AN ANALYSIS OF OBSTETRICIAN-STUDENT NURSE POSTPARTUM CARE CONTRIBUTION

by

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ABSTRACT

The primary purposes of this study were to identify the common facets between the student nurses' expectation of the obstetricians' role and the obstetricians' purported role during his postpartum hospital visits; and to identify the obstetricians' performance role and the nurses' complementary role, as reported by the students, during the patients' postpartum hospitalization period.

The study was based on questionnaire results and student reports. Six obstetricians and twenty-five sophomore student nurses participated in this study.

Common facets of the student nurses' expectation of the obstetricians' role and the obstetricians' purported responsibility for patient care during the postpartum hospital period were identified. The two groups, however, did favor different aspects in most of the categories. A noted difference was that the obstetricians reported that teaching was a nurses' function, whereas, the students considered it a joint responsibility. This difference may require adjustment and compensation of one role for another to improve patient care.

The obstetricians' purported role was similar to his performance role as reported by the nursing students. However, individual differences were noted which would require obstetrician-nurse visits to the postpartum patients for role identification and complementary role fulfillment.

The nurses' complementary role, as reported by the students, had positive value for individual patient's welfare in promoting change of habit, alleviating anxiety, and solving problems which allowed the patient to approach other matters. However, the most frequently reported complementary role of the nurse was reinforcement of the obstetrician's program of care through explanation and education. Therefore, the paramedical team productivity would seem to be strengthened through cooperation and better understanding of each others roles.

AN ANALYSIS OF OBSTETRICIAN-STUDENT NURSE POSTPARTUM CARE CONTRIBUTIONS

CHAPTER I

STATEMENT OF THE PROBLEM

Introduction

Society is dynamic and changing. Transition causes role shift. Alteration of one discipline forces a readjustment of the roles of related disciplines. To add to this dilemma each discipline is developing as well as shifting. Each discipline brings its own storehouse of knowledge and its own contribution to the intradisciplinary schemata. Each role is associated with a specific responsibility and society establishes role expectation associated with that role. This intradependent role relationship exists between doctors and nurses. In view of these influences it seemed appropriate to study the obstetrician-nurse contributions to patients' care during their postpartum hospital stay.

In our society science and technology sets the stage for change. Nursing followed medicine down the route signposted by Pasteur: the arrangement of pathology and symptomatology of disease in men. However, nurses have roles in addition to that of a follower because nursing has established itself as an independent profession according to the A.N.A. which stated:

> Recently direct leadership in nursing, aided by the focus on man's emotional well-being in this age of affluence and anxiety, has enabled the nurse in significant measure to move apart from and farther than the physician in comprehension of and response

> to the patient as a psychological as well as a physical being, and these attributes are being incorporated into her practice.[1]

Also, technological advances in medicine have brought about many remarkable innovations in mechanical devices which substitute manual skill for comprehensive nursing care. In a time when we, as people, seem to be embracing the gadgets of our creation and denying human values, the nurse is faced with consequential changes between the beckoning gadgets of medicine and the traditional role of compassionate personal care.

Nursing has, in recent years, been making great efforts toward collaborating with persons in other disciplines to provide improved services to patients. Howard Thurman, a sociologist, in the Keynote Address to the National League for Nursing Convention in Chicago in 1957, said:

> Persons who practice professions in any society do so by virtue of skills, techniques and the knowledge which they have developed as a result of particular disciplines. Further, they practice the profession for considerations which would not be permitted them if they were not so equipped and trained.[2]

He further stated:

> That a professional is one who is acquainted with the resources needful for carrying on one's work with maximum effectiveness. He must not overlook all of the resources of his profession upon which he may draw both as a professional and as a person. Obviously, this means keeping abreast of developments, advances, and the cumulative wisdom of the profession as it becomes more effective in the fulfillment of its appointed task. There is no valid excuse for being out of touch with such resources.[3]

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[1] "American Nurses' Association's First Position on Education for Nursing," American Journal of Nursing, 65:12:110, December, 1965.

[2] Howard Thurman, "The Responsibility of the Professional Person to Society," Nursing Outlook, 5:6:339, June, 1957.

[3] Ibid., p. 335.

But nursing cannot collaborate with other health disciplines until their roles are identified. Therefore, the importance of understanding roles and role relationships of health team members is being emphasized. A nursing educator, Anne K. Kebrick, said:

> Every kind of status places the individual in definite relationship to other individuals whereby his duties, responsibilities and privileges are perscribed within the social order. Once he is there, in a particular status, he has no choice but fulfill the requirement demanded by the status.[4]

These authors have expressed in a few words the obligations which a member of a profession must face. There appears to be a need for a nurse to clarify her role as she sees it in order that she can function effectively as a member of the health team to help the patient to achieve the goal of high level wellness. In describing relationships, Mary E. Hilliard says, "Quasi-peer relationship become reality when both know exactly what each contributes in the over-all care".[5]

A second facet of the nurse's role appeared to be a need for understanding the principles of proper care of the patient. As new therapeutic techniques are evolved; or as our concepts of disease change it is worthwhile for the physician to share this knowledge with the nurse so that she may understand more fully the rationale for, and the problems of, the patient's care. "The physian can and assuredly should develop with the nurse this partnership," wrote Kevin Hill, a physician, "for patient

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[4]Anne K. Kebrick, "The Effect of Self and Role," Nursing Research, 3:141, Fall, 1963.

[5]Mary E. Hilliard, "The Evolution of a Maternity Nurse," Nursing Forum, 4:2:18, 1965.

care to be at its most effective level."[6]

Another facet of the nurses' role requires an assumption of duties formerly done by the physician, Dr. James Watt, Director the Heart Institute, National Institute of Health, Bethesda, Maryland, in an address at the National League for Nursing's Third Biennial Convention at Chicago in May, 1947 said:

> Nurses will have to assume more and more technical responsibilities and nurses should give more thought to preparing themselves for these responsibilities and volunteering to assume them before they are simply "shunted off by the doctors".[7]

Also, with the development of complex medical technology and medical science the physician needs a knowledgeable nurse colleague. Hildegard E. Peplau notes that:

> Yet, even though we are distrubed by present attitudes of doctors toward nurses and nursing, we know that a new form of work relation is evolving among all professionals in the health field. Recognition is growing that capacity for reason and clinical judgment is a trait that is not unique to any one discipline.[8]

She went on to say:

> Interdisciplinary colleagueship based upon shared power and focused on the health needs of people is evolving. Each discipline will contribute from its separate store of knowledge and skill, and the result of the merging of these resourves will be a very high type health service--one that is quite different from what is

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[6]Kevin Hill, "How Doctors Should Talk to Patients and Staff," Modern Hospital, 98:1:82, January, 1962.

[7]"Report of NLN's Third Biennial Convention," Nursing Outlook, 5:6:354, June, 1957.

[8]Hildegard E. Peplau, "Nurse-Doctor Relationship," Nursing Forum, 5:1:74, 1966.

