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An exploratory study of the opinions and feelings of ten nursery nurses and ten mothers concerning nursery observation window shades

Kennedy, Janet C

Boston University

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AN EXPLORATORY STUDY OF THE OPINIONS AND FEELINGS
OF TEN NURSERY NURSES AND TEN MOTHERS
CONCERNING NURSERY OBSERVATION WINDOW SHADES

By
Janet Carolyn Kennedy
(B.S. in Nursing, Boston University, 1953)

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First Reader: Elizabeth Hall
Second Reader: Rose Godbout
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CHAPTER I

INTRODUCTION

Over a period of many years in this country the physical setting of childbirth has changed from the home to the hospital. Together with this trend has come an increase in the quality and amount of antepartal care. These two changes in the character of maternity care are largely responsible for the statistically significant decrease of maternal and infant mortality over the years.

Since childbearing and the newborn period have become less of a physical survival struggle, following a general, world-wide trend, men and women in the medical, nursing, and social science field have become more concerned with the mental health of mothers and their children, specifically the mother-child relationship. Many studies have been done regarding the effect on the child of separation from the mother in infancy and early childhood. Results of one study point out that as early as eight weeks of age, differences can be noted between infants in the care of their mothers and institutionalized infants.¹ Mothers, too, are adversely affected by separation from their children.

In a majority of American hospitals where maternity service is supplied, mothers and their babies spend most of their time separated from

each other and are under the care of separate nurses. It is the purpose of this study to explore some of the opinions of mothers and nurses about one of the factors in this separation; namely, the drawn shades of the nursery.

Statement of the Problem

Does the practice of keeping shades drawn between the nursery and the maternity floor at Beth Israel Hospital have the approval of the people who are affected by it most closely, mothers and nursery staff nurses?

Justification of Problem

There is an unwritten rule in the Beth Israel Hospital maternity unit, formulated in 1951 when the unit opened, which causes the shades between the nursery and the maternity floor to be drawn at all times except during two fifteen-minute periods at the close of the afternoon and evening visiting times. In two of the three newborn nurseries, only the visitors are allowed to observe the babies during these two periods; the mothers remain in their rooms. In the single sixth floor nursery, mothers may observe at these specified times.

A committee, including the chief obstetrician and maternity nursing supervisor, was responsible for the formulation of the rule. The policy has in the past been questioned occasionally by nurses, doctors and patients but its re-evaluation by the committee has led to the decision that the advantages of raising the shades for longer periods are outweighed by the disadvantages. The decision was not based on objective data; members of the committee expressed ambivalent feelings. The accumulation of some objective data may strengthen the committee's decision, or lead to a
revision of the rule.\footnote{Communication with Verena Edmunds, Director of Nurses, Beth Israel Hospital, verbal.}

The study may also indicate to some degree how well the mothers' needs are being met in relation to amount of contact with their babies, and how well the nurses' needs are being met in regard to job satisfactions.

**Scope and Limitations**

This is a study of the opinions of ten nursery nurses and ten mothers in the Beth Israel Hospital maternity unit regarding the policy of keeping nursery shades drawn. All the available nursery nurses were included, and the mothers were not chosen by any qualitative criteria such as age or number of children. The investigator expected to find a wide range of opinion and experience within this small sample.

Since the study is limited to ten nurses and ten mothers in one hospital, comparisons cannot be made, or similar opinions inferred, to personnel and patients in other hospitals.

The opinions referred to in the study are necessarily the stated opinions of nurses and mothers.

**Definition of Terms**

The words "practice," "policy," "rule," are used to refer to the "customary action"\footnote{Webster's Collegiate Dictionary (fifth edition; Springfield, Mass.: G & C Merriam Co., 1945), p. 778.} of keeping the nursery shades drawn, except during two fifteen-minute periods daily, at Beth Israel Hospital.
The word "shades" is used in this study to indicate the nontransparent, nonopaque, paper-like covering which covers, on the inside, the observation windows of the nursery. This paper-like material is attached to a roller device with an internal spring mechanism above the window, and can be rolled up or down by means of a loop.

The word "drawn" is used in this study to indicate the physical position of the shade when it has been pulled down by means of the loop to the extent of its capacity to be pulled down. When the shade is drawn, the nursery personnel cannot see outside the nursery, and people outside the nursery cannot see inside.

The word "nursery" is used in this study to indicate the rooms in which the newborn babies are habitually kept during their hospital stay.

The term "maternity floor" is used in this study to indicate the remainder of the rooms and corridors on the same level as the nursery and in the maternity building.

