

A REPORT ON FACULTY PRACTICE: PROMOTING HEALTH IN A CHILDREN'S DAY CENTRE

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Within the university academic community, schools of nursing have been attempting to carry out the university's goals of teaching, research, and service to the community. It is imperative that nursing demonstrate its competence in these areas if the profession is to reach a full collegial role within the academic community which has little tolerance for any discipline that seeks exemption from these responsibilities.

Additional pressures exerted by leaders in the practice settings, demand that university faculty become more actively involved in demonstrating their skills and influencing the direction of change.

Even though a small minority of nurse faculty members practice regularly, the vast majority are not influencing the quality of nursing care by their clinical input. At a time when the nursing profession is probably in its greatest state of flux, when it is crucial to assert the value of nursing in the changing health care system, and when public support needs wooing, nurse faculty members remain on the sidelines . . . The misuse of this large reservoir of talent is a great impediment to the progress of the profession . . . Students, by default of the faculty, must use staff nurses as models of clinical practice. These nurses are usually far less prepared than the nurse faculty members, and role induction suffers proportionately. (Christman, 1979, p.9)

These are not conflicting pressures. In applied disciplines, it is the field, or practice setting that raises issues for study and research and provides the relevance behind curricula. In university nursing departments the value placed on faculty practice may vary for historic, economic or organizational reasons, but increasing attention is being paid by administrators to the meaningful links that can be made with the clinical field, as faculty members are encouraged to devote time to clinical practice.

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However, not all faculty members feel equally at ease in meeting these demands. A feeling of impotence in affecting the development of a practice setting, a sense of personal inadequacy, insufficient time, and lack of support from the nursing department are some of the reasons given for their lack of involvement.

These reasons may be valid, but there may also be a certain developmental readiness for individual faculty members to take on all the dimensions of their role. Barley and Redman (1979) discuss at length the development of nursing faculty and their socialization into the faculty role. They view this development as moving along a continuum of stages according to the complexity and generality of the assumptions that underlie the individual's professional life. Full adaptation to the role may be seen as the ability to achieve balanced productivity in the university's defined goals and is determined by the faculty member's stage of development and the length of time spent in the academic role. The authors suggest that varying faculty compositions within the school will affect the individual member's performance in achieving productivity and that many university faculties are predominantly in the lower stages of development. They propose that the two areas of research and clinical practice may need to be integrated into an overall plan for faculty development if individual and collective performance is to improve.

What follows is the description of the clinical practice undertaken by two faculty members over a two and a half year period with a university-operated day care centre for children. It is seen as part of a commitment to the university objectives of teaching, research and service to the community and also to the need to continue to study and develop nursing practice.

BELIEFS UNDERLYING FACULTY PRACTICE

Integral to all conceptual frameworks for nursing practice is the premise that nursing is concerned with health. Health, as we view it, is not merely an absence of illness, nor simply the capacity to cope with life's problems as they arise. Rather, it is seen as a value, as a part of an active state where one learns from all events of life and uses this knowledge to anticipate the future and deal with it in a thoughtful and productive manner. We also believe that the physical, intellectual and emotional activity of dealing with developmental and situational events helps to build a resource pool for the individual. This pool can be used in much the same way as financial capital — invested at critical moments for potentially greater returns.

The health behaviours which add to the resource pool of the individual are first learned early in childhood. Unfortunately, this is the time when parents and children consult professionals only after problems have arisen. This pattern of service utilization is reinforced by health professionals who intervene when asked and leave as soon as a workable solution to the immediate problem is found. Most intervention is problem-oriented with little collaboration between professional and client to explore any issues beyond the immediate. Often, little attempt is made by professionals — except in a casual way — to highlight the skills or successes that a parent has gained while helping a child, or that the child has demonstrated after mastering a new developmental task or a stressful event. In a belief system where health promotion is at the heart of practice, the nurse endeavors to capitalize on every opportunity to identify out loud with the individual (adult or child) what he or she sees the task to be, what skills are already possessed that will help to deal with the problem and to examine how the insights gained in dealing with the present might be used to anticipate the future and more effectively cope with it.

This deliberate strategy of identifying existing coping skills and the active process of learning new ones is not an automatic way of problem-solving. Learning this strategy requires time and repetition. Consequently, a professional practice which attempts to develop it, demands repeated interventions and the passage of time, if one hopes to see and measure change in health behaviour.