> available today. It may take one hundred years, but the cues and trends are observable now.[9]

Furthermore, upon examining the cited literature, it becomes apparent that many of the goals applied to all of the participants in the paramedical health group are normative, that is, every member is supposed to behave in accordance with certain general norms. In addition, and perhaps more obvious, are the norms which apply to specific position in the group. J. Eugene Haas stated:

> Only certain group members are expected to carry out specific normative specifications. In short, there are certain standardized and recognized norms which stipulate how the actors should respond. These normative specifications outline the obligations considered incumbent on the role performers.[10]

This expected behavior might be identified as the normative structure in the role of each discipline to improve health services for society.

The second type of structure might be referred to as the interaction structure itself. In any group, there is repetitive interaction. That is to say, in the process of observing the various interactive events, the analyst is able to note a considerable amount of similarity between interaction sequences which occur at various points in time. This similarity is often referred to as a "pattern" or a "structure". Haas called this performance structure of the group.[11]

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[9] Ibid., p. 75.

[10] J. Eugene Haas, Role Conception and Group Consensus (Research Monograph Number 117. Ohio: Bureau of Business Research, Columbus, Ohio: The Ohio State University, 1964), p. 28.

[11] Haas, op. cit., p. 26.

The third and different relationship connotes interpersonal structure of the group. This refers to the unique relationship which exists among the particular set of persons who are involved in the interaction system. Therefore, interrelationships point to the versatility of group interaction.

The Rationale

The rationale for this study can be explained by the following points:

1. The expected and the purported contributions may be quite different than that which is recorded by the respondents.
2. Knowledge of contribution variations can help the nurse adjust her function as a health team member to improve patient care.
3. Knowledge of the variations in the complementary nursing role can broaden nursing approaches to patient care.
4. Knowledge of the kinds of information made available through these interrelationships can help one evaluate the quality of the learning experiences of student nurses.

Therefore, since total care of the patient is the prime reason for the existence of the paramedical team, it is essential that the nursing staff know what the physicians view as their contribution to patient care; what the nurses' expectations are of his role; and ways in which the nurses' role merge these resources to maintain the very high type health service which is everyone's right.

The Problem Area

The nurses role is changed as the nursing profession moves toward the establishment of a interdisciplinary colleagueship based upon shared

responsibilities and focused on health needs of the people. Therefore, it is necessary to analyze the doctor-nurse relationship in the light of the perceived contributions of the doctor and the complementary role of the nurse.

The Problem

This study involved two problems. First, an attempt was made to identify and compare the student nurses' expectation of the obstetrician's role and the obstetrician's purported role during his postpartum hospital visits. Second, an attempt was made to identify through student recording both the obstetrician's performance role and the student nurses' complementary role in contributing to patient welfare during the patient's postpartum stay in the hospital.

The Purposes of the Study

The purposes of the study were: (1) to identify common facets between the student nurses' expectation of the obstetrician's role and his purported contribution to patient care during the postpartum hospital period; (2) to identify the obstetrician's performance role during his postpartum visits; and (3) to identify the students' complementary role which was initiated during the obstetrician's visit to the postpartum division.

It was hypothesized that: (1) there are common facets between what the obstetricians perceived as their contributions to postpartum patient care and what the student nurses perceived as the obstetrician's role;

(2) there is an identifiable role established by the obstetricians during their postpartum visits; and (3) there are identifiable student contributions to patient care which complement the obstetrician's role.

The Limitations of the Study

This study was conducted by means of a questionnaire completed by obstetricians and student nurses and written student reports. Five principle limitations of this study are: (1) the data obtained may be based upon misconceptions, biased opinions or attitudes, and educational background of these students; (2) the sample is limited to six obstetricians and twenty-five sophomore students from one Montana hospital; (3) the time for data collection was limited to one academic quarter; (4) the patients selection was limited to those who had normal deliveries; and (5) the sophomore level student is beginning to view her role in giving postpartum care to patients.

The Methodology of this Study

The descriptive survey method was used. Assumptions made were that role expectations and contributions could be established from data collected by questionnaires, and that an analysis of student reports could determine incidents of these interactions between physician and student which promoted patient care.

To accomplish this study, it was necessary to: (1) have the obstetricians complete the questionnaire before the students participated in this research; (2) have these sophomore students complete this tool before

their orientation to the maternity unit; and (3) have these students write a summary of an obstetrician's contribution to patient care, and how this contribution was used by the nurse, and the effectiveness to the individual patient's welfare. Each student was requested to submit two such reports. Also, each student was instructed to prepare the report as soon as possible after the interaction, which was the focus of this study. These students were to prepare reports based on the interactions related to the postpartum patients who had had normal deliveries, and to whom the student was assigned for laboratory learning in obstetrical nursing. These ungraded reports were given to the researcher.

A pilot study was conducted using two practitioner physicians and six sophomore students that were enrolled in the same educational program but in a different Montana hospital than the group who would participate in the research. Results of the pilot study improved clarity and reassured feasability of the questionnaire.

Definitions of the Terms Used

Collaborate. Collaborate is to work together; to cooperate.

Obstetrician. An obstetrician is a physician who is licensed as an Obstetrician and Gynecologist by his professional group.

Professional nursing student. A professional nursing student is one who has enrolled in a basic baccalaureate nursing program.[12]

Perceive. Perceive is to be aware of; to see and understand or to

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[12]American Nurses' Association's First Position on Education For Nursing, op. cit., pp. 106-108.

grasp.[13]

Patient care. Patient care is to provide measures that attempt to meet the physical, psychological, sociological, spiritual and educational needs of the patients.

Role. A role is to take responsibility for patient care.[14]

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[13]Lewis M. Adams, et al. Webster's Dictionary (New York: Books Inc., 1957), p. 767.

[14]Haas, op. cit., p. 29.

CHAPTER II

REVIEW OF LITERATURE

Since this study was concerned with two problems, review of literature dealt with two aspects of the obstetrician-nurse role; (1) the student nurses' expectation and the purported obstetricians' role in contributions to the postpartum patient care; and (2) the students' complementary role in contributing to patient care which was initiated during the obstetricians' visit to the postpartum division as reviewed by studies and authorities.

The Nurse Students' Expectations and the Purported Obstetricians' Role

Health is an important term to the paramedical team, therefore it should be defined. Health is defined in the preamble of the Constitution of the World Health Organization as "a state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity."[15]

Since standards of patient care grew out of this definition of health, Flexner's document unsparingly claimed "that the medical profession was contributing to the neglect of the public health."[16] This chain reaction set off by Flexner had a dramatic effect on the health of the

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[15]World Health Organization, "Constitution of the World Health Organizations," 1:1-2:29-43, 1947.

[16]E. Gartly Jaco, (ed), Patients, Physicians and Illness, (Glencoe, Illinois: The Free Press, 1958), p. 314.

nation. Therefore, improving standards of patient care have exerted marked influences on medical practice. These changes were vividly expressed by an experienced physician who said:

> Medical practice has changed from concern for problems of serious disease and death to problems in which the threat of death is small. Now, patients' feelings about their own symptoms are as significant as the actual disease itself.[17]

Or as stated by another physician:

> We are faced with the fact that perhaps one half of all patients or more have nothing very serious wrong with them in terms of prospective health. But can we say that there is nothing very serious wrong with them in terms of prospective life.[18]

However, a change in medical practice is refuted by some authors. One such critic, Talcott Parsons, a social scientist, who claimed that the physicians' role is defined as "high technical competence, emotional neutrality and collectively oriented."[19]

A study collaborating the service of the social scientists and the health professions looked at hospital maternity service. This study reported by Marion S. Lesser and Vera R. Keene claimed that the obstetricians' role in postpartum care is as follows:

> In postpartum care, the obstetrician is responsible for the medical aspects of the mother's condition. He sees that involution takes place normally, that tissue healing of episiotomy or lacerations progresses smoothly, and that no complications develop. However, most women see the doctor during one visit each day. Although he prescribes all treatment and medications, it is the nurse whom the

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[17] Jaco, op. cit., p. 315.