The word "approval" is used in this study to mean "the expression of a favorable opinion of." 4

Preview of Methodology

Agency permission was obtained to begin work on the proposed study, in an interview with the director of nurses. Some information about the background of the policy was obtained, also. It was suggested that arrangements to gather data be made through the office of the maternity nursing supervisor.

Since the data required to answer the question asked by the study are in the area of opinions, beliefs, and feelings about a subject which

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4 Ibid., p. 53.
may be somewhat laden with emotion, the interview was chosen as the tool for data collection. All the nursery nurses who agreed to be interviewed were included in the study, and a comparable number of mothers were chosen from those who were ambulatory at the time, and who had normal infants.

The investigator entered each interview with a list of predominantly open-ended questions. The list for nurses differed from the list for mothers, though many of the questions were comparable. The investigator was free to discuss opinions not specifically required by the list.

**Sequence of Presentation**

**Chapter II. The Theoretical Framework of the Study**

This chapter includes a review of the literature, the basis of the hypothesis, and the statement of the hypothesis.

**Chapter III. Methodology**

This chapter includes a discussion of the selection and description of the sample, the tools used to collect data, and the procurement of data.

**Chapter IV. Findings**

This chapter includes the presentation and discussion of the data.

**Chapter V. Summary, Conclusions and Recommendations**

This chapter includes a summary of the study, conclusions, and recommendations.
CHAPTER II

REVIEW OF LITERATURE AND BASIS OF HYPOTHESIS

A review of the literature shows a total lack of research in the area of opinions concerning nursery observation windows and window shades. It is therefore necessary to base the hypothesis of this study on research in related areas, and on personal experience and feelings. The related area which seems most significant to this study is the mother-child relationship.

In the past decade much effort and time has been devoted to study of the influence of maternal separation on the child. It is probably safe to conclude that prolonged maternal deprivation during infancy or early childhood can be the cause of irreparable psychological crippling of the developing personality.

Richardson follows this line of thinking to its logical conclusion when he agrees with mental health workers that the first few days of an infant's life can have an effect on its emotional development.

It may seem fantastic to suggest that the experiences of the very first days and weeks of a baby's life could possibly have any effect on emotional difficulties, the frustrations and phobias and complexes that we read and hear about, and from which so few people seem exempt. But this is what psychologists and psychiatrists are saying.1

Blake concurs with this idea when she states "...evidence of the effects of maternal deprivation exists in nearly every nursery for the newborn. ..."2

The mother, too, suffers emotionally from maternal-child separation.

Most mothers long for a continuation of the symbiotic relationship with their babies. It is natural for them to want their babies with them for the presence of their infants fulfills one of their deepest needs. Separation brings feelings of emotional emptiness, anger and anxiety, and contributes to the development of 'postpartum blues.'

Another way in which many mothers suffer emotionally from separation is in relation to the time lag in the development of maternal feeling. Many feel guilty and inadequate if they are not aware that a positive emotional response to an infant does not always arrive with its birth. Separation is likely to lengthen this time lag.

Closely related to the coming of maternal feelings for an infant is the amount of close physical contact of mother and child, the amount of caring for the baby the mother does. But even before she is able to care for her baby it is possible for her to learn some things about baby care by observing the nursery nurse in her duties. Physical separation makes this learning impossible in most modern hospitals.

The above presentation has pointed out that maternal separation leaves unfulfilled some important needs of both mother and baby. Inasmuch as drawn shades constitute a type of actual separation, and a symbol of separation, it is to be expected that mothers will disapprove of the

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3 Ibid., p. 70.
4 Ibid., p. 72.
5 Gerald Caplan, Mental Health Aspects of Social Work In Public Health, based on the proceedings of an Institute given by the School of Social Welfare (Berkeley: University of California, June 6 to 8, 1955), p. 121. (Unpublished work)
6 Richardson, op. cit., p. 174.
arrangement.

It is the opinion of the investigator, based on two years of professional maternity nursing experience, that nursery nurses assigned to a busy nursery feel they cannot afford the time or the personal emotional drain involved in meeting the needs of mothers in relation to assuming their maternal role in this situation.

The nurse in the central nursery feels primary responsibility for the care of the infants, and her contacts with mothers are restricted to certain limited times which may not be sufficient to meet the mothers' needs for instruction and reassurance.7

Blake is interested in the reasons for the above mentioned restriction of contact with mothers. She seems to feel, too, that there are personal reasons for the reluctance of nurses to give up the care of babies to their mothers.8

If it is true that nurses, due to time factors and factors related to emotional investment, feel their primary responsibility is the care of the child, then it can be expected that they will approve of keeping nursery shades drawn.

HYPOTHESIS: The practice of keeping shades drawn between the nursery and the maternity floor at Beth Israel Hospital is approved by nurses and disapproved by mothers.

