

LEARNING TO NURSE FAMILIES

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Maternal and Child Health appears in our B.Sc.(N) program as an eight-credit course placed at the end of the second year of learning to nurse. The concepts of health, family and development which permeate the entire curriculum continue to be developed during this segment of student learning. The course focuses on several events of family life, one of which is the birth of a child and the incorporation of a new family member.

The student brings to the course a sound basis in the biological and social sciences and the beginnings of critical thinking. During their two previous years, they have engaged in clinical experiences which fostered the building of a body of knowledge and acquiring a repertoire of skills to serve as a basis for nursing families. The following situations describe the characteristics of families in the order they are presented to the students from their year of entry to the program:

- 1) families with elderly parents and/or grandparents who are living in a home for the aged;
- 2) families with an adult member who requires surgical intervention for a short-term health problem;
- 3) families with an adult member who is experiencing a health problem of a chronic nature;
- 4) families who are rearing young children.

At this point in the curriculum, the students have nursed a minimum of seven families. These experiences have afforded them the opportunity to compare and contrast family structure and function with a particular reference to health as well as styles of working with families in a health promoting way.

To discover how families incorporate a new infant, students nurse a family in hospital during labor, delivery and the early post-partum period. As well, they choose a family to follow after discharge from hospital and to nurse on a long-term basis.

Criteria for selection of families for the students include:

- a) *Family Structure*. Students nurse a nuclear single or dual career family. They also become involved with a family with an extended network or a single parent family;
- b) *Culture*. With a variety of cultures to select from, students work with at least one family from a culture other than their own;
- c) *Number of Children*. Students nurse a family having its first child as well as one with one or more children at home;

- d) *Method of Delivery*. The majority of students nurse a family in which the method of the mother's delivery is vaginal and one in which a Ceasarian Section is indicated;
- e) *Method of Infant Feeding*. Students nurse a family in which the mother is breast-feeding as well as one in which she is bottle-feeding the newborn.

During the month of study, students nurse a minimum of two and a maximum of four families. They learn to identify changes in behaviour which relate to the establishment and maintenance of the family unit. They also engage in an examination of attitudes, feelings and values which confront them as they nurse these families.

Critical behaviours which summarize their method of nursing are:

- 1) Assessment focuses on the family as a unit rather than on individual members of the family;
- 2) Planning of care involves identifying goals and priorities in collaboration with the family;
- 3) Care is delivered in a manner which assists the family to learn to cope with issues affecting its health;
- 4) Evaluation of care incorporates the family and is based on the family's response to the plan which is used as feedback for further assessment and planning.

Three aspects of student behaviour are monitored to assess progress in learning to nurse families. Their clinical work demonstrates in practice the development and use of knowledge about nursing families. Clinical conferences provide information about attitudes and values which are challenged by the nature of the experience and which influence their way of nursing. Clinical assignments reveal the fund of knowledge and conceptual ability of the learner. A compilation and analysis of data from these three sources are used to determine progress in learning to nurse.

This paper describes the learning outcomes of a major aspect of Maternal and Child Health, which is learning to nurse families who are in the process of incorporating a new member. The data were gathered during the months of May and June 1980 as two groups of students engaged in learning experiences which were developed to foster this end. The learning outcomes are categorized according to the method used to monitor the students' learning.

CLINICAL PRACTICE

Data gathered by ongoing day-to-day observation of students' interaction and nursing of families revealed three indicators of learning related to the development and use of knowledge in practice.

There were three changes of an interpersonal nature evident in the students' behaviour.

Becoming comfortable with babies. The majority of students had no prior experience with infants. Their level of comfort with infants was evident from the initiative taken and the manner used to handle, cuddle, talk to and generally interact with them. Two statements made by students reflect their increase in comfort with babies. "I can now bathe, diaper and bundle a newborn without having the temperature drop", and "I've learned to soothe crying newborns by bundling and cuddling them tightly. Initially, I was afraid to hurt them".

Interacting with a dyad and/or triad. Since mother and/or parents and baby were together during most of the students' clinical experience, they needed to interact with the family as a unit. Over time, as they got to know each member of the family, students acquired the sensitivity and skills necessary to attend and respond to more than one interactional stimulus. Most students concurred with the observation of one of their peers: "My impression of the family changed after I had spoken with Mr. B. and had seen him with his wife and baby. A family is more than the sum of its parts. I think that to really nurse a family, one needs to interact with all of its members".

Helping families learn. Students identified a major focus of nursing centers on assisting parents to develop parenting skills. Assessing the level of knowledge and skill of parents, selecting strategies which foster learning, and evaluating the outcomes of these strategies formed an important part of their experience. One student described the mother's anxiety and awkwardness with the baby: "Mrs. M. held Shelley with caution and handled her gingerly. Both she and her husband asked many questions and gave the impression of feeling insecure with the baby. All their questions plus my own experience with learning about newborns have really proved to me that parenting is a learned behaviour".