[18] Ibid., p. 315.

[19] Stanley H. King, Perception of Illness and Medical Practice (New York: Russell Sage Foundation, 1962), p. 165.

patient sees administering them, and who is available to her throughout the day.[20]

As for student nurse's expectations of the obstetricians' role the researcher was unable to obtain a study that was pertinent. Inasmuch as role expectations differ with members of society, indeed, with different members of the related professional group, it behooved the researcher to examine the general concept of role expectation. Jacobsen, et al., suggested that the value of defining role expectation is that it emphasized the consequences of consensus.[21] It categorizes the group. Nevertheless, the concept of consensus has received systematic attention by other writers. The most extensive of recent empirical studies of role expectation is an investigation reported by Gross, Mason, and McEachern suggesting that role concept is still rather vague, nebulous, and non-definitive. However, they suggested that significant role definers lead people to a number of different role expectations for the same position.[22]

Over the years, prior to entering a particular work group, each person has learned about a number of standardized roles--roles which appear with some variation in many similar groups. The doctor-nurse role is an example of hospital work groups. Each role performer has an understanding of the general requirements of his role and role of other

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[20]Marion S. Lesser and Vera R. Keane, Nurse-Patient Relationships in a Hospital Maternity Service (St. Louis: C.V. Mosby Company, 1956), p. 151.

[21]E. Charters Jacobsen, et al., "The Use of the Role Concept in the Study of Complex Organizations, Journal of Social Issues, 7:3:18-27, 1951.

[22]Neal Gross, W.S. Mason, and A. McEachern, Exploration in Role Analysis (New York: John Wiley and Sons, 1958), Chapter 4.

disciplines. Each member of a group has a concept of what is required, what is appropriate, and what is permitted behavior for each of the roles which creates the normative base for the performance structure of the group.[23]

But as suggested, the role conception of the various participants may not necessarily contain the same combinations of normative specifications. Persons who come from different cultural settings, who have had training in different occupations, and who vary in length and locale of work experience are likely to have some variation in their role conceptions.

The Nurses Complementary Role in the Postpartum Division

Gertrude Chereseavich, chief of Nursing Education for Nursing Service at New York Veterans Hospital, claimed that college-educated professional nurses are prepared to function as:

1. a clinical associate of the physician,
2. a therapist to the patient,
3. a teacher and consultant to the technical nurse and nursing assistant, and
4. a health supervisor and teacher to the patient and his family.[24]

Another source, M. J. Lesnik and B. E. Anderson, list seven areas of

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[23]Haas, op. cit., pp. 33-35.

[24]Gertrude Chereseavich, "The Expanding Role of the Professional Nurse in a Hospital," Nursing Forum, 3:3:20, 1964.

professional nursing as follows:

1. The supervision of a patient involving the whole management of care, requiring the application of principles based upon the biologic, the physical, and the social sciences.

2. The observation of symptoms and reactions, including symptomatology of physical and mental conditions and needs, requiring the physical, and the social sciences.

3. The accurate recording and reporting of facts, including evaluation of the whole care of the patient.

4. The supervision of others, except physicians, contributing to the care of the patient.

5. The application and the execution of nursing procedures and technics.

6. The direction and the education to secure physical and mental care.

7. The application and the execution of legal orders of physicians concerning treatments and medications, with an understanding of cause and effect thereof.[25]

Obstetricians and nurses agree that there are specific nursing functions during the puerperium. These functions fall into several categories as noted by Zabriskie as follows: introduction to the postpartum unit, reaction to delivery, immediate care, daily routine, general care, special procedures and health guidance.[26]

Two researchers, Marion Lesser and Vera Keane, reviewed nurse-patient relationship to identify the nurses' role in the 1956 maternity service. They noted that the nurses' contributions to patients'

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[25]Melton J. Lesnik and Bernice E. Anderson, Nursing Practice and the Law (Philadelphia: J. B. Lippincott Company, 1959), p. 259.

[26]Elise Fitzpatrick and Nicholson J. Eastman, Zabriskie's Obstetrics for Nurses (tenth edition; Philadelphia: J. B. Lippincott Company, 1960), pp. 267-322.

postpartum care to be:

> Many nurses and patients alike believe that the nurse's chief function is to assist the obstetrician in carrying out health goals. Although other functions of nurses have been growing tremendously during recent years, top priority is almost invariably given by the institution, by doctors, and by nurses themselves, to these functions which everyone agrees are vital. While sporadically, nurses make attempts to meet the emotional needs of patients, this required or expected function is always given precedence when a conflict exists between fulfilling different types of needs simultaneously.[27]

These authors recommended that the nursing functions were to contribute to practices that will provide parents with the personal interest, emotional support, and information which represent their primary unmet needs. As these needs are more widely recognized, and as channels are established and enlarged to meet them, there is little doubt that the nurse will satisfy the informational and emotional needs of parents.[28]

This new generation of student nurses will grow with increased awareness that the new mother is more than someone with physical and emotional needs; these mothers have a right to participate in decision making which deals with their own health plans. Nurses will gain knowledge and understanding in helping mother, father, and baby to develop better relationships through family-centered nursing. Nurses can contribute to the coming generations by meeting the present health needs of the women who are having children. As nurses gain this awareness their own satisfaction will grow which will encourage them to continue to give more comprehensive nursing care.

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[27] Lesser and Keane, op. cit., p. 210.

[28] Ibid., p. 224.

In addition to the nurse's role, mention should be made of the doctor-nurse cooperative role. Rozella Schlotfeldt, Dean of the School of Nursing at Western Reserve University, issued a mandate for nurses and physicians as follows:

> Recognition of the need for collaborative action on the part of physicians and nurses stems from the goals they share: promoting and preserving optimal health for all through restoring persons who temporarily suffer from disease, disability, and deprivation of several kinds; helping permanently infirmed and disabled persons adjust; and preserving the rights and dignity of all persons needing help.[29]

A review of literature in this chapter was concerned with the student nurses' expectation of the obstetricians' role and the purported obstetricians' contributions to the postpartum patient care and the students' complementary role in contributing to patient care which was initiated during the obstetrician's visit. A definition for health was given to set focus for the collaborative team. This broad concept of health encouraged two physicians to define their changing role which was refuted by a social scientist. Because the paramedical team must identify their roles, a study collaborating the social scientists and the health profession defined the obstetrician's role of patient care in postpartum care. As there seemed to be no available study to support nurse expectation of obstetrician role the researcher used two studies to provide general concepts of role expectation to guide understanding of the role expectation of one discipline in relation to another discipline. Then,

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[29]Rozella Schlotfeldt, "A Mandate for Nurses and Physicians," American Journal of Nursing, 65:12:102, December, 1965.

to look at the scope of the nurses' role, two sources were used. Specific information for nursing functions according to categories was identified by an obstetrician and a nurse which helped the researcher to categorize role contributions. As it was necessary to identify the nurses' complementary role in the maternity service a study noted the reported nurses' function and recommended changes. Finally, the mandate for nurse and physician collaboration was cited which would encourage a team approach for improved patient care.