8 Blake, op. cit., p. 70.
CHAPTER III

METHODOLOGY

Description of the Maternity Ward

The maternity unit of the Beth Israel Hospital is contained in three floors of the South Wing of the hospital. On the eighth floor are the labor and delivery suite, premature nursery, and formula room. Babies are transported to the premature nursery and to the regular nurseries by the incubator in which they are placed at birth, wrapped in a green drape, cleaned of excess vernix and blood.

On the seventh floor are accommodations for thirty-two mothers and thirty-two babies. The mothers' rooms each adjoin a long, straight corridor. On opposite sides of the middle of the corridor are the head nurse's station, and the two separate seventh-floor nurseries. Each seventh-floor nursery can contain sixteen babies in separate crib and cabinet units each in a glassed cubicle. There are five windows between the corridor and each seventh-floor nursery. During nursery visiting times—3:45 P.M. to 4:00 P.M. and 7:45 P.M. to 8:00 P.M.—the cribs with babies are crowded together in front of the windows and the shades are raised. At these times the mothers are asked to remain in their rooms. These mothers are clinic and semiprivate.

On the sixth floor there are accommodations for twenty-four mothers in private and semiprivate rooms, and eighteen babies. The babies are in one nursery. Visiting hours at the nursery are 3:45 P.M. to 4:00 P.M. and 7:45 P.M. to 8:00 P.M. If they are ambulatory, mothers are
allowed to see the babies at this time.

**Description and Selection of Sample**

This study involves ten nurses and ten mothers. The decision was to include all the staff nurses who would agree to be interviewed. Discussion with the maternity nursing supervisor revealed that there were ten staff nurses covering the day, evening, and night shifts for three separate nurseries. Of the ten nurses, seven were registered nurses, two were licensed practical nurses, and one was an unlicensed practical nurse. Six nurses trained in hospitals where there were restrictions on mothers' observation at the nursery. Two nurses trained where mothers could see into the nursery at any time. One nurse could not remember the policy where she trained. One nurse had no nursery experience in her training. In nursery positions held previously, five had worked with restricted mothers' visiting times, one with unrestricted observation, and one with both kinds of situation. Three had not previously held nursery positions. Eight nurses had never worked in a rooming-in situation. Two had experience in rooming-in units. Eight of the nurses were in the age range of twenty to thirty years. Two were in the range of forty to fifty years. All nurses approached were willing to be interviewed.

Ten mothers of normal babies were interviewed. Three were primiparous; seven were multiparous. Four of the mothers interviewed were under the care of a private obstetrician and in private or semiprivate accommodations on the sixth floor. Six were under the care of the Beth Israel Hospital house staff and in house accommodations, which are double rooms on the seventh floor. Eight of the ten mothers had been maternity
patients in hospitals in which the mothers' observation at the nursery window was restricted. Two, one the mother of eight children, had been maternity patients in hospitals where nursery visiting times were restricted and in hospitals where nursery visiting times were not restricted.

**Tool Used to Collect Data**

Since the data required by the problem were in the form of spontaneous opinions and feelings, the interview was chosen as the tool for its collection. Two interview guides were drawn up to aid the investigator in structuring the interview. The guide for the nursery nurses' interview consisted of fifteen questions. The one for the mothers' interviews consisted of fourteen questions. These questions were predominantly open-ended. Seven of the questions were designed to evoke comparable responses from mothers and nurses. The questions were based on the review of literature, past experiences and feelings. See Appendix.

The nurses were approached and interviewed by the investigator while they were performing their nursery functions. The investigator changed from street clothes to nursery gown and did a routine Phisohex scrub. Most nurses were interviewed while they were sitting to feed babies.

**Procurement of Data**

The mothers were approached and interviewed in the relatively few periods in the day when they were not involved in eating, napping, visiting with visitors, feeding babies, or receiving physical care. Most mothers were interviewed while in their hospital beds, due to limitations of space and time. The investigator wore street clothes or a white laboratory coat.
Data obtained by interview were recorded at the time of interview by pencilled notes.

The investigator decided, for purposes of possible comparisons, to interview the same number of mothers as there were staff nursery nurses. Permission was given to choose from clinic patients, and the private patients of one obstetrician. It was considered important to the validity of the response that the mother be ambulatory at the time of interview and that she have a normal infant. Were she confined to bed she would not have felt any personal restriction due to the nursery shades. If her baby were abnormal, he would probably be located on a different floor, in the premature nursery. Within the above limits, choice of individual interviewees was made primarily on the basis of fortuitous circumstance. Mothers who had free time when the investigator was present were interviewed if they wished to be. All mothers approached were willing to be interviewed.
CHAPTER IV

FINDINGS

This study is concerned with the problem of discovering whether the policy of keeping the shades drawn between the nursery and the postpartum floor at the Beth Israel Hospital has the approval of the mothers and the nursery staff nurses.