THE IMPLEMENTATION

Nursing practice in a pre-school is described by a number of authors (McCarthy & Brett, 1979; Katsura & Millor, 1978; Hanson, 1977; Pridham & Hurie, 1980). As described, the role of nursing varies from acting as a consultant for problem children, assisting parents to provide optimum learning experiences for their young children, monitoring pre-schoolers' physical health and development, and providing an educational experience for nursing students in primary care. The diversity of these approaches reflects the various ways in which a setting such as this one might be used for nursing practice.

Our involvement with the McGill Community Family Centre began as an attempt to explore the possibility of using the day care centre as a practice setting for university faculty and as a learning environment for B.A./B.Sc. graduates enrolled in a generic master's program (Attridge, Ezer, & MacDonald, 1981). The proximity of the day care centre to the School of Nursing and the source of young, healthy and generally well-functioning families that it provided were attractive

features in initiating our involvement. These characteristics seemed to fit closely with our belief concerning health promotion within the family unit. This readily accessible setting seemed ideal for testing out the framework of nursing that is developing at the School of Nursing. In addition, it afforded us the opportunity to offer a service to the university and to the community of which it is a part.

When the MCFC was first established for the families of all McGill employees and students, it was envisaged as a centre where parents would be included to a great extent in the management and in the day-to-day affairs at the centre. At the time of our involvement, the director and a number of the day care staff had one or more children attending the centre. Parent luncheon meetings took place every six to eight weeks to discuss subjects of general interest, and parents were actively involved in painting and generally refurbishing the premises when needed. The centre operated with a fairly limited budget, all of its staff had received preparation in early childhood education (some at the university level), and the turnover rate was low.

In explaining our interest and presence in the day care centre, we were explicit about our beliefs concerning health and the importance of the family in understanding, determining, and being affected by a child's behaviour. We also expressed a willingness to discuss whatever issues the staff or parents might like to have addressed. We allotted one half-day/week to visit the centre, spending time talking with parents, talking with the children and observing them, and talking individually with the day care workers. We frequently reiterated that we did not have a preset agenda of critical issues, but that we were eager to discuss with the staff and the parents whatever ideas, or concerns about the children or about their own life within the work setting that they wished to share. In addition, we communicated with the parents on a regular basis through letters that were sent home with their children or through the Monthly Newsletter. In our own discussions following our visits to the centre, we shared observations, analyses and ideas of how we might be helpful.

At the outset, the Director and the staff were eager for nursing involvement, because it appeared to offer some sort of emergency medical service that they felt was needed. We complied with the initial request for first aid information and continued to give positive reinforcement for their responses to critical situations (a child's febrile seizure, falls, etc.) in an attempt to respond to their expressed need for this type of intervention. There were no true child emergencies at the centre over two and a half years.

In examining the issues that arose over the duration of our involvement, one that recurred most frequently for children in all the age groups was that related to food intake. For the most part, parents and staff were very much aware of what constituted a balanced food intake. The teachers frequently talked with the children about "good" food, and parents were asked not to send sweets or gum in the child's lunches. For several weeks in the fall of the year, a group of parents discussed the issue of supplying hot lunches on a rotating basis for their child's group, but they finally dropped the idea. A concern was expressed at different times by either a parent or teacher relating to a child who was too thin and would not eat adequately. The parents' and staff's food-related concerns were usually discussed with the nurse. The parents of one child sent large lunches and asked the staff to see that the child ate everything. With this child, our suggestion of dividing up the lunch throughout the day to make the quantity more manageable did increase the child's intake for a couple of weeks. At that point, her intake dropped again, but the teacher and to some extent the parents, had become less concerned and accepted the child's intake as adequate. Making observations that the rest of the child's behaviour compared normally with her peers and that, in fact, she was consuming a little of all the basic food groups was, in the end, reassuring. A father of Spanish origin became very angry with his daughter and with the teacher because the child would not eat. He compared her with her younger brother who almost equalled her in weight and certainly surpassed her in intake. The teachers at this time felt satisfied with the child's limited consumption as they were familiar with the waxing and waning of the children's appetites. Talking with them about less combative ways of discussing the issue with the father brought good results. Reference to curves of average heights for boys and girls was helpful in consolidating the judgment the teachers were making with regard to the children's food intake and their size. Discussion of these curves and their general interpretation was also useful to one teacher-parent who was somewhat distressed at her pediatrician's insistence that she cut back her own son's intake.

