practice in their maternal and child nursing courses are based on the principle of working from the simple

to the complex. Students, in these schools, are introduced to the "normal" before they are expected to deal with the "abnormal."

Schools A, B, E, and O offer two semesters in maternal and child nursing, the first semester focusing on a "normal" maternity cycle and childhood while the second semester focuses on deviations from "normality" during the maternity cycle and childhood.

The human needs, problem-centered, and developmental approaches are used by school O when focusing on the normal maternity cycle and childhood in the first semester, but the disease-centered approach is added in the second semester when the emphasis is shifted to the medical-surgical aspects of maternal and child care.

Schools A, B, D, E, and K organize the content pertaining to the "normal" and "abnormal" aspects of the maternity cycle and childhood around the stages of development. Throughout the two semesters of maternal and child nursing in school E, emphasis is placed on the "concept of total patient care and the realization that the individual is a member of a family and a community."

In three other schools, F, H, and I, instructors indicated that they organize the maternal and child nursing content around the stages of development, but they did not indicate any demarcation between the "normal" and the "abnormal" nursing content.

Instructors in all of the schools of nursing which organize the maternal and child nursing content around the stages of development indicated an arrangement of a developmental sequence which would allow

the students to follow the life cycle. However, the order of the presentation of the developmental sequence varies among schools.

School I has set up the course content on a continuum from conception to conception. By organizing the content in this way, they can initiate the course with either maternal and infant or child care.

Six instructors indicated that they use a sequence which begins with marriage and the family and progresses to pregnancy, the newborn, and children at various ages through the adolescent stage.

School F starts the cycle with "family beginnings" but then modifies the developmental sequence just described by continuing into the infancy through adolescent period before progressing through the maternity cycle.

The instructors in schools E and F, the two schools which use both the developmental and human needs approaches, believe that a nurse can provide therapeutic nursing care if she is aware of a person's developmental needs as well as his individual needs. For example, a child's response to hospitalization is determined by the characteristic needs for his particular age as well as his individual needs in relation to his background, family life and life experiences.

Question 4.

Table II (p. 23) reports the responses of fourteen instructors who were asked to check each objective according to their opinion of its importance in maternal and child nursing courses. Since the nursing

TABLE II

OPINIONS OF A MATERNAL AND CHILD NURSING INSTRUCTOR REGARDING THE IMPORTANCE OF CERTAIN OBJECTIVES IN EACH OF FOURTEEN BACCALAUREATE SCHOOLS OF NURSING IN NINE WESTERN STATES, WINTER, 1964

OBJECTIVES	IMPORTANCE				NOT RATED
	GREAT	MODERATE	LITTLE	NO	
a. To understand the basic principles involved in giving patient-centered maternal and child care.	14				
b. To integrate concepts from related fields.	10	4			
c. To gain skill in the use of problem-solving techniques.	9	5			
d. To understand the effect of illness and hospitalization of a child or maternity patient on family members.	12	2			
e. To consider the emotional needs of all family members.	9	5			
f. To promote health teaching with in a family context.	9	5			
g. To recognize the family as members of a community.	8	5	1		
h. To assist with the problems of adjustment that are associated with the release of a child or maternity patient from the hospital.	10	4			
i. To place emphasis on the care of the normal patient.	10	2			2

of the sick child in school G is incorporated into "Nursing of Adults and Children," the instructor in this school did not complete questions 4, 5, or 6, which pertain to the objectives, advantages, and problems of combined maternal and child nursing courses.

All objectives were checked by instructors as being of either moderate or great importance with the exception of objective g, "to recognize the family as members of a community," which one instructor checked as having little importance in maternal and child nursing courses.

The objective, "to understand the basic principles involved in giving patient-centered maternal and child care," was thought to be of great importance by all instructors.

Two instructors did not respond to objective i since they questioned the term "normal patient".

Other objectives which instructors added to the list as important included the following:

> To be able to identify abnormal changes and seek appropriate assistance.
>
> To be able to work with other members of the health team.
>
> To consider the concepts of maternal and child nursing in the development of a personal philosophy toward reproduction and family living, and to become aware of her own attitudes towards this phase of life in preparation for her own role in nursing and society.
>
> To develop an increasing understanding of reproduction in order to be able to identify and meet the needs of the mother and her family during the maternity cycle.