The data were obtained by means of the guided interview, with predominantly open-ended questions, from ten nurses and ten mothers.

The findings are presented under the following main headings:

1. Nurses' choice of ideal shade arrangement.
2. Mothers' choice of ideal shade arrangement.
3. Responses which tended to confirm the nurses' preference for restricted observation.
4. Responses which did not confirm the nurses' preference for restricted observation.
5. Responses which seemed to indicate that mothers might not be interested in unrestricted observation.
6. Responses which seemed to indicate that mothers would choose unrestricted observation.
7. Additional information drawn from interview data.

Nurses

One question (No. 7) was asked of the nurses to determine what policy they would make regarding the shades in the nursery if they could choose any arrangement they wished. If a nurse wanted the shades drawn for any period during the day, this was considered a restriction of mothers' observation at
Five of the seven nurses choosing restricted observation had been in contact with only restricted observation, and six of the nurses choosing to restrict observation qualified the restriction in such a way as was less restricted than the present policy at the Beth Israel Hospital.

Mothers

One question (No. 12) was asked of the mothers to determine what policy they would make regarding the nursery shades if they could choose any arrangement they wished. If a mother wanted the shades drawn at any time during the day, this was considered a restriction of the mothers' observation at the nursery.
Four of the five mothers who chose restricted observation had contact as patients with only restricted observation, and four of the mothers who chose restricted observation qualified the restriction in such a way as was less restricted than the present policy at the Beth Israel Hospital.

Nurses responses which tend to confirm nurses' preference for restriction of observation. Eight of the questions asked of the nurses drew responses which seem to confirm the above finding that most of the nurses preferred restricted observation.

Question #1. Are there nursery happenings which you feel mothers should not see?

Nine nurses felt that there were occurrences mothers should not see. One nurse was undecided.

The investigator felt that a positive response to this question indicated that the nurses would tend to recommend drawn shades.

TABLE 3

<table>
<thead>
<tr>
<th>TYPE OF OCCURRENCE NURSE FELT MOTHER SHOULD NOT SEE AND FREQUENCY OF MENTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occurrence</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>Cyanosis, choking, or baby turn blue</td>
</tr>
<tr>
<td>Suctioning of baby</td>
</tr>
<tr>
<td>Regurgitation, spitting up, vomiting</td>
</tr>
<tr>
<td>Blood drawing</td>
</tr>
<tr>
<td>Admission of new baby</td>
</tr>
<tr>
<td>The way nurse handles or holds baby</td>
</tr>
<tr>
<td>Medication administration</td>
</tr>
<tr>
<td>The way nurse feeds baby</td>
</tr>
<tr>
<td>Holding baby upside down to measure</td>
</tr>
<tr>
<td>Nurse hitting baby on back</td>
</tr>
<tr>
<td>Emergencies necessitating Oxygen</td>
</tr>
</tbody>
</table>
Question #2. Is it more comfortable for you to work in the nursery with shades up or down?

It was felt that if the nurse felt more comfortable with the shades drawn she would tend to recommend drawn shades.

TABLE 4

SUMMARY OF NURSES' FEELINGS ABOUT COMFORT WORKING WITH SHADES UP OR DOWN

<table>
<thead>
<tr>
<th>More Comfortable With Drawn Shades</th>
<th>More Comfortable With Shades Up</th>
<th>Equally Comfortable Either Way</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

It is interesting to note that six of the seven nurses who stated they felt more comfortable with drawn shades gave as a reason that they did not like to be watched.

Question #3. Would mothers demand more of the nursery nurses' time if the shades were up?

The investigator felt that if a nurse expected that mothers would demand more of her time, she would tend to recommend drawn shades.

TABLE 5

NURSES' PREDICTION AS TO INCREASED DEMAND ON THEIR TIME IF SHADES WERE RAISED

<table>
<thead>
<tr>
<th>Felt Mothers Would Demand More Time</th>
<th>Felt Mothers Would Not Demand More Time</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>
It is interesting to note that of the eight nurses who felt that mothers would demand more of nursery nurses' time, all eight predicted that mothers would knock at the nursery door or window to ask questions or request that their baby receive some kind of care.

Question #4. Do you feel that mothers would congregate at the window if shades were up?

It was felt that if the nurse expected mothers to congregate at the nursery window and saw this congregation as a problem, she would tend to recommend drawn shades.