ASSESSMENT AND TECHNICAL SKILLS

Students added to their repertoire of skills those needed to assess the health and development of the enlarging family.

Physical assessment of the mother and baby. Students learned how to auscultate fetal heart rates, palpate uterine height and consistency and use the Apgar Score, growth charts and the Denver Development Screening Test in their assessment of the development and health of mother and baby.

Assessment of learning and health needs. As their experience progressed, the students' data base revealed more and more information about the family's patterns of interaction, problem solving and decision making. As well, their data included resources available to and used by the family.

Students identified strengths and weaknesses within the family and used all of these data to help the family identify and cope with their learning and health needs. One student expressed, "Although most families appear to be concerned about the development and health of their babies, there are many individual differences within each family's situation that influence their needs and ways of meeting their needs". Another student described the situation: "We spent an hour talking about ways of resolving the grandparents' traditional view of infant feeding which evolved from an old Chinese custom with the parents' commitment to breastfeeding".

CLINICAL DECISION MAKING

Learning indicators related to clinical decision-making included evidence that the students were incorporating the family in identifying goals and priorities. Their nursing interventions gradually became more responsive and accountable to the changing situation with the family's response being used for further assessment and planning. In this way, students' clinical decision-making became an ongoing and dynamic process.

Examples of these observations include the student who explained the decision to bathe the baby at noon, "Mr. and Mrs. S. share their family responsibilities and intend to continue doing so with the care of Jeanie. Since Mr. S. will be in at noon to visit and it is important for him to become involved with Jeanie's care from the start, we decided to wait until he arrives to bathe the baby". Another student stated, "My work with the family changes each day as the mother becomes more rested and is able to assume more responsibility for the care of the baby".

CLINICAL CONFERENCES

Data generated from post-clinical conferences revealed many attitudes, feelings, and values with which the students were attempting to deal. Through acknowledgement and exploration of these attitudes, feelings, and values, students examined their influence on nursing.

Many students were unprepared for the intensity of labor and the resultant fatigue experienced by mothers. Statements such as, "There must be an easier way" and "It's too bad that fathers cannot take turns having babies", revealed their feelings about what they had observed. Others felt somewhat overwhelmed by the experience of observing a birth. "It's such an emotional experience" and "I felt as if I had worked as hard as the parents when the baby arrived", were typical of comments made by students.

They demonstrated a need to confront their feelings about privacy and sexuality as a result of nursing these families. One student remarked,

"Having a baby is such an invasion of privacy". Some students stated that they identified with the mother during labor and delivery, and commented on the intimate nature of the nursing activities involved. Generally students viewed parenting as a serious undertaking. One student stated, "The idea that having a child is the most natural thing in the world may be true, but I'm not sure. The changing ways of living and the existence of many alternate lifestyles make having a baby now a more difficult decision than ever". Another student concurred, "Parenting is a risky process because it involves a deep commitment to the unknown. The outcomes of human relationships cannot be predicted".

There were several ways in which these feelings, attitudes and values influenced their nursing. They were in part responsible for some of the difficulties students encountered when doing physical assessments of the mothers, assisting with breastfeeding, discussing birth control, as well as other nursing activities. Their identification with the mothers' experience interfered with an objective analysis of the medical management of pain during labor and delivery. Many students found it difficult to accept some mothers' egocentricity during the early post-partum period and tended to be somewhat critical of it.

During post-clinical conferences students attempted to come to terms with these attitudes and feelings which were interfering with their learning and their nursing.

CLINICAL ASSIGNMENTS

Data from the students' clinical papers revealed knowledge about family development and nursing a family, and is categorized under the following headings.

The Developing Relationship Between Parents and Their Newborn. There were four indicators of this developing relationship in the data.

The methods used by parents to gather information about their infant. Students identified sight, hearing, and touch as the senses most frequently used by parents to get to know their child.

One student wrote, "Mrs. V. positioned the baby facing her while still on the delivery table. She smiled broadly for several minutes after which she handed the baby to her husband. He gingerly took the infant and held her in his arms as both he and the baby stared at each other".

Another student stated, "Together the parents touched the baby gently. The mother kissed him on the forehead and on both cheeks and the parents eyes were glued to the baby in wonderment".

A third student wrote, "Initially, Mrs. B. heard every breath that the baby took and every movement that he made. When a period of time went by that he did not stir, she would get up to make sure that he was still breathing".

