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Professionally Speaking

THE PAST • • THE FUTURE

FROM MEDICAL CARE HELPER TO HEALTH CARE PROVIDER:

Perspectives on the Development of Maternal Child Nursing

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When *MCN* asked me to write a dreamer's vision of the future of maternal child nursing, I became intrigued immediately, because, for the moment, I would have license to ignore the "how to" and concentrate on the "what if." My vision is optimistic and the reason for that optimism is I see broad reform taking place in our system of health care—and it's happening just over the horizon. Along with reform comes a redefinition of the roles and responsibilities of maternal child nurses, as well as other nurses, and I see emerging a greater, more effective use of our nursing knowledge and skills. This is the large part of my dream of tomorrow and the answer to many of the problems facing health care today.

Looking Backward

Before proceeding let me touch on the past, briefly, specifically the early 1930's, in order to provide a context for the changes I see ahead. I've selected 50-year periods of time, for both past reflections and forward projections because usually this is the maximum amount of time that anyone is actively involved in nursing. For those entering the profession today, 50 years represents the time they will have to achieve goals for maternal child nursing. Moreover, those maternal child nurses close to retirement, who exemplify the utmost in career longevity, began their careers about 50 years ago.

During the 1930's obstetrical and pediatric nursing were two separate and distinct specialties. Both nursing areas were characterized by a narrow focus on acute care, physician dominance, and lack of professional resources including power and knowledge. Success as an obstetric or pediatric nurse was closely equated with female stereotypes of nurturance and motherhood rather than with any semblance of professionalism. For example, a major textbook of the 1930's noted: "The average nurse has a deep maternal instinct . . . it is this instinct that influences her to choose nursing . . . . It is entirely natural that the maternity nurse should derive deep satisfaction from vicarious motherhood."(1) Moreover, an almost religious zeal accompanied the field, I quote: "the more spirituality which pervades this work the more effective will be the nurse's skilled ministrations."(1)

The ideal nurse forsook any pretense of professional achievement in her own right. She always worked in the reflection of the physician and was content to achieve satisfaction in her work through his continued success. For example, in *Obstetrical Management and Nursing*, Henry Woodward, M.D., and Bernice Gardner, R.N., warned nurses against claiming recognition for achievements that were outside their highly restricted role. They wrote:

> If the nurse is unable in the doctor's absence to act in accordance with his known wishes because she has not worked with him previously, she does well to play as passive a role as possible, postponing until his arrival all decision and action which he might question. . . . But to carry the example

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> further, once the delivery is made [should the nurse be forced to deliver without the doctor] and the emergency is over she becomes again a *tactful unassuming woman who is careful of the doctor's vanity, and of the importance he should rightly have in the eyes of the patient and the family.* If his arrival can be expected within a reasonable time she saves the tying of the cord and the search for lacerations for him. . . . A good nurse never "stars." She never "plays to the grandstand." She has a womanly wisdom which woos the patient's and the family's confidence in the cooperative efforts of the medical-nursing team. [Emphasis in original] (2).*

Nursing practice in the early thirties primarily was concerned with high rates of communicable disease and concomittant maternal and child mortality. Textbooks on pediatric nursing of that time, included some information on normal child development, but when contrasted to the large amount of space devoted to specific diseases and the physical care of children, discussion about healthy children was quite small(3). The nurse's role was limited to giving support, providing comfort—which included feeding and nutrition—preparing the patient and assisting the physician in medical and surgical procedures, and administering medication and selected treatments. Nursing assessment was confined to TPRs and learning how to hold a child or position a woman for the physician to examine her.

From: Obstetric Management and Nursing by H.L. Woodward and Bernice Gardner. Second edition. Copyright © 1940 by F. A. Davis Co. Used with permission.

Looking Forward

As I shift my vision into the future, I see the emphasis of the health care system in the year 2030 on the prevention of illness. Nurses have emerged as the key providers of primary health care. They surpass the physician who now focuses on the smaller number of persons who are acutely ill. Consequently, maternal child nurses, spend a greater percentage of their time in activities designed to prevent disease and accidents, enhance health, and promote an improved quality of life for families.