### TABLE 6

**NURSES' PREDICTION ABOUT MOTHERS CONGREGATING AT WINDOW**

<table>
<thead>
<tr>
<th>Felt Mothers Would Congregate</th>
<th>Felt Mothers Would Not Congregate</th>
<th>Do Not Know</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>2</td>
<td>1</td>
<td>10</td>
</tr>
</tbody>
</table>

Six of the nurses who thought that mothers would congregate considered this primarily as a problem for the nurses on the postpartum floor.

Question #5. Do you consider it more important in nursery work to give care to babies or to teach mothers.

Since most of the nurses felt that mothers could learn from unrestricted nursery observation; then, if the nurse considered her work with babies as more important than teaching mothers, she might prefer to work behind drawn shades.
TABLE 7

NURSES' EVALUATION OF THE RELATIVE IMPORTANCE OF TEACHING MOTHERS AND CARING FOR BABIES

<table>
<thead>
<tr>
<th></th>
<th>More Important</th>
<th>More Important</th>
<th>Both Equally Important</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baby Care</td>
<td>7</td>
<td>1</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Mother Teaching</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>10</td>
</tr>
</tbody>
</table>

Question #6. How do you feel about rooming-in?

It was felt that if a nurse approved of rooming-in plans, she would tend also to approve of unrestricted nursery observation.

TABLE 8

NURSES' FEELINGS ABOUT ROOMING-IN

<table>
<thead>
<tr>
<th>Approve</th>
<th>Disapprove</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>3</td>
<td>10</td>
</tr>
</tbody>
</table>

Among the unsolicited reasons given for disapproving, the mothers' need for rest was mentioned seven times; the mothers' increase of worry with baby near was mentioned twice; the poor care received by the babies was mentioned four times; and the demand on the nurse to work harder was mentioned four times.

Question #7. Do you most enjoy giving care to babies or teaching mothers? Why?
TABLE 9
PREFERENCE OF NURSES FOR
BABY CARE OR MOTHER TEACHING

<table>
<thead>
<tr>
<th>Baby Care</th>
<th>Mother Teaching</th>
<th>No Preference</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>2</td>
<td>2</td>
<td>10</td>
</tr>
</tbody>
</table>

The reasons given by the six nurses who preferred baby care are listed below.

a. "I can't stand the mothers five minutes."

b. "Teaching time is limited."

c. "I have a strong maternal instinct, I guess."

d. "I can work at my own pace; I like being by myself; you don't take any guff from babies."

e. "If I liked the mothers I wouldn't be here."

f. "There's not enough time to enjoy teaching mothers."

Three of the responses, a, d, and e, indicate strongly that the nurse does not want contact with mothers, therefore, would prefer drawn shades.

The reasons given by the nurses who preferred mother teaching are listed below.

a. "I like to give my knowledge."

b. "You accomplish something there. When you change a diaper, you have to do it again."

Question #8. Do you consider it in any way harmful to the physical or emotional health of a mother to observe at the nursery?

This question was asked because in past experiences the investigator had heard expressed by nurses and doctors the feeling that infections might
be spread by gatherings of people about the nursery window, that mothers might become physically tired, that mothers might become emotionally upset by crying babies and nursery procedures. An affirmative response would seem to indicate that the nurse would choose restricted observation.

Six nurses felt that mothers would be emotionally upset by observing at the nursery.

One nurse felt that mothers might catch germs.

One nurse felt that mothers would be emotionally upset and would not receive enough rest.

Two nurses felt that the emotional and physical health of mothers would not be affected by observing at the nursery.

Nurses' responses which do not confirm the nurses' preference for restricted observation. Four of the questions in the nurses' interview guide drew responses which do not confirm the nurses' preference for drawn shades. On the contrary, these responses would indicate that nursery observation should be unrestricted.

Question #1. Do you think most other nursery nurses would give better care to babies if the shades were up?

Seven nurses felt that the quality of nursery care would improve.

Three nurses felt that there would be no change in the quality.
TABLE 10

SPECULATIONS OF NURSES ABOUT WAYS IN WHICH
NURSERY CARE WOULD IMPROVE IF SHADES WERE UP

A. "They might stop cutting a few corners."
B. "They might be neater and cleaner."
C. "Everyone would be a lot more careful."
D. "They would stop cutting corners."
E. "They would wash hands between babies and stop propping bottles."
F. "I just feel babies would get better care."
G. "Students and young graduates do better work when watched."

Question #2. Do you think mothers could learn by watching at the nursery? What?

Seven nurses felt that mothers could learn by observation.

Three nurses felt that mothers could not learn by observation.