To gain increasing ability to assume responsibility for her own learning as she works with mothers and children.

Question 5.

Instructors were asked to indicate the degree to which they felt that items a through j were advantages in teaching combined courses in maternal and child nursing. Table III (p. 26) shows the responses of maternal and child nursing instructors to this question.

Items c and i, "strengthens the student's perception of the family," and "identifies content that applies to both the mother and the child," were named as major advantages by all but one instructor. Items f and g, "facilitates the teaching of concepts and principles," and "health teaching made meaningful by presenting in a family situation," were each checked by ten instructors as being major advantages and by three instructors as moderate advantages in teaching combined courses in maternal and child nursing. The majority of instructors checked the remaining items as either major or moderate advantages with the exception of item b. Four instructors indicated this item, "avoidance of repetitious learning experiences," as a major advantage, four instructors thought it was a moderate advantage, three instructors checked it as a minor advantage, and it was indicated as being of no advantage by two maternal and child nursing instructors.

Items d, e, h, and j were mentioned by two instructors as being items which could be achieved in separate courses in obstetric nursing and the nursing of children as well as in combined courses in maternal

TABLE III

ADVANTAGES OF TEACHING COMBINED COURSES IN MATERNAL AND CHILD NURSING AS RATED BY A MATERNAL AND CHILD NURSING INSTRUCTOR IN EACH OF FOURTEEN BACCALAUREATE SCHOOLS OF NURSING IN NINE WESTERN STATES, WINTER 1964

ADVANTAGES	ADVANTAGE				NOT RATED
	MAJOR	MODERATE	MINOR	NO	
a. Elimination of duplicated content.	7	5	1		1
b. Avoidance of repetitious learning experiences.	4	4	3	2	1
c. Strengthens the student's perception of the family.	13		1		
d. Utilizes knowledge of human development.	9	3			2
e. Utilizes knowledge of social sciences.	5	6			3
f. Facilitates the teaching of concepts and principles.	10	3			1
g. Health teaching is made meaningful by presenting in a family situation.	10	3	1		
h. Focuses on nursing content. (rather than on medical content)	8	2	1	1	2
i. Identifies content that applies to both the mother and the child.	13	1			
j. Assists students in recognizing the patient as an individual.	9	2		1	2

and child nursing. One of these instructors also included item f as an item which could be achieved in separate courses. Therefore, these items were not rated by these maternal and child nursing instructors. Items a, b, and e were each omitted once by different instructors. These instructors did not indicate any reasons for not rating an item.

The following three additional items were reported by one respondent as advantages in teaching combined courses in maternal and child nursing:

> Takes away from the procedure-centered approach.
>
> Does away with repetition of the textbook.
>
> Makes the situation more meaningful for the student and also for her future role as a wife and mother.

Question 6.

The maternal and child nursing instructors were asked to check items a through i according to the degree that each presented itself as a problem in their teaching of combined courses in maternal and child nursing. Table IV (p. 28) shows very little agreement among instructors regarding problems in teaching these courses.

Item a. The responses to item a were dependent to some degree upon the mechanics of each school's maternal and child nursing courses. For example, one instructor did not respond to this item since their students do not receive experiences in either the obstetrical or pediatric clinical area which are concurrent with their theory. Two other instructors indicated that they do not place students in both clinical

TABLE IV

PROBLEMS IN TEACHING COMBINED COURSES IN MATERNAL AND CHILD NURSING AS RATED BY A MATERNAL AND CHILD NURSING INSTRUCTOR IN EACH OF FOURTEEN BACCALAUREATE SCHOOLS OF NURSING IN NINE WESTERN STATES, WINTER, 1964