Maternal child nurses in 2030 have a greater knowledge of risk factors, particularly behavioral and environmental risks, and they understand how these factors increase the probabilities for illness, especially in certain children and parents. Aware that the roots of many adult chronic diseases are found in early life (for example, in early eating patterns, lack of immunization, exercise habits, stress, environmental hazards, and so on) maternal child nurses use strong measures to fight potential health problems. Even more importantly, "tomorrow" the maternal child nurse will be far more adept at helping parents and children avoid these risks than we are today. With a broadened range of concern, future nurses involve themselves to a larger degree in such problems as on-the-job hazards, employment dissatisfactions, radiation exposure, excessive noise, unsafe consumer products, and unsafe transportation methods.

Maternal child nurses in the twenty-first century will be particularly involved in studying the impact of family relationships on health. They will create ways to avoid the stresses that result from adverse family interactions and to promote family and community support systems. Even more than we do today, in the future, we'll know that a child's early years are the most significant time to lay a sound foundation for mental health. We'll encourage loving parent-child relationships that start with better care before the child is born. We'll find ways to care for larger percentages of certain minority and/or adolescent expectant mothers—those 50 to 70 percent of whom today receive no prenatal care. Consequently, birth defects, low birth weights, injuries at birth, and child abuse will be reduced considerably. "Tomorrow" we will all understand that the early years of childhood development are a highly vulnerable time—vulnerable not only to physical illnesses but to social and psychological problems as well. A higher priority will go to health care expenditures in these areas. Possibly, quality early child care will be subsidized by the government and be readily available to all families. In the future the family structure will be very diversified, most mothers and fathers will work outside the home.

Increased awareness of health needs will mandate a wider role for nurses, and we will provide a greater share of health care than we do today. Such care will be sensitively designed to enhance the relationship between parent and child, as well as to insure good nutrition, appropriate immunizations, and early detection and treatment of developmental problems. Nurses will carry out family planning services, which will involve more complex questions than "when" to have a child. For some people, for example, couples who are high pregnancy risks, the question will be whether or not to have any children. There will be more nurse-midwives and these professionals will care for the majority of women experiencing normal pregnancies. Nurses will become even more heavily involved in educating parents for their roles. All nurses will be prepared to function as nurse practitioners, which will negate the need for this distinction among our ranks. We will be the standard health care providers for well children and well women. We will help set up community support systems and educate school-age children in health matters.

Many approaches that are unknown and untested today will be successfully used in the future by nurses working to promote health. The maternal child nurse of tomorrow will not depend on simply informing a pregnant woman that she should not smoke or use alcohol excessively; she or he will use specially developed interventions to help mothers break habits that are harmful to their pregnancies. It will be routine for maternal child nurses to help create mass media campaigns that promote positive health attitudes in the population. Nurses will conduct clinics for particular purposes such as helping families with children who have developmental disorders. We'll design programs that use adolescent socialization patterns to help our teenagers understand the pressures and overcome the susceptibilities that foster self-destructive abuses. We will be able to help both children and parents resist the pressures that lead to unhealthy interactions. Perhaps by using "psychological inoculation," we will teach families to anticipate problems and avoid them before they take place. In my vision of an enlightened "tomorrow" we'll all recognize that even though self-care is a vital component of health maintenance, children and parents are products of society and as such are not in complete control of events around them. Therefore, when events impinge on their health and well-being individuals are not *totally* responsible for their own health status. People will learn to depend on nurses to reduce certain threats to health.

Realigning Services with Preventive Health

In years to come all hospitals and health institutions will be concerned with providing preventive services. There will be enormous growth in the number of preventive, health-oriented, health institutions (such as Health Maintenance Organizations), that are structured to keep their members healthy. Health care institutions will be closer to the homes of the people they serve, and many programs will be planned around community needs and offered from nearby neighborhood health clinics rather than from more distant and impersonal sources of care.

Third-party funders, both governmental and private, will pay for this kind of health promotion, and nurses who work independently in clinics, in collaboration with other health care providers, and in other settings will be able to bill for their services directly. Nurses in hospitals and other institutions will still be salaried employees, but they will be paid at a rate that is more commensurate with their level of education and responsibility than they are today. More important, unlike today when the staff nurse with 20 years of experience earns little more than the brand new graduate and has virtually no other benefits to show for long years of commitment, there will be monetary and other rewards for years of experience in the field.