CHAPTER III

ANALYSIS AND INTERPRETATION OF DATA

Questionnaire

Questionnaires were completed by six obstetricians and twenty-five sophomore professional nursing students in one hospital in Montana. The questionnaire consisted of seven questions; five of these questions had subdivisions to guide the respondent to suggested areas. A copy of the questionnaire is included in the Appendix.

Common Facets Between the Nurse Students' Expectations and the Purported Obstetricians' Role in the Postpartum Division

After 31 of the questionnaires were completed the responses were categorized. For the purpose of this study the categories were meant to represent the major areas of responses inclusive of the common facets indicated in the questionnaire and in the written reports used throughout the study. The comments and the researcher's category placement for each question and comparison follow:

1. How does the obstetrician treat postpartum patients' physiological changes during his hospital visits?

    a. Nurses' comments of the obstetrician's role included in the physiological category were:

        Prevention and control of complications
        Check blood loss
        Check voiding
        Control diet
        Prevention and management of infection
        Medication management for pain and uterine involution

Observe and control vital signs
Order exercises
Management of thrombophebitis
Provide orders for breast care
Program of perineal care

b. Obstetricians' comments of their role included in the physiological category were:

Management of phlebitis
Provide orders for breast care
Program of perineal care
Management of involution
Management of complications
Check urine and stool output
Management of pain
Prevention program
Provide guidance

Common facets between the nurses' expectation and the purported obstetricians' physiological role in the postpartum division were the management of: voiding, phlebitis, breast changes, perineal program, involution, pain, as well as prevention and complication control.

2. What overt and covert behavioral changes are observed and dealt with by the obstetrician during the patient's post-delivery hospital stay?

a. Internal forces (emotional and adjustmental)

(1) Nurses' comments of the obstetrician's role in the internal forces category were:

Expect and accept depression and mood swings
Parental responsibility is developed through education
Explanation and opportunity to practice child care will reduce fear
Acceptance of her baby achieved through discussion
Emotional support and guidance of mother and father
Threat of loss may be met by supporting and understanding feelings
Children's acceptance of new family member met by guidance
Unwed mother management

Encourage figure restoration
Answer questions to reduce covert fears
Advise and reassurance for new home role adjustment
Physical change management will reduce psychological forces

(2) Obstetricians' comments of their role included in the internal forces category were:

Child acceptance met on an individual basis
Family relationships known and reinforced
Emotional swings expected and accepted
Family and home concerns expressed
Encourage plans for child care
Prepare for home adjustment
Provide "pros" and "cons" of nursing to reduce conflict
Management of psychosis

b. External forces (baby and service)

(1) Nurses' comments of the obstetricians' role included in the external forces category were:

Demonstrate handling the baby to reduce fear
Listen to the mother who is concerned about the children at home
Order "feed in" for mother who wants to rest
Reassure mother that she and baby are progressing normally and they are normal
Reassure mother that the baby is getting proper care
Insist that breast feeding mothers get help
Consider abnormal baby management
Economic problems can be worked out

(2) Obstetricians' comments of their role were:

Careful consideration of staff attitudes
Assist the mother to handle rejection
Insist on adequate care for mother and baby
Usually pleased with baby and service
Unrealistic expectation must be handled positively
Expect fatigue factor

Common facets between the nurses' expectation and the purported obstetricians' psychological role during the patient's post-delivery hospital stay were: acceptance of mood swings, consideration of family

relations, preparation for home adjustment, deviation from normal management explanation with positive reassurance and individual consideration.

Different facets between the nurses' expectation and the purported obstetricians' psychological role during the patient's post-delivery hospital stay were noted as: (1) the nurses emphasized education, demonstration, information, and listening for psychological management; and (2) the obstetricians relied on patients' expectations, provisions for management, restoration as methods of intervention. They seem to note more of the recognized experiences and the marked deviations.

3. What psychosocial factors affection the patients are considered during the obstetrician's hospital visit to maternity?

   a. Forces outside the hospital (family and economics)

      (1) Nurses' comments of the obstetrician's role included in the psychosocial category were:

      Consider family size which influences mothers' attitude
      Respect family needs and goals
      Consider husband's income and insurance coverage
      Consider family relationships
      Consider unwed mother
      Deal with unwanted child problems
      Management of working mother
      Consider nutritional needs
      Approach to culture problems
      Discuss relatives attitude toward the new member
      Consider parents' age
      Consider home facilities
      Evaluate family health status

      (2) Obstetricians' comments of their role included in the psychosocial category were:

      Evaluate marital stability
      Consider Financial status
      Consider home environment and family relations
      Management of individual problem
      Consider demands of children at home

b. Forces inside the hospital (environment and role)

(1) Nurses' comments of the obstetrician's role in the psychosocial factors in the hospital were:

Consider esthetic factors such as noise, heat and odor
Notice the personnel's attitude toward mother and baby care
Know hospital scheduling which included many nurses
Establish and maintain a happy unit
Consider special needs to establish a satisfactory relationship
Assist her to accept hospitalization routines
Inform her of what is expected of her
Discuss the environmental influences that are beneficial to the baby
Communicate with patient about satisfaction of hospital stay
Consider her compatability with roommate and staff
Consider mother's and nurses' expectations for self and baby care
Check that standards of comprehensive nursing care are provided
Provide opportunity for the patient to confide in and like her doctor
Mother-child relationship which is influenced by separation should be avoided
Explain new and different procedures

(2) Obstetricians' comments of their role included in the psychosocial factors in the hospital were:

Consider and deal with hospital influences
Consider patient-roommate relationship
Encourage ward as mothers are much happier in a ward setup
Intervene if untoward situations arise
No psychosocial factors are considered by one obstetrician

Common facets between the nurses' expectation and the purported obstetricians psychosocial role were the consideration of: children at home, financial status, marital stability, family relations, environmental influences, as well as deal with untoward interpersonal relations, and

strive for a happy ward.