PROBLEMS	ADVANTAGE				NOT RATED
	MAJOR	MODERATE	MINOR	NO	
a. Students assigned to both obstetrical and pediatric clinical areas while sharing the same classroom experiences.	1	4	3	5	1
b. Difficulties in organizing content that applies to both the mother and the child.	1	5	4	4	
c. Instructors are not prepared to teach in both clinical areas.	4	3	3	4	
d. Difficult for instructors to share responsibilities with other instructors.	0	2	5	7	
e. Too many students to supervise adequately.	2	1	4	7	
f. Unable to cover all of the desired course content.	2	2	8	2	
g. Geographic separation of clinical facilities creates an inconvenience.	1	4	3	6	
h. Insufficient number of patients to allow students to have adequate and varied clinical experiences.	2	5	4	3	
i. Students do not develop adequate skills in such areas as the evaluation of a patient's progress in labor or the care of a newborn.	2	2	4	6	

areas at any one time since all their clinical experiences are planned to coincide with the theory presented. Therefore, these instructors checked this item as being of no problem in teaching the combined course in maternal and child nursing. Only one instructor felt that this particular item is a major problem.

Item b. One instructor thought that organizing content which applies to both the mother and child is a major problem. Responses from the other thirteen instructors were evenly distributed among the classifications of "moderate", "minor", and "no problem."

Item c. Responses to item c, "instructors are not prepared to teach in both clinical areas," were evenly distributed throughout the scale. This item evoked the reply, "We have prepared teachers!" from one respondent.

Item d. Generally, instructors do not find it difficult to share responsibilities with other instructors. Two instructors felt that it is a moderate problem whereas twelve instructors considered it as a minor problem or no problem.

Item e. Three instructors felt that having too many students to supervise adequately was a major or moderate problem. Eleven instructors indicated this as a minor or no problem.

Item f. Over half of the instructors checked the item, "unable to cover all of the desired course content," as a minor problem. Two instructors checked it as a major problem, two as a moderate problem, and two as no problem.

Item g. Six instructors do not feel that the geographic separation of clinical facilties creates any inconvenience. Seven instructors ranked it as a moderate or minor problem while only one instructor regarded it as a major problem. The two instructors who indicated that the students were not in both the pediatric and obstetric areas at any one time still regarded this item as a major and moderate problem.

Item h. An "insufficient number of patients to allow students to have adequate and varied clinical experiences" was regarded by seven instructors as either a major or moderate problem, but this was balanced by seven instructors who considered it as a minor or no problem.

Item i. This item which pertains to the student's lack of developing adequate skills in certain clinical areas was considered by six instructors to be no problem. Four instructors checked it as a minor problem and another four instructors thought it to be a major or moderate problem.

One instructor felt that items e, g, and h would be problems presented in separate courses as well as problems in teaching combined courses in maternal and child nursing.

CHAPTER IV

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

In the review of literature, there is evidence of many recent changes in maternal and child nursing education. There is also evidence of the need for further exploration and evaluation in order to determine the most effective and efficient way of teaching students in the area of maternal and child nursing.

The problem of this study dealt with the nature of the present maternal and child nursing courses as well as the opinions of maternal and child nursing instructors regarding the maternal and child nursing courses in baccalaureate programs of nursing.

The purposes of this study were: (1) to examine the approaches used in teaching maternal and child nursing, (2) to find out how content is organized in maternal and child nursing courses, (3) to determine what objectives are viewed as important by maternal and child nursing instructors, (4) to ascertain what instructors feel the advantages are in teaching courses in maternal and child nursing, and (5) to discover what problems are encountered in teaching maternal and child nursing. It is hoped that the information collected will be useful to faculties in planning and revising maternal and child nursing courses.

In order to survey the present maternal and child nursing courses, a questionnaire was sent to instructors in twenty-eight baccalaureate

programs of nursing in eleven Western States. Of the twenty-four schools of nursing which returned the questionnaires, fifteen schools in nine Western States combine their maternal and child nursing courses, in some respect, for their basic nursing students.

Conclusions and Discussion of Findings

The following conclusions and discussion of findings regarding maternal and child nursing courses are based primarily upon the questionnaires from fifteen baccalaureate schools of nursing in nine Western States which offer combined courses in maternal and child nursing to their basic nursing students.