The procedures which the nurses thought the mothers could learn are listed on the following page. The starred items are those which can also be found on Page 15 of this study in a list of occurrences which some nurses felt that mothers should not see.
TABLE II

LIST OF PROCEDURES NURSES FEEL MOTHERS COULD LEARN BY OBSERVATION

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Frequency</th>
<th>Procedure</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Feeding</td>
<td>5</td>
<td>Wrapping</td>
<td>1</td>
</tr>
<tr>
<td>*Handling or holding</td>
<td>6</td>
<td>Changing cord dressing</td>
<td>1</td>
</tr>
<tr>
<td>Diapering</td>
<td>7</td>
<td>Changing position</td>
<td>1</td>
</tr>
<tr>
<td>Burping</td>
<td>2</td>
<td>*How to handle choking</td>
<td>1</td>
</tr>
<tr>
<td>*Bathing, cleaning</td>
<td>3</td>
<td>Everything you do</td>
<td>4</td>
</tr>
<tr>
<td>Bowel habits</td>
<td>1</td>
<td>To be less apprehensive</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>24</strong></td>
<td></td>
<td><strong>34</strong></td>
</tr>
</tbody>
</table>

*Starred items indicate those items which appeared on list of procedures which nurses felt mothers should not see.

Question #3. How do you think mothers feel about the shades? Why?

All ten nurses felt that mothers would like the shades up. It is interesting to note that most of the nurses were hesitant in responding to this question. This hesitance seemed to arise from the feeling that they had little objective data on which to base their opinions. However, when asked the basis of their opinions, four nurses mentioned that mothers often peek through the openings between shades.

Question #4. Do you consider it important for mothers and fathers to be able to view their baby at the same time?

All ten nurses replied in the affirmative.

Of the ten, two expressed the opinion spontaneously before the question was asked.

In summary of the responses to the above four questions, most of the nurses were agreed in the opinions that; babies would receive better
care if shades were up; mothers could learn many things by observation at the window; mothers want the shades up; mothers and fathers should have opportunity to view their baby together.

Certainly among the objectives of a hospital maternity unit are:

a. To give optimum nursing care to newborn infants.
b. To teach mothers to care for their babies.
c. To fulfill mothers' needs.
d. To consider the total family unit in the care of mother and baby.

Since most of the nurses felt that these objectives can be at least partially met by raising nursery shades; then, it is interesting to note that, given a choice between restricted and unrestricted nursery observation for mothers, they choose restricted observation.

Mothers' responses which seem to indicate that mothers might not be interested in unrestricted observation at the nursery.

Question #1. Do you worry about your baby while he is in the nursery?

The investigator feels that a positive response to this question would indicate that the mothers would like to be able to observe the condition of their babies at any time. This feeling was corroborated by the statement of one mother, "The only time I don't worry about my baby is when I am holding him." The investigator felt that negative response indicated that it might not matter to the mother if the shades were up or down.
TABLE 12

SUMMARY OF THE NUMBER OF MOTHERS WHO WORRIED ABOUT THEIR BABIES IN THE NURSERY AND THOSE WHO DID NOT WORRY

<table>
<thead>
<tr>
<th>Mothers Who Stated They Worried</th>
<th>Mothers Who Stated They Did Not Worry</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>8</td>
<td>10</td>
</tr>
</tbody>
</table>

Question #2. What do you think of the quality of nursery care your baby has received?

TABLE 13

MOTHERS' DESCRIPTIONS OF THE QUALITY OF NURSERY CARE

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wonderful</td>
<td>3</td>
</tr>
<tr>
<td>Very good</td>
<td>3</td>
</tr>
<tr>
<td>Excellent</td>
<td>1</td>
</tr>
<tr>
<td>Fine</td>
<td>1</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>1</td>
</tr>
<tr>
<td>All right</td>
<td>1</td>
</tr>
</tbody>
</table>

It could be argued that if mothers feel this positive about the quality of nursery care they have not seen, their attitude could only be changed for the worse if they could see the care. This kind of response might also indicate that the mothers feel no compelling need to see the care their babies got.

Question #3. How do you feel about rooming-in?
TABLE 14
MOTHERS' FEELINGS ABOUT ROOMING-IN

<table>
<thead>
<tr>
<th>Approve</th>
<th>Disapprove</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>6</td>
<td>10</td>
</tr>
</tbody>
</table>

In mothers' spontaneous comments on their reasons for disapproving of rooming-in plans, the mothers' need for rest was mentioned by all six who disapproved. The investigator felt this might indicate inadequate understanding of the rooming-in philosophy that mothers should give care to their babies as they feel physically and emotionally ready to assume responsibility. However, disapproval of rooming-in was taken as an indication that the mothers felt no compelling need for closer association with their babies, therefore, would be satisfied with shades drawn.

Question #4. Do you consider it more important for the nursery nurses to care for babies or to teach mothers to give care to babies?