"Tomorrow" will recognize that the work load of today's nurse is heavier than any professional should be expected to carry. Within the context of their work week, nurses will have time to plan for patient care and to develop their own knowledge and skill base. Furthermore, nurses will have the opportunity to provide care to patients and families over longer periods of time, through the entire hospitalization and at home before and after hospitalization. This will strengthen the "my patient/my nurse" relationship. We'll have more autonomy over our own practice and finally shake off the last vestiges of the role of physician's hand-maiden. Nurses, physicians, and other health care providers will interact as colleagues. And, though some of their overlapping responsibilities will inevitably cause conflict from time to time, the basic tone of the relationship will be egalitarian.

Like other professionals, maternal child care nurses will be contributing to the body of health care knowledge through research and writing. Routinely, we'll record the nature and components of our practice in published case studies, and many more descriptive and experimental studies will be carried out to test certain practice innovations. Staff nurses, clinical nurse specialists, and nurse faculty will routinely collaborate to develop and carry out these studies and to implement the results.

Where schools of nursing and hospitals are tied together under the same structure (such as in university hospitals), nursing practice and education will be unified. Both nursing service and education provided in the institution will improve and the gap between education and practice, which is so evident today, will diminish. Students "tomorrow" will be taught by faculty who at the same time are spending some of their time in direct practice and who are expert clinicians and know about the real world and real problems of nursing. Nursing practice will also be enhanced by this arrangement because new knowledge, experimentation of improved methods of nursing care, and more opportunities for continued learning for nurses will emerge.

Power/Changes/Goals

But these improvements in nursing cannot happen by themselves. The nurses of tomorrow must begin to develop their ability to effect these changes and they will do that by recognizing and utilizing power. They will not view power as "dirty" or "unsavory," and they will know that the consequences of *not* playing the power game are much worse than being involved in it. Failing to reach for power limits the nursing profession's potential to upgrade the health of society, and nurses must have power if they are to be more than mere cogs in a meaningless machine.

Enhanced power will become evident immediately in a number of ways. Tomorrow's nurses will sit on major policy-making boards and committees (and not just in token numbers) and will have a significant voice in health policy issues. Within organizations nurses will be organized collectively in groups so that other health care providers and administrators cannot afford to ignore them. Although nurses will continue to argue, creatively, with one another, when dealing with institutions and individuals outside the profession, they will hang together because they have learned the bitter

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lesson that not hanging together means hanging separately!

Tomorrow we will be politically astute. We will contribute money and time regularly to political candidates, at the local, state, and national level—to those who favor nursing's view of health care issues. Many nurses will have political careers as elected officials (senators, governors, hospital board members, and others). We'll have staff positions in Congress and on other levels of government. These politically oriented nurses will not be told they have left their profession, instead other nurses will value the significant contribution they are making to nursing and health care. We will expand the nursing lobbying effort and staff in order to create a wider involvement in all health legislation. We future nurses will be a significant force to contend with both in state legislatures and on Capitol Hill.

Partners in Health Care

Yes, my visions of maternal child nursing in 2030 are dramatic, but the changes they portray are no more drastic than the changes we have witnessed during the past half century. We have evolved from the "helpers" of the medical care system of the 1930's to "partners" in the *health* care system of the 2030's. The early eighties is a midpoint in this transition. The internal maturation of maternal child nursing as a discipline and the external forces of economic considerations, which increasingly value the cost-effectiveness and cost-benefit of health care delivered by maternal child nurses, are coalescing swiftly. We are creating the necessary resource base that "tomorrow" will allow us to achieve these goals.

REFERENCES

1. VAN BLARCOM, C. C. *Obstetrical Nursing*. 3d ed. rev. New York, Macmillan Co., 1933.
2. WOODWARD, H. L., AND GARDNER, BERNICE. *Obstetric Management and Nursing*. 2d ed. Philadelphia, F. A. Davis Co., 1940, p. 729.
3. PERKINS, R. A. *Essentials of Pediatric Nursing*. 2d ed. rev. Philadelphia, F. A. Davis Co., 1932.