1. Since only 62.5% of the schools offer combined courses in maternal and child nursing, this indicates that more than one way of teaching the nursing of mothers and children is presently employed by instructors in these baccalaureate schools of nursing.

2. Among the instructors who teach combined maternal and child nursing courses, the organization of the maternal and child nursing knowledge is very diverse in nature. This is shown by the various ways in which instructors have organized the maternal and child nursing content.

a. The maternal and child nursing course is not combined in its entirety by all schools of nursing. One instructor indicated that the nursing of the sick child can be more effectively dealt with in a medical-surgical grouping as "Nursing of Adults and Children."

Another method of teaching maternal and child nursing is that of bringing students together for "core" classes which pertain to content of a common interest to students in obstetric nursing and pediatric nursing.

b. In the schools which combine the maternal and child nursing course in its entirety, many patterns of presenting the content are shown. The most common pattern shown in organizing maternal and child nursing content is based on the principle of working from the simple to the complex. The students in these schools are introduced to the "normal" maternity cycle and childhood before they focus on the deviations from "normality" during these stages.

c. The desirability of having clinical experiences which coincide with the classroom experiences for all students was indicated. However, some schools find it necessary to divide the students into both the obstetric and pediatric clinical areas while they are sharing the same classroom experiences.

3. Instructors tend to use a combination of approaches in their teaching of maternal and child nursing. The developmental approach is used, either alone or in combination with other approaches, by the maternal and child nursing instructor in each of the fifteen schools of nursing. The disease-centered approach is used least frequently and only when in combination with the developmental, human needs, and problem-centered approaches.

a. The developmental approach is used by over half of the schools of nursing as the basis for organizing the content of their

maternal and child nursing courses. The instructors in these schools indicated an arrangement of a developmental sequence which would allow the student to follow the life cycle, starting with either the new individual at conception or with the mother at the age of reproduction.

4. Instructors viewed all the listed objectives of maternal and child nursing courses as being of either "great" or "moderate importance", although, the objective, "to understand the basic principles involved in giving patient-centered maternal and child care," was the only objective thought to be of "great importance" by all instructors.

5. Maternal and child nursing instructors recognize a large number of advantages in teaching combined courses in maternal and child nursing. The two advantages which were valued over the others were "strengthens the student's perception of the family," and "identifies content that applies to both the mother and the child."

6. Little agreement is shown among instructors regarding the types of problems and the relative importance of these problems in teaching combined courses in maternal and child nursing. The degree to which problems are encountered appears to be dependent upon the mechanics of each school's maternal and child nursing courses. No one problem is common to all maternal and child nursing instructors, nor is any one problem considered as a major or moderate problem by the majority of instructors.

Recommendations

The future of maternal and child nursing instruction may be determined by the future of the total nursing curriculum, but it may also be an influential factor in determining the future of the overall nursing curriculum.[1]

Nursing education programs are responsible for preparing nurses who are capable of rendering comprehensive or total patient care. In order to prepare nurses who are capable of giving comprehensive or total patient care to mothers and children, the following recommendations for further study are made:

1. Studies to determine society's needs and expectations in the area of maternal and child nursing. This is an important forerunner to setting up the objectives for maternal and child nursing courses since society's concept of what constitutes total or comprehensive patient care is constantly changing.

2. A study to ascertain the most practical and efficient length and placement of the maternal and child nursing courses within the nursing curriculum.

3. A follow-up study of nurses who have taken the combined course in maternal and child nursing to see whether they are more capable of giving comprehensive nursing care to mothers and children

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[1]Imogene D. Cahill, "The Teaching of Maternal and Child Nursing: What is Maternal and Child Nursing?" Nursing Outlook, (January, 1962), p. 41.

than students who have taken separate courses in obstetric nursing and the nursing of children.

4. A similar survey of the opinions of obstetric and pediatric nursing instructors to determine the advantages and problems in maintaining separate courses in obstetric nursing and the nursing of children.

5. A follow-up study of this group of maternal and child nursing instructors to discover what attempts have been made to resolve the present difficulties encountered in teaching the combined courses in maternal and child nursing. Other instructors might then utilize this information.