TABLE 15
SUMMARY OF THE MOTHERS' EVALUATIONS OF THE RELATIVE IMPORTANCE OF BABY CARE AND MOTHER TEACHING

<table>
<thead>
<tr>
<th>Mothers Who Considered Baby Care More Important</th>
<th>Mothers Who Considered Mother Teaching More Important</th>
<th>Mothers Who Considered Both of Equal Importance</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>1</td>
<td>2</td>
<td>10</td>
</tr>
</tbody>
</table>

Since seven out of ten mothers stated they felt they could learn by
observation at the window, the feeling that baby care is more important than
mother teaching might indicate that mothers would be undisturbed by drawn
shades.

Mothers' responses which seem to indicate that mothers would choose
unrestricted observation.

Question #1. Would you be interested in watching at the nursery
window if shades were up?

TABLE 16

MOTHERS' FEELINGS OF INTEREST IN WATCHING BABIES
IF SHADES WERE UP

<table>
<thead>
<tr>
<th>Interested</th>
<th>Might Be Interested When Rested</th>
<th>Not Interested</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>1</td>
<td>0</td>
<td>10</td>
</tr>
</tbody>
</table>

To the investigator, a professing of interest in watching at the
nursery indicated that mothers would like unrestricted observation.

TABLE 17

MOTHERS' PREDICTIONS OF FREQUENCY OF WATCHING

<table>
<thead>
<tr>
<th>Time Mothers Feel They Would Spend Watching Daily</th>
<th>Times Mentioned</th>
</tr>
</thead>
<tbody>
<tr>
<td>All the time</td>
<td>2</td>
</tr>
<tr>
<td>Every chance I got</td>
<td>1</td>
</tr>
<tr>
<td>Three or four times</td>
<td>1</td>
</tr>
<tr>
<td>Two times</td>
<td>4</td>
</tr>
<tr>
<td>As I happened by</td>
<td>1</td>
</tr>
<tr>
<td>Don't know</td>
<td>1</td>
</tr>
</tbody>
</table>
Question #2. Could mothers learn by watching at the nursery window? What?

TABLE 18

SUMMARY OF MOTHERS' OPINIONS ABOUT THE POSSIBILITY OF LEARNING BY WATCHING AT THE NURSERY WINDOW

<table>
<thead>
<tr>
<th>Mothers Could Learn</th>
<th>Mothers Could Not Learn</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>3</td>
<td>10</td>
</tr>
</tbody>
</table>

The investigator felt that an affirmative response to this question would indicate that mothers would tend to choose unrestricted observation.

TABLE 19

LIST OF THINGS MOTHERS FEEL THEY COULD LEARN BY OBSERVATION

<table>
<thead>
<tr>
<th>Occurrences</th>
<th>Frequency of Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Handling or holding baby</strong></td>
<td>5</td>
</tr>
<tr>
<td>*Diapering</td>
<td>4</td>
</tr>
<tr>
<td><strong>Feeding</strong></td>
<td>1</td>
</tr>
<tr>
<td>*Burping</td>
<td>1</td>
</tr>
<tr>
<td><strong>Washing</strong></td>
<td>1</td>
</tr>
<tr>
<td>Folding diapers</td>
<td>1</td>
</tr>
<tr>
<td>Activities of babies</td>
<td>1</td>
</tr>
<tr>
<td>Dressing</td>
<td>1</td>
</tr>
<tr>
<td>*Not to get excited by crying</td>
<td>1</td>
</tr>
</tbody>
</table>

*Starred items are those which nurses also mentioned as things mothers could learn by observation.

**Double-starred items are those which nurses mentioned as occurrences which mothers should not see in the nursery.
Question #3. Is there anything that might happen in the nursery which you wouldn't particularly want to see?

Eight mothers said, "No."

One mother would not want to see her crying baby ignored.

One mother would not want to see dust.

The investigator felt that a negative response to this question would indicate that the mother would prefer unrestricted observation. This feeling was corroborated by the spontaneous comment of one mother, "Anything that concerned my baby would interest me."

It is interesting to note that the mother who stated she did not want to see dust had noticed dust on the nursery window sill. The mother who did not want to see her crying baby ignored had seen this happen, and she stated she just walked away.

Question #4. Is it important for you and your husband to see your baby together?

<table>
<thead>
<tr>
<th>Important</th>
<th>Very Nice</th>
<th>Unimportant</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>3</td>
<td>2</td>
<td>10</td>
</tr>
</tbody>
</table>

Since it was not possible for most of the mothers to observe their babies with their husbands, the investigator felt that if mothers were interested in seeing their babies with their husbands they would tend to want unrestricted observation.
Additional Information drawn from Interview Data

It is interesting to note that there is agreement between the mothers and the nursery nurses on their responses to five comparable questions, and disagreement on five questions. Below are the responses which showed agreement.