The tendency for parents to wish to be in close proximity to their infant. Statements such as, "Mrs. D. wanted to have her daughter in her room as much as possible. She was watchful and wanted to do as much as possible for Karina", revealed this characteristic of new parents. Students interpreted these kinds of behaviours as evidence of the commitment of time and energy needed to establish and maintain a relationship.

An increase in sensitivity to the behaviour and needs of the infant. One student wrote, "The parents are becoming more in tune with the baby's needs. For example, they explained to me that Michael has a certain cry that means, 'I'm wet', and another that means, 'I'm hungry' ". Another student wrote, "Mr. D. stated that he now knows how to hold the baby so that she will stop crying". These types of observations were made during the home visit and were related to the fact that time is an important element in the establishment of a relationship.

Identification and claiming of the infant by the parents. Students viewed "looking for family resemblances" and "settling on a name" as part of the process of establishing a relationship with their infant. Two quotations from the data exemplifying this are:

"At the delivery I observed one of the father's first comments to his wife was 'he's got your eyes and your nose'. Another mother claimed that her baby looked very much like the baby's brother," and "I saw that Mrs. V. regarded her baby as different from the other babies in the nursery when she said, 'I think that Stephen is cuter than all the other babies in the nursery.' "

THE IMPACT OF THE BIRTH OF A CHILD ON THE LIFESTYLE OF A FAMILY

The data described five changes which impact on the lifestyle of a family as a result of the increase in size.

An increase in feelings of responsibility experienced by parents. Examples from the data reflecting this phenomenon include statements such as, "When Mrs. M. was burping her baby she observed out loud 'how vulnerable and totally dependent babies are on their parent' ". "Mr. B. described his participation in the birth of his daughter as a humbling experience". One student wrote, "The parents have changed from individuals responsible to, and for, each other to a collective responsible for the growth, development, and health of another human being".

Changes in activities of daily living. Students described many changes relating to the use of money, time, and space as well as revisions of personal habits such as sleeping, bathing, and eating as impacting on the lifestyle of the family. They also reported that the relationships between parents as well as with families and friends were also undergoing changes as a result of the new arrival.

Alterations in decision-making patterns. All students commented on the addition of another significant variable in the process of making family deci-

sions. One student wrote, "The baby's schedule must always be considered when making even the smallest decision. The pattern seems to be that parental activities must be scheduled around the baby's needs".

Change in status. Students remarked that the arrival of a child moves the parents along in the generational scheme of life. "In one aspect, the childhood of the parents comes to a screeching halt as the baby's needs take precedence. Parents lose their status as the young generation".

An increase in stress. One student recalled that in the Social Readjustment Scale of Holmes and Rahe, life changes experienced by the family correlated with illness susceptibility. According to these authors, when enough changes occur within a year and add up to more than 300 points, a greater incidence of ailments can occur. This student identified that the addition of a new family member adds up to 397 points.

HEALTH ISSUES WHICH PARENTS ARE LEARNING TO WORK THROUGH

There were six categories of health issues that families, who are incorporating a new child, are working through as revealed in the students' data.

Acquiring a sufficient amount of rest and sleep. The problem of fatigue in parents repeated itself over and over again in the students' data. It appeared to be more of a problem for the women; however, men were not totally exempt. One student wrote, Mrs. D. told me that she often gets insomnia waiting for her daughter to wake up at night and feed. Mr. D. also wakes up and keeps them company as he can't sleep while his wife is awake. He stated that although he thinks that his wife is more tired than he, he also feels tired a lot of the time".

Learning to provide for the growth, development, and health of the child. Parents had many questions about the development and care of their infants. "Is the baby getting enough to eat with just breast milk? When can I take her outside? Do you think that he sleeps too much? Should I bathe the baby every day?" These represent a sampling of questions that parents asked students.

Students also described other ways parents meet their learning needs. Talking situations over with friends and relatives, reading contemporary literature, and phoning their pediatrician and/or his nurse were some of the learning methods revealed in the data. Parents also expressed separation anxiety as a result of losing contact with the hospital, an important source of information for them. One student wrote, "Mrs. F. stated that in the hospital she had received a great deal of attention, teaching and supervision but now that she and her husband were in charge, they felt unprepared and anxious".

Maintaining optimal nutritional status. Issues relating to nutrition that were evident in the data are:

a) *Weight reduction.* Most women were anxious to return to their pre-pregnant weight and were attempting to do so.

b) *Provision for breast feeding.* Some women were concerned about maintaining their supply of milk while cutting down on their food intake. One student wrote, "Both Mr. and Mrs. M. expressed concern about the adequacy of her diet as a lactating mother. Wanting to regain her figure, Mrs. M. appeared reluctant to eat the recommended dietary quantities for breast feeding".