4. How does the obstetrician meet the postpartum patient's religious needs during his hospital rounds? (individual rites and rights)

   a. Nurses' comments of the obstetricians' role included in the religious aspect were:

      Notify the pastor or minister as the need occurs
      Grant religious request whenever possible
      Anticipate religious requirements when the baby is not expected to live
      Recommend that religious ceremonies be incorporated into the program
      Accept the patient's religious decisions
      No idea was held of the doctor's role in regard to religion
      Medical assistance for circumcision
      Allow religious freedom and rights
      Not allow religious ceremonies that could harm the baby
      Religious support
      Individual management of this aspect of comprehensive care
      This is the minister's role, not the obstetrician's role
      Do not perform medical intervention that is against the mother's belief

   b. Obstetricians' comments of their role included in the religious aspect were:

      Provide them with all they need
      Leave it up to the administrative staff of the hospital
      Individual approach
      Consider religious needs during crisis
      Respect their beliefs
      Contact the pastor

Common facets between the nurses' expectation and the purported obstetricians' role in the religious aspect include: meet patient's needs, individual approach to each situation, consider religious needs during crisis, contact the pastor, and respect patient's belief. A nurse student and an obstetrician noted that it was not the doctor's role. This could have an influence on the nurse's role as the medical teams' responsibility rests primarily in respecting the patients' religious beliefs and in using

the clergy as resource persons when the patient faces stress situations.[29]

5. What medical intervention may be utilized to promote maximum maternal-child relationship during the maternity period of hospitalization?

   a. Nurses' comments of the obstetricians' role included in the intervention to promote maximum maternal-child relationship were:

      Health teachings should be done by every member of the team
      Questions should be answered and reasons given for the answer
      Emotional stabilizing, hemorrhage preventing, and sleeping drugs ordered
      Encourage breast feeding to insure maximum maternal-child relationship
      Meet physical needs
      Order vitamins and minerals
      Coordinate patients care program
      Allow rooming in
      Baby abnormalities explained and treated
      Meeting psychological needs is the most important factor for a good relationship

   b. Obstetricians' comments of the obstetricians' role included in the intervention to promote maximum maternal-child relationship were:

      Request consultation for severe emotional problems
      Order the postpartum program of care
      Rooming in disadvantages:
         1. mother gets more tired
         2. expensive
         3. increased chance of infection
         4. added work for the staff
         5. patient usually does not want it

      Physician is the advisor
      Urge breast feeding to enhance relationship
      Compromise with administration
      Solve pediatrician-obstetrician conflict

Common facets between the student nurses' expectation and the obstetricians' purported role were: order the postpartum program of

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[29]Ruth V. Matheney, et al., Fundamentals of Patient-Centered Nursing (C.V. Mosby Company, 1956), p. 105.

care, urge breast feeding, and consider emotional problems. The obstetricians' purported role seemed to be pointed toward administration, consultation, and pediatrician-obstetrician conflict.

6. What educational opportunities are utilized for postpartum rehabilitation during the mother's hospital stay? Who provided these experiences?

   a. Mother

      (1) Nurses' comments included in the <u>education</u> for mother category were:

         (a) Educational opportunities

            Booklets and teaching devices for the baby care program and self care
            Prenatal classes
            Get information regarding problems
            Teach nutritional aspects
            Explain while doing the procedure
            Obstetrician provides information for return visit

         (b) Who provided these experiences

            Nurses
            Students
            Obstetricians
            Doctors
            Dietician

      (2) Obstetricians' comments included in <u>education</u> for mother category were:

         (a) Educational opportunities

            Prenatal classes
            Mothers classes in the hospital which include bath and formula demonstration

         (b) Who provided these experiences

            Physician encourages the patients to utilize the hospital services
            Office nurse instructs mother about self care
            Nurses

b. Baby

(1) Nurses' comments included in the education for baby category were:

(a) Educational opportunities

Same as above
Nurses inform mothers of sleeping time and feeding time
Nurses and doctors inform mother of infection control
Nurses demonstrate the correct method of holding the baby

(b) Who provided these experiences

Nurses
Doctors

(2) Obstetricians' comments included in education for baby category were:

(a) Educational opportunities

Mothers classes
Prenatal classes

(b) Who provided these experiences

Nurses
Service is provided by the hospital staff

c. Father

(1) Nurses' comments included in the education for father category were:

(a) Educational opportunities

Expectant parent program
Inform the father of his part in the care program
Nurse teaches the father baby care
Postnatal classes
Literature

(2) Obstetricians' comments included in the education for father category were:

(a) Educational opportunities

Prenatal class
Books
No educational opportunities are known

(b) Who provides these experiences

Mother

Common facets between the nurse students expectation and the obstetricians' purported role in relation to education were: prenatal classes, books, demonstrations in the hospital, and nurses. The student nurses recorded that education was a team job as well as providing literature. The obstetricians noted that patients are encouraged to participate in the provided programs. These obstetricians did not record that education for parenthood was their role, but each recognized that education was the nurses role.

7. What persons or agencies strengthen the postpartum patient and baby care program?

a. During hospitalization

(1) Nurses' comments included in the supportive persons or agencies category were:

The nursing team
Other doctors
Nurses
Public health nurses
Students
Family
Pediatricians
Obstetricians
Dieticians
Other health team members

(2) Obstetricians' comments included in the supportive persons or agencies category were:

Obstetrician-pediatrician
Nursing staff
Clergy
Public Health Agencies

b. After dismissal

(1) Nurses' comments included in the supportive persons or agencies after dismissal section category were:

Obstetrician
Public Health Agencies and Welfare Agencies
Clergy
Family
Well baby clinics
Pediatricians
Public health nurses home visits

Common facets between the nurse students' expectations and the purported obstetrician role in respect to referrals were: obstetricians, pediatricians, public health agencies, public health nurses, nurses, welfare agencies, social workers, literature, and family.

Table I, pages 30 and 31, illustrates the comparison of common facets between nurse students' expectations and purported obstetricians' role in the patients' postpartum hospitalized period.

In summary, to establish norms, the common facets between the nurse students' expectations and the purported obstetricians' role in the postpartum division were:

1. There were 86 common aspects in the physiological category. The student nurses' most frequent response noted fundus change management as the expected obstetricians' role. The obstetricians most frequently purported that the perineal program of care was their

TABLE I

COMPARISON OF CATEGORIES WITH IDENTIFIED COMMON FACETS OF NURSE STUDENTS' EXPECTATIONS AND PURPORTED OBSTETRICIANS' ROLE IN THE PATIENTS' POSTPARTUM PERIOD*

Categories With Identified Common Facets	Student Nurses Total Responses	Obstetricians Total Responses	Total Common Responses
Physiological Category	56	30	86
Fundus change management	13	5	
Lochial observations	7	4	
Perineal care program	7	6	
Breast change program	11	5	
Pain medications orders	2	3	
Prevention program	8	3	
Complication management	8	4	
Phychological Category	33	17	40
Acceptance of mood changes	10	3	
Family relations considered	2	2	
Home adjustment preparation	8	4	
Management of abnormalities	2	3	
Positive reassurance with explanation	2	1	
Individual consideration	9	4	
Psychosocial Category	34	16	50
Children at home concern	3	2	
Family relations considered	10	4	
Marital stability	1	3	
Interpersonal relations	6	2	
Environmental influences	6	2	
Happy ward situation	1	1	
Financial status	7	2	

TABLE I (continued)

Categories With Identified Common Facets	Student Nurses Total Responses	Obstetricians Total Responses	Total Common Responses
Religious Category	35	15	50
Individual approach	11	4	
Consider crisis	7	3	
Contact the clergy	7	5	
Respect beliefs	10	3	
Medical Intervention	33	8	41
Program of care	13	5	
Urge breast feeding	2	1	
Consider emotional aspect	18	2	
Education	56	18	74
Prenatal classes	20	5	
Hospital demonstrations	4	3	
Literature	6	4	
Nurses role	18	6	
Paramedical referrals	35	20	55
Obstetricians	8	2	
Pediatricians	2	4	
Public health agencies	1	3	
Public health and hospital nurses	12	2	
Welfare agencies	2	3	
Social workers	1	1	
Literature	6	2	
Family	3	3	

*Given by twenty-five sophomore professional nurse students and six obstetricians.

role.