Questions: (Nurses) Are you more comfortable with shades up or down?

(Mothers) How do you think nursery nurses feel about the shades?

TABLE 21

SUMMARY OF NURSES' FEELINGS AND MOTHERS' PREDICTIONS ABOUT NURSES' FEELINGS ABOUT DRAWN SHADES

<table>
<thead>
<tr>
<th>More Comfortable</th>
<th>More Comfortable</th>
<th>More Comfortable</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>With Shades Drawn</td>
<td>With Shades Up</td>
<td>Either Way</td>
<td></td>
</tr>
</tbody>
</table>

Nurses' Feel: 7 1 2 10
Mothers' Predict Nurses Feel: 8 1 1 10

Questions: (Nurses) Do you consider it important for fathers and mothers to be able to view their babies together?

(Mothers) Do you consider it important for you and your husband to see your baby together?

Ten nurses replied in the affirmative.

Eight mothers replied in the affirmative.

Question: (Mothers and nurses) Do you think mothers could learn by watching?
TABLE 22

SUMMARY OF NEGATIVE AND AFFIRMATIVE RESPONSES TO QUESTION, "CAN MOTHERS LEARN BY WATCHING?"

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mothers</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Nurses</td>
<td>7</td>
<td>3</td>
</tr>
</tbody>
</table>

Questions: (Nurses) Do you think it is more important to give care to babies or to teach mothers?

(Mothers) Do you think it is more important for nursery nurses to give care to babies or to teach mothers?

TABLE 23

SUMMARY OF THE MOTHERS' AND NURSES' EVALUATIONS OF THE RELATIVE IMPORTANCE OF BABY CARE AND MOTHER TEACHING

<table>
<thead>
<tr>
<th></th>
<th>Feel Baby Care More Important</th>
<th>Feel Mother Teaching More Important</th>
<th>Feel Both Equally Important</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses</td>
<td>7</td>
<td>1</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Mothers</td>
<td>7</td>
<td>1</td>
<td>2</td>
<td>10</td>
</tr>
</tbody>
</table>

Question: (Nurses and Mothers) How do you feel about rooming-in?
TABLE 24

SUMMARY OF MOTHERS’ AND NURSES’ FEELINGS ABOUT ROOMING-IN

<table>
<thead>
<tr>
<th></th>
<th>Approve</th>
<th>Disapprove</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses</td>
<td>3</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Mothers</td>
<td>4</td>
<td>6</td>
<td>10</td>
</tr>
</tbody>
</table>

The tabulated responses to the above five pairs of questions indicate the following. The mothers were able to predict quite accurately the feelings of nursery nurses about shades. Nursery nurses and mothers think it is important for mothers and fathers to be able to view their babies together. Most nursery nurses and most mothers felt that mothers could learn through unrestricted observation. More nurses and mothers disapprove of rooming-in than approve.

Below are the responses which seem to indicate disagreement between nursery nurses and mothers.

Questions: (Nurses) Do you think most other nurses would give better care if shades were up?

(Mothers) What do you think of the quality of nursery care your baby has received?

Seven nurses felt babies would get better care with shades up.

Ten mothers were satisfied with the quality of nursery care their babies had received. Eight of the ten responded in such a way as to indicate that they did not feel there was room for improvement. They described the nursery care as wonderful, very good, excellent or fine.
Questions: (Nurses) Are there nursery happenings which you feel mothers should not see?

(Mothers) Can you think of anything you might see in the nursery which you would not particularly want to see?

Nine nurses felt there were things mothers should not see in the nursery.

Eight mothers could not think of anything they did not want to see in the nursery.

The reason given or implied, in the responses of the nurses, for feeling there were things mothers should not see was the possibility of emotional upset of the mother.

Questions: (Nurses) How do you think mothers feel about the shades?

(Mothers) What do you think the rule should be about shades and watching babies?

**TABLE 25**

**SUMMARY OF MOTHERS' OPINIONS AND NURSES' PREDICTIONS OF MOTHERS' OPINIONS ABOUT HOW SHADES SHOULD BE**

<table>
<thead>
<tr>
<th></th>
<th>Restricted</th>
<th>Unrestricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mothers: Feel Observation Should Be</td>
<td>5</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Nurses: Feel That Mothers' Feel Observation Should Be</td>
<td>0</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

Questions: Nurses were asked if they felt that congregation of mothers about the nursery windows would occur as a problem if shades were up. Mothers were asked how much they felt they would watch at the nursery windows if shades were up.
Seven nurses