These concerns about food — what kind, how much and how little — recurred with remarkable regularity. The frequency with which they arose is perhaps related to the socio-economic class and education of the families and the staff of the day care centre, but it must also reflect the value that our society at large places on the art and the importance of feeding its children.

A second major theme was that of coping with separation. This first arose at a luncheon meeting when one set of parents commented that

their child had a hard time leaving his friends from the centre during the summer holidays. Another parent commented that she was most concerned about her son's adjustment to kindergarten in the following year because he had spent his first four years in the same setting. A few weeks after this, one of the teachers described hoarding behaviour in one child whose father had left the family. Another child had been increasingly disruptive in class and the teacher felt that it was related to his father's departure for the better part of each week as the family prepared for a move to another city.

For us, these observations suggested that separations were significant critical events for the children and that the teachers might try to deal with them. We received a mixed response to this suggestion from the teachers — some feeling that it was better not to upset the children in advance, and others feeling that children would not find any relevance in talking about events that they did not actually experience. After some discussion, we came to the decision that talking about going to kindergarten in a new school would be the most relevant approach to take. In response to the latter idea and out of our own knowledge and commitment to the idea of anticipatory preparation of children, we created John and Julia — two puppet friends who were going away to a new school following their summer vacation. John was excited and happy about his upcoming adventures, while Julia was afraid of the new school and sad to leave her friends and teachers. She did not want to go anywhere. The puppet show was performed just prior to the end of the school year when most of the children were leaving. By the second year of its presentation, we had become more spontaneous in our delivery and the teachers were much more sensitive and comfortable in handling the children's discussion afterward. As a result, the children were completely engrossed in the puppets. They talked with them directly, saying they felt the same way. One delightful five year old told Julia to take a friend with her to the new school and then she would not be frightened. Failing that, she told Julia that she could come with her. The teachers, who knew the children's feelings very well, talked with them about how it felt to be new and afraid. They recalled ways in which together they had been able to help the two new children who had recently joined their group. In fact, throughout the second year, teachers were particularly involved with the theme of saying good-bye. They planned parties and made special attempts to talk about the children's feelings around this theme.

The idea of anticipatory preparation for an event was behind a second project that we developed. Occasionally, throughout the

school year, one child might go to hospital for elective surgery or for a minor mishap. The teachers wanted a hospital tour arranged so that the children might see what hospitals were like. We felt it would be more relevant to simulate a visit to a doctor's office — an event that was common to all of the children, frequent for some, and frightening for at least a few. Our students in the master's program took this on as a part of their clinical experience with children. These students had completed a course in child development and were in the process of completing a module on helping children to cope with hospitalization. This involved working with children at home and in the hospital, and observing and assisting as parents and children dealt with the experience. It was the students' responsibility to plan this project and to carry it out in its entirety, but we gave them whatever suggestions and ideas we had from our experience. The simulated visit took place in the learning laboratory at the School of Nursing. The students divided the room into interest areas where groups of 3-4 children could each handle tongue depressors, stethoscopes, ophthalmoscopes and give injections to their stuffed animal — the friend that had accompanied them from home. They also prepared coloring books and handouts for the children and discussed with them ideas and topics they had prepared in advance. These activities involved relatively little time for the individual student, but had a remarkable payoff. Students felt it had given them the opportunity to put into practice ideas that were often difficult to implement in the hospital setting. They found that the feedback of seeing the change in a child's behaviour as he mastered his fears was invaluable in consolidating their own learning. Finally, the exercise gave them an opportunity to study the behaviour of pre-school children in groups.

Prior to these events letters were sent to the children's parents to explain what the child was about to experience and why we were undertaking the project. We also included some suggested readings from local public libraries for both parent and child. We invited parents to give us or the staff of the centre whatever feedback or comments they might have about how they or their child felt about this experience.

In addition to our work with groups of children, we maintained regular informal contact with all the teachers on the staff. This provided us with an opportunity to discuss individual children and to follow up whatever concerns they expressed. A number of interventions developed from these contacts. One of these was developing a scrap-book about babies that was used by teachers (and borrowed by parents) to talk about the arrival of a new baby. At another time, we met informally to share ideas about how to discuss discipline and limit

setting with a particularly indulgent father. This was particularly helpful to the younger teachers who were hesitant about approaching parents regarding their child's behaviour. We also shared ideas about helping another child who was having a difficult time adjusting to separation from her mother and to the day care centre environment. On one occasion, the director of the centre asked that we see one mother who was extremely depressed after her husband took their newborn infant and left permanently for Nigeria. One of us maintained regular contact with this mother over a period of eight months while she rallied her resources, took an apartment, returned to work, and began making new social contacts with other single mothers who lived nearby.