2. There were 40 common aspects in the psychological category. The student nurses' most frequent response noted acceptance of mood changes as the expected obstetricians' role. The obstetricians' most frequently purported that home adjustment preparation and individual consideration as their role. Individual consideration was the students second most popular response to the expected obstetricians' role.

3. There were 50 common aspects in the psychosocial category. Both the students' expectation of the obstetricians' role and the purported obstetricians contributions to patients' postpartum hospital care favored family relations consideration.

4. There were 50 common aspects in the religious category. The student nurses' most frequent response noted individual approach as the expected obstetricians' role. The obstetricians most frequently purported response noted was contacting the clergy as their role. One obstetrician stated that he had no role in the religious category of postpartum patient hospital care.

5. There were 41 common aspects in the medical intervention category. The student nurses' most frequent response consider emotional aspects as the expected obstetricians' role. The obstetricians most frequently purported medical program of care as their role.

6. There were 74 common aspects in the educational category. The student nurses' most frequent response noted nurses as a main educational source. The obstetrician most frequent purported

educational source was the nurse; in fact, the obstetricians identified their role as one of encouraging the patients to utilize educational programs. These obstetricians did not identify an educational role in the patients' postpartum care program.

7. There were 55 common aspects in the paramedical referrals category. Student nurses identified public health nurses and hospital nurses as their referral choice. Obstetricians identified pediatricians as their chief referral choice.

Roles are always played within a framework or setting which includes the expected responses of others. Because of this interdependence of roles behavior is thrown into confusion when the responses of others fail to conform to expectations. Therefore, a lack of coordination among the roles that make up a social structure inevitably results in considerable individual confusion.[30]

Student Reports

The second part of this study attempted to identify the performance roles of the obstetrician and the student complementary roles through written recordings made by the students as they cared for postpartum patients.

Twenty-four professional nursing students were requested to

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[30]Alfred R. Lindesmith and Anselm L. Strauss, Social Psychology (revised edition; New York: Holt, Rinehart and Winston, 1956), pp. 617-618.

complete two of these reports during their postpartum laboratory experience. They were instructed to report on obstetrician-nurse-patient situation to which they had been assigned. But they were requested to report only on patients who had normal deliveries. These reports were to be written as soon as possible after the interaction. Forty-two such ungraded reports were submitted to the researcher.

The student report requested that the student write a summary of an obstetrician's contribution to patient care, how this contribution was used by the nurse, and the effectiveness to the individual patient's welfare. The identification information included patient's initials, obstetrician's code number, and student's code number. These code numbers were given to the student nurses when they completed the questionnaire. A copy of the questionnaire is included in the Appendix.

The Reported Obstetricians' Role During His Visits to the Postpartum Division

There was a marked contrast in the reported contributions to patient care provided by the obstetricians as indicated by the following quotes: One student said, "I feel that the obstetrician's visits were insignificant to the postpartal hospital recovery of the patient." Another student stated, "I feel that the obstetrician did not contribute except that he did come and that may have given her some satisfaction and emotional support." The third student report claimed, "The obstetrician explained to one patient that she had a bicornuate uterus and tried to draw a picture with further explanation." The last quoted student's

statement was, "I feel the obstetrician helped to alleviate the mother's anxiety concerning physiological changes occuring postpartumly. The doctor encouraged questions and gave answers that were meaningful to the new mother." These statements indicated that there was a marked contrast in recognized obstetricians' contributions to patients' postpartum care.

The professional nurse students reported the obstetrician's performance role in patient postpartum care during his hospital visits. After the student reports were completed the responses were categorized. The comments and the reseacher's category placement follow:

Nurses' comments included in the physiological category of the obstetrician's actual role were:

Program of ambulation
Management of anemia
Orders for abdomenal positioning
Management of breast change
Order breast pumping
Control diet
Management of medication
Control of pain
Program of perineal care
Management of phlebitis
Control of involution
Encourage rest
Tubal ligation
Management of mother's physical abnormality
Reduction of baby's physical abnormalities

Nurses' comments included in the psychosociological category of the obstetrician's actual role were:

Understanding home relationships
Anticipate patient needs and ask questions to gain required information
Inform mother of baby's progress
Discuss previous experiences that are of concern to the mother
Explain reasons for prolonging the patient's stay
Provide opportunities for questions

Assist patients to solve their problems
Explain vaginal discharge change
Explain procedures ordered
Encourage questions
Encourage breast feeding
Reassure mother that her milk supply will develop
Maintain a relaxed, friendly approach

The reported performance role included in the physiological category of the obstetrician's responsibilities during the patient's postpartum hospital stay complied favorably with the literature of Eastman,[31] as well as Beck and Rosenthal.[32] The reported functions included in the psychosociological category of this study noted that the obstetricians' role is similar to the literature presented by Greenhill.[33] However, this study emphasized the social aspect with greater vigor.

The Reported Nurses' Complementary Contributions to Patient Care

There was a marked contrast in the reported complementary contributions to patient care provided by the nurse. Several of the important quotes are presented here. One student said, "The obstetrician did not contribute to the patient's care so I had nothing to contribute." Another student reported, "He came in, asked if her breasts were causing her discomfort, asked if she had been lying on her tummy, then left. I

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[31]Nicholson J. Eastman, Williams Obstetrics (eleventh edition; New York: Appleton-Century-Croft, 1956), pp. 486-504 and pp. 970-1016.

[32]Alfred C. Beck and A. N. Rosenthal, Obstetrical Practice (seventh edition; Baltimore: The Williams and Wilkens Company, 1958), pp. 396-423 and pp. 650-681.

[33]J. P. Greenhill, Obstetrics (twelfth edition; Philadelphia: W. B. Saunders Company, 1960), pp. 357-372.

explained why." Another student claimed, "I reinforced what he had said about home care." In an incident dealing with tubal ligation the student reported, "She had no previous experience with surgery so I spent extra time in her room to give her opportunity to ask questions about what would happen; what to expect. I think by the time she went to surgery she was pretty well prepared for the experience." The last quoted statement was, "Because he didn't explain so she could understand, I was able to talk to her at her level about the things I knew." However, these quoted statements indicated a collaborated doctor-nurse role relationship on behalf of the student.