APPENDIX

APPENDIX A

Letter of Transmittal

837 Custer Place
Bozeman, Montana
January 6, 1964

Dear Instructor:

In partial fulfillment of the requirements for the Master of Nursing degree at Montana State College, I am conducting a study of the opinions of maternal and child nursing instructors regarding the present maternal and child courses in baccalaureate programs in nursing. I feel that this information is of prime importance since many instructors are striving to improve their maternal and child nursing courses.

If you teach combined courses in maternal and child nursing, you can aid materially in the success of this study by filling in and returning this questionnaire by January 15. If you do not teach the combined courses in maternal and child nursing, please return the unanswered questionnaire in the envelope provided.

Any additional comments or statements you care to make will be welcomed. You and your school will not be identified in any material written on this study. A summary of the findings of this study will be sent to you if you wish to receive a copy.

Sincerely yours,

s/ Barbara Hoff
(Mrs.) Barbara Hoff

This study is being made under the guidance of the faculty of the Montana State College School of Nursing. Any assistance you give Mrs. Hoff will be appreciated.

Anna Pearl Sherrick, R.N., Ed.D.
Director, School of Nursing

APPENDIX B

Questionnaire Form

1. Please check the type of approach(es) which you are presently using in teaching maternal and child nursing.

   a. Developmental approach
      (organizing content around stages of development) _____

   b. Disease-centered approach
      (organizing content around the medical diagnosis) _____

   c. Problem-centered approach
      (organizing content around nursing problems) _____

   d. Human needs approach
      (organizing content around human needs) _____

   e. Other approaches (state)

2. Briefly explain the way in which the content is organized in your maternal and child nursing courses.

3. Cite an example of the approach(es) you use in teaching maternal and child nursing.

4. Below is a list of possible objectives for courses in maternal and child nursing. Please check each one according to your opinion of its importance.

	Great Importance	Moderate Importance	Little Importance	No Importance
a. To understand the basic principles involved in giving patient-centered maternal and child care.				
b. To integrate concepts from related fields.				
c. To gain skill in the use of problem-solving techniques.				
d. To understand the effect of illness and hospitalization of a child or maternity patient on family members.				
e. To consider the emotional needs of all family members.				
f. To promote health teaching within a family context.				
g. To recognize the family as members of a community.				
h. To assist with the problems of adjustment that are associated with the release of a child or maternity patient from the hospital.				
i. To place emphasis on the care of the normal patient.				
j. Other objectives (state)				

5. To what degree do you feel that each of the following items is an advantage in teaching combined courses in maternal and child nursing?

	Major Advantage	Moderate Advantage	Minor Advantage	No Advantage
a. Elimination of duplicated content.				
b. Avoidance of repetitious learning experiences.				
c. Strengthens the student's perception of the family.				
d. Utilizes knowledge of human development.				
e. Utilizes knowledge of the social sciences.				
f. Facilitates the teaching of concepts and principles.				
g. Health teaching is made meaningful by presenting in a family situation.				
h. Focuses on nursing content. (rather than on medical content)				
i. Identifies content that applies to both the mother and the child.				
j. Assists students in recognizing the patient as an individual.				
k. Other advantages. (state)				

6. To what degree do you feel that each of the following items is a problem in the teaching of combined courses in maternal and child nursing?

	Major Problem	Moderate Problem	Minor Problem	No Problem
a. Students assigned to both obstetrical and pediatric clinical areas while sharing the same classroom experiences.				
b. Difficulties in organizing content that applies to both the mother and child.				
c. Instructors are not prepared to teach in both clinical areas.				
d. Difficult for instructors to share responsibilities with other instructors.				
e. Too many students to supervise adequately.				
f. Unable to cover all of the desired course content.				
g. Geographic separation of clinical facilities creates an inconvenience.				
h. Insufficient number of patients to allow students to have adequate and varied clinical experiences.				
i. Students do not develop adequate skills in such areas as the evaluation of a patient's progress in labor or the care of a newborn.				
j. Other problems (state)				

7. If you would like to receive the results of this study, please give me your name and address.

Name _____
Address _____
_____

I welcome any comments or statements that you may have. Please use the reverse side.

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