Contact with the parents as a group was easiest to maintain with parents of children in the infant group (one month — 18 months), where either the mother or the father generally came for the child's noon-day meal. With only a little encouragement, these parents shared information on child rearing and development with each other, and because they saw us regularly, discussed with us on an individual basis ideas and questions they had about a wide variety of family life and child care issues. The other sub-group of parents that we also came to know well were those who regularly attended the parents' luncheon meetings. This was a verbal group, keenly interested in any matter related to their children's welfare.

Current projects at the centre include a bulletin board entitled "A Young Family's Health." Time is a costly commodity for many of these parents particularly at the beginning and end of each day, so that this board offers information and ideas on a variety of topics, e.g. infants' diets, dental care, sleeping problems. The content changes every three weeks, and information can be read at the centre or is available in a handout format for those parents who choose to examine it at their leisure at home. This bulletin board format can also serve as a relevant project for nursing students who may continue to develop it in new directions.

Our involvement with the day care centre over the past two years has highlighted for us the sense of community that surrounds the centre. Most children spend three and often five years here. They, their parents and the staff become very attached to one another. Parents are clearly concerned about their child's departure from the centre to a new school. It was interesting for us to see the Board of Directors of the centre, keenly interested in the puppet show, follow up the idea with a parent information session on choosing a kindergarten and facilitating a child's entry to a new school. We also see changes in

attitudes of the teachers who are much more actively involved in preparing children for upcoming events, planning parties as children leave, and making time in the children's day to talk about how they felt about their trip to the hospital emergency, the little brother at home and moving to a new house. Most of all it has been the responses of the children that have made the work of the centre such a delightful experience.

NEW DIRECTIONS IN PRACTICE AND RESEARCH

This setting has stimulated us to consider a number of ideas related to health promotion that may profitably be explored through research study. We need now to measure to what extent anticipatory preparation of children about to experience change (e.g. entry to a new social system) will affect their responses to that event. Is their adaptation to the new environment more rapid? Is it qualitatively different from that of the unprepared child? Are the children's behaviours at home notably different from the behaviours of children who are not prepared in advance? Is a child's ability to verbalize feelings of apprehension related to his ability to cope with them? Also, what child care options are considered by working parents? What factors affect parents' satisfaction with the choice of a day care centre as a child care option? These questions related to health work with young children and their parents have important implications for nurses working with families at this developmental stage.

There are a number of ways in which practice in a clinical setting like this one can be developed, depending on the nature of the day care centre, the time available for practice and the particular approach to practice of the individuals involved. The faculty practice described evolved in direct response to the nature of this particular day care centre. As it doubles in size, different issues will arise which will alter the specific nursing activities that we might undertake. However, the setting has offered a unique opportunity for a creative, flexible and feasible nursing practice where the time involved can be adjusted and juggled to fit in with other commitments to the university. In addition, settings such as this one provide excellent possibilities for joint faculty practice (as described) and for joint faculty-student practice and research.

Moving in new directions will bring nursing into closer touch with the health-related issues of family care. To date, we have not recognized the opportunities and directions that these settings offer, but we must begin to do so if we are to develop any insight or expertise in the domain which we claim belongs to nursing — that is, the promotion of health.

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RÉSUMÉ

Rapport sur l'exercice des professeurs: promotion de la santé dans une garderie

Les professeurs des facultés des sciences infirmières doivent faire preuve de compétence dans le domaine clinique, et partager cette compétence avec les autres infirmières de façon à poursuivre le développement de leur profession. De plus, l'université exige aussi la compétence en matière d'enseignement, de recherches et de services à la collectivité. Ces exigences, souvent perçues comme conflictuelles, peuvent s'intégrer l'une à l'autre si chaque professeur possède une perspection claire des soins infirmiers et s'inspire, dans l'exercice de sa profession, des ressources et du vécu tirés des différents domaines cliniques. Le présent article expose un exemple d'exercices cliniques dans une garderie universitaire et propose les orientations d'une étude plus approfondie.