The professional nurse students reported their complementary role in the postpartum patient care which was initiated by the obstetrician during his rounds. After the student reports were completed the responses were categorized. The comments and the researcher's category placement follow:

Nurses' comments included in the physiological category of the nurses' complementary role were:

Administration of ordered medication
Apply binders and pump breasts
Assist patient to ambulate
Provide treatments such as sitz bath, light, and ointments
Position patients
Dietary education

Nurses' comments included in the psychosociological category of the nurses' complementary role were:

Empathize
Explain the why's, do's and don'ts
Communicate message at the patient's level of understanding
Reassure patient about her doctor's program of care

TABLE II

THE REPORTED OBSTETRICIAN-NURSE CONTRIBUTIONS TO PATIENTS' WELFARE*

Obstetricians Contributions	Nurses' Complementary Contributions	Patients' Welfare
None observed during experience	Nothing to record	No influence noted
Unrushed concern for patient	Answered many questions	Reassurance
Presented home instructions	Reviewed the information	Develop responsibility
Encouraged ambulation	Assisted patient to get up	Ambulated freely, felt better
Ordered involution medication	Explained & gave medication	Took medication freely
Ordered tub bath	Listened to expressed fears	Took bath which had refused
Tubal ligation	Opportunity to ask questions	Seemed well prepared for surgery
Explained vaginal discharge change	Reviewed the expected change	Acceptant of progress
Ordered breast binder	Applied & explained purpose	No noted breast discomfort
Perineal care program	Explained differente to patients	Accepted different orders
Abnormality explained, pictures	Discussed abnormality	Acceptant of abnormality
Diet and medication for anemia	Assisted with diet selection	Changed eating habits
Reassured about milk supply	Positioned and pumped breasts	Milk supply increased
Explained reason for extra stay	Empathized	Husband expected her home
Provided the "do's" and "dont's"	Explained the reasons	Gained understanding
Ordered procedures	Assisted and explained	Alleviated anxiety
Encouraged problem solving	Assisted with problem solving	Problem solved, then was able to concentrate on other matters

*Responses from student reports were completed by the sophomore professional students.

planned education and management of the patient care program. The nurses' comments indicated an identifiable physiological and psychosociological role for the obstetrician. This was recognized in current literature for obstetricians. Therefore, the purported obstetrician's role was similar to the reported role. However, individual differences in the assumed contributions to patient care during the hospital visits were noted.

The nurses' complementary role included administration of medications, treatments, communication with the patient, reinforcing the doctor's orders, explanation of the procedures, patient education for self care, and provision of literature. The most frequently reported nurses' complementary contribution to patient care was reinforcing the obstetrician's program of care through explanation and education.

The obstetrician-nurse team approach had some positive effectiveness on the individual patient's welfare. Some of the notable contributions to the patient's welfare were: developed responsibility for home care, gained understanding from explanations, changed dietary habits, felt better, increased milk supply, alleviated anxiety, and solved the problem which allowed the patient to concentrate her efforts on other matters. These contributions have physical and psychological manifestations. Table III, page 41, pointed out obstetrician-nurse contributions without noted influences on patient's welfare. Because the student recordings did not relate the obstetrician's contribution or the nurses' contribution to patients' welfare this information could not be included in Table II, The Reported Obstetrician-Nurse Contributions to Patients'

TABLE III

THE REPORTED OBSTETRICIAN-NURSE CONTRIBUTIONS WITHOUT NOTED INFLUENCES ON PATIENT WELFARE

Obstetrician's Contribution	Nurse's Contribution
Told patient about her condition, encouraged rest	Explained it at her level
Anticipated her questions	Discussed them with her
Encouraged questions, answered meaningfully	Provided literature
Informed mother of baby's progress	Listened and reassured
Explained medications ordered	Answered questions about prescription
Ordered up after phlebitis	Got her up with persuasion
Ordered medications	Gave and explained medications
Told her his orders	Explained care program
Asked how things were at home	Listened
Asked about breast pain and ordered abdomenal positioning	Explained why
Told her to take a sitz	Explained and showed her
Interested in her problems	Answered her questions
Reassured her of baby's progress	Told her the baby is fine
Asked her how she was doing	Talked to her about herself
Told her that he would be back	She had confidence in nurse
Told her the "do nots"	Explained the reasons
Asked her questions about her progress	Listened and discussed
Perienal care orders	Demonstrated self care
Explained home care	Explained further questions
Encouraged breast feeding	Explained the reasons for it
Ordered breasts pumped	Demonstrated manual expression and pumping
Explained vaginal discharge change	Listened and reinforced

Welfare. However, there may have been notable contributions to the patients' welfare that developed from these interactions, but the student reports did not provide such information.

There are certain variables that have not been dealt with in this study. One such variable was the difference in the report contributions. This may indicate that some nurses had more contact with the obstetricians during their hospital visit. Another variable that was not considered was the individual differences of the patients. Still another variable was the student's ability to prepare these reports. These factors were not controlled in this study.

CHAPTER IV

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The nurses' role is moving toward the establishment of an interdisciplinary colleagueship based upon shared responsibilities and focused on health needs of the people. Therefore, it is necessary to analyze doctor-nurse relationship in light of the perceived contributions of the doctor and the complementary role of the nurse in influencing the patients' welfare.

The purposes of the study were: (1) to identify common facets between the student nurses' expectation of the obstetricians' role and his purported contribution to patient care during the postpartum hospital period; (2) to identify the obstetrician's performance role during his postpartum visits; and (3) to identify the students' complementary role which was initiated during the obstetricians' visits to the postpartum division.

It was hypothesized that: (1) there are common facets between what the obstetricians perceived as their contribution to postpartum patient care and what the student nurses perceived as the obstetrician's role; (2) there is an identifiable role established by the obstetricians during their postpartum hospital visits; and (3) there are identifiable student contributions to patient care which complement the obstetrician's role.

The descriptive survey method was selected for the study and the information was gathered by questionnaires and student reports. Six

obstetricians and twenty-five sophomore professional nursing students completed the questionnaires to provide data for the identification of student nurses' expectation of the obstetrician's role and his purported role during the postpartum hospital visits. The student report provided data to identify the obstetricians' performance role and the nurses' complementary role during the patient's postpartum stay in the hospital. However, these sophomore students were only beginning to experience their nursing in postpartum care role which could have influenced their responses.

The hypothesis that there are common facets between what the obstetricians perceived as their contribution to postpartum patient care and what the student nurses perceived as the obstetricians' role, supported the analysis of the results of this study. These agreements were used to establish the obstetrician's normative role. Some common facets were found: 86 in the physiological category, 40 in the psychological category, 48 in the psychosocial category, 50 in the religious category, 41 in the medical intervention category, 74 in the educational category, and 55 in the paramedical referral category.

There were several common facets identified between the student nurses' expectation and purported obstetricians' role in the postpartum division. Although these common facets were identified in each category of the study, the obstetricians and students were inclined to favor some different facet. The students identified aspects that were important in their frame of reference while the obstetricians viewed their role as administrative but influenced by circumstances. The obstetricians did

not perceive their role to include education, but assigned this responsibility to the nurses. Eighteen students identified education as one of their responsibilities. One doctor claimed that he had no responsibility in respect to the religious category of patient care. Also, no religious responsibility for the obstetrician was noted by one student. Another obstetrician noted he did not consider psychosocial factors in the hospital. But the students considered the psychosocial factors to be the obstetricians' role. Since some differences were noted, one role must adjust and compensate for the other to improve patient care. This was emphasized when all the obstetricians reported that educating mother and father was the nurses' role.

The student's reports were the basis from which the researcher identified the obstetricians' performance role during his visits to the postpartum division and the nurses' complementary contributions to patient care in the postpartum hospital unit.