Fostering the adjustment of siblings to the new baby. The students described sibling behaviour which reflected their attempts to adjust to the increase in the size of the family. Ways parents assist their older children to deal with this issue were also evident in the data. An example from one student's paper describes how, "Three-year-old Elena has become quite demanding of her parents, especially of her mother. Although well able to feed herself, she now sometimes insists on being fed. At other times, she lies down and wants to be completely covered with a blanket just like the baby. Both parents are attempting to spend time with Elena doing special things with her, so that she knows she is loved and is as special as the baby".

Deciding on a suitable method of contraception. The data revealed that parents were in the process of exploring methods of contraception in an attempt to select the one most suitable to their needs. Many women had used oral contraceptives prior to this pregnancy and intended to return to their use. However, many couples were in the process of selecting another method of contraception while the mother was breast-feeding.

Dealing with unfinished business. A few students nursed families who, a short time before, had experienced a pregnancy that had resulted in an unfavorable outcome. These students wrote about the impact of this experience on the parents' responses to the arrival of a healthy baby. "Mr. and Mrs. D. had a special need to discuss their newborn who a year ago had died one hour after birth. This is important as they adapt to their new baby girl with fear hovering over them in view of the tragic outcome. Both parents admit that they are scared that they will also lose Karina. I noticed that Mrs. D. frequently uses phrases such as, 'I promise nothing will happen to this one!'".

HOW THEY NURSED THE FAMILY

The following words were used repeatedly to describe how the students nursed their families.

Being available. Students discussed the importance of being available as part of the nursing role. One student remarked, "I offered to make myself available by telephone and to maintain contact with the family by home visiting during the next year".

Listening. This appeared to be an activity that was valued in itself as a way of nursing. One student wrote, "Listening to Mrs. D. review her delivery seemed helpful". Another stated, "It seemed important for me to listen sympathetically to a description of their first baby and his death to allow parents to express and work out their feelings".

Supporting. Other words were used to describe this activity and included validating, reassuring and encouraging. Descriptions of this activity from the data include, "One of my nursing interventions was to reassure the family that their son was developing normally", "I validated the parents' impressions that the baby had grown considerably" and "I encouraged the family to use the Laleche League for support from other families with breastfeeding".

Exploring. There were many examples of exploring behaviour in the data. A particularly descriptive one is, "Helping them examine where their energy expenditure should be directed seemed helpful. We wrote down everything that had to be done during the day and then numbered them in order of importance. Some things were then knocked off the list".

Teaching. This activity was also described as instructing, explaining, clarifying, demonstrating and providing information. One student wrote, "A very essential nursing intervention was providing information and anticipatory guidance so as to prepare the parents for future decisions. I instructed them about growth spurts that occur at two and six weeks as well as at three months". Another student stated, "I described the differences between loose stools and diarrhea to one parent who asked the question".

SUMMARY

This paper has attempted to demonstrate the learning outcomes in relation to the concept of learning to nurse families, which are generated from a short-term experience sequenced at the end of the students' second year of learning to nurse. A critical factor which is taken into account when planning the curriculum is the knowledge and skill level of students. This experience is developed in a way which allows students to build upon and expand concepts and ideas of nursing which have been learned throughout two previous years of study and which will continue to be developed during their last year of study. These concepts and ideas are also readily revealed in the clinical situation. The total program focuses on allowing students to actively engage in the process of acquiring knowledge about families and nursing families, so that as they progress in learning, their way of nursing becomes accountable to the health of the family as a unit.

REFERENCES

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RESUME

Apprentissage des soins infirmiers en milieu familial

Comment peut-on former des infirmières et des infirmiers en vue d'une pratique axée sur la santé de la famille? Le présent article décrit les résultats relatifs à l'apprentissage des soins à l'occasion d'un court stage dans le cadre d'un programme d'études dont la principale ligne de force est représentée par les soins infirmiers à prodiguer aux familles afin de favoriser la santé.

Des expériences éducatives furent choisies auprès de familles qui vivaient des événements importants, par exemple, l'arrivée d'un nourrisson. L'exploration et l'analyse de ces expériences ont montré aux étudiants les éléments qui entrent en jeu dans les soins infirmiers auprès de familles qui font face à de tels événements. Ces éléments de contenu se sont greffés à l'apprentissage de compétences en matière de relations inter-personnelles, de techniques, d'évaluation et de décisions d'ordre clinique; il en est allé de même des changements d'attitudes et de valeurs ainsi que des aspects du savoir en sciences infirmières qui constitue l'axe de la pratique professionnelle en milieu familial.

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ANNOUNCEMENT

The National Association of Nurses in Israel, the Israel Medical Association, and the Society for Medicine and Law in Israel will sponsor the First International Congress on Nursing Law and Ethics to take place in Jerusalem, Israel during the week of June 13-18, 1982.