It was hypothesized that an identifiable role would be established by the obstetricians during their postpartum visits. This performance role was similar to the obstetricians' purported role, and his role described in literature. However, individual difference in assuming responsibility was noted which altered the performance role. Therefore, the obstetrician's role is vunerable to deviation. So it would seem necessary for the nurse to make patient visits with the obstetrician in order to identify and complement the obstetrician's role in each situation.

It was, also, hypothesized that there are identifiable student contributions to patient care which complement the obstetrician's role

which was initiated during his visit to the postpartum hospital divisions. The most frequently reported nurses' complementary contribution to patient care were that of reinforcing the obstetricians' orders through explanation and education. Again, individual differences in reported contributions to patient care were noted. Perhaps this is attributed to individual's abilities and attitudes.

The obstetrician-nurse team approach has some positive effectiveness to individual patient's welfare. Some of the notable contributions to the patient's welfare were: developed responsibility for home care, gained understanding from explanations, changed dietary habits, felt better, increased milk supply, alleviated anxiety, and solved the problem which allowed the patient to concentrate her efforts on other matters.

There are three implications for nursing care that were pointed out in this study. One, it is the nurse's responsibility to educate the mothers and fathers. Two, the nurse should make patient visits with the obstetrician for complementary role fulfillment. Three, paramedical team productivity would be strengthened through cooperation and better understanding of each other's roles.

The researcher would recommend that interviews as well as questionnaires be used to establish the student nurses' expectation of the obstetricians' role and the obstetricians' purported contribution to patient care during his postpartum hospital visits. Both interview and questionnaire method of investigation would increase the clarity of information obtained from the respondents in the study. Also, that

observations by the researcher as well as student reports be used to establish the obstetricians' performance role and the nurses' complementary role in patient postpartum care. This type of an approach to the investigation would tend to reduce the variations noted in the students' written reports.

Suggestions for further study are:

1. Conduct a similar but more extensive study developed on a random sample of professional student nurses and obstetricians.
2. A similar study using a more advanced student nurse group might enable the investigator to glean a different view of the obstetrician-nurse role in contributing to postpartum care. A student at this advanced level may begin to view her role more nearly like the professional graduate nurse. That is to think of her function, perhaps, as a clinical associate of the physician, a therapist to the patient, and a teacher to patient and family more so than would the younger or less mature student nurse group.

APPENDIX

QUESTIONNAIRE

This questionnaire pertains to maternity patients who had normal deliveries.

1. How does the obstetrician treat postpartum patients physiological changes during his hospital visits?

2. What overt and covert behavioral changes are observed and dealt with by the obstetrician during the patients post-delivery hospital stay?

   a. Internal forces (emotional and adjustmental)

   b. External forces (baby and service)

3. What psychosocial factors affecting the patients are considered during the obstetrician's hospital visit to maternity?

   a. Forces outside the hospital (family and economics)

   b. Forces inside the hospital (environment and roles)

4. How does the obstetrician meet the postpartum patients religious needs during his hospital rounds? (individual's rites and rights)

5. What medical intervention may be utilized to promote maximum maternal-child relationship during the maternity period of hospitalization?

6. What educational opportunities are utilized for postpartum rehabilitation during the mother's hospital stay? Who provided these experiences?

   a. Mother

   b. Baby

   c. Father

7. What persons or agencies strengthens the postpartum patient and baby care program?

   a. During hospitalization

   b. After dismissal

Have you had maternity floor experience during your educational program?

STUDENT REPORT

Write a summary of an obstetrician's contribution to the patient care, how this contribution was used by the nurse, and the effectiveness to the individual patient's welfare.

Patient's initials: _____

Obstetrician's code number: _____

Student's code number: _____

LITERATURE CITED

LITERATURE CITED

Books

Adams, Lewis M., et al. Webster's Dictionary. New York: Books, Inc., 1957.

Beck, Alfred C., and A. H. Rosenthal. Obstetrical Practice. Seventh edition. Baltimore: Williams and Wilkens Company, 1958.

Davis, M. Edward, and Reva Rubin. Obstetrics for Nurses. Seventeenth edition. Philadelphia: W. B. Saunders Company, 1963.

Eastman, Nicholson J. Williams Obstetrics. Eleventh edition. New York: Appleton-Century-Croft, 1956.

Fitzpatrick, Elise, and Nicholson J. Eastman. Zabriskie's Obstetrics for Nurses. Philadelphia: J. B. Lippincott Company, 1960.

Greenhill, J. P. Obstetrics. Twelfth edition. Philadelphia: W. B. Saunders Company, 1960.

Gross, Neal, W. S. Mason, and A. McEachern. Exploration in Role Analysis. New York: John Wiley and Sons, 1958.

Jaco, E. Gartly (ed.). Patients, Physicians and Illness. Glencoe, Illinois: The Free Press, 1958.

King, Stanley H. Perception of Illness and Medical Practice. New York: Russell Sage Foundation, 1962.

Lesnik, Melton J., and Bernice E. Anderson. Nursing Practice and the Law. Philadelphia: J. B. Lippincott Company, 1959.

Lesser, Marion S., and Vera R. Keane. Nurse-Patient Relationships in a Hospital Maternity Service. St. Louis: C. V. Mosby Company, 1956.

Lindesmith, Alfred R., and Anselm L. Strauss. Social Psychology. Revised edition. New York: Holt, Rinehart and Winston, 1956.

Matheney, Ruth V., et al. Fundamentals of Patient-Centered Nursing. St. Louis: C. V. Mosby Company, 1964.

Wiedenbach, Ernestine. Family-Centered Maternity Nursing. New York: G. P. Putnam's Sons, 1958.

Ziegel, Erna, and Carolyn Van Blarcom. Obstetric Nursing. Fifth edition. New York: Macmillan Company, 1964.

Publications of the Government, Learned Societies, and Other Organizations

Haas, J. Eugene. Role Conception and Group Consensus. Research Monograph Number 117. Ohio: Bureau of Business Research, Columbus, Ohio: The Ohio State University, 1964.

World Health Organization, "Constitution of the World Health Organizations," 1:1-2:29-43, 1947.

Periodicals

"American Nurses' Association's First Position on Education For Nursing," American Journal of Nursing, 65:12:106-111, December, 1965.

Chereseavich, Gertrude. "The Expanding Role of the Professional Nurse in a Hospital," Nursing Forum, 3:4:20, 1964.

Hill, Kevin. "How Doctors Should Talk to Patients and Staff," Modern Hospital, 98:1:82, January, 1962.

Hilliard, Mary E. "The Evolution of a Maternity Nurse," Nursing Forum, 4:2:18, 1965.

Jacobsen, E. Charters, et al. "The Use of the Role Concept in the Study of Complex Organizations," Journal of Social Issues, 7:18-27, 1951.

Kebrick, Anne K. "The Effect of Self and Role," Nursing Research, 3: 140-146, Fall, 1963.

Peplau, Hildegard E. "Nurse-Doctor Relationship," Nursing Forum, 5:1: 73-75, 1966.

"Report of NLN's Third Biennial Convention," Nursing Outlook, 5:6:354, June, 1957.

Schlotfeldt, Rozella. "A Mandate For Nurses and Physicians," American Journal of Nursing, 65:12:102-105, December, 1965.

Thurman, Howard. "The Responsibility of the Professional Person to Society," Nursing Outlook, 5:6:334, June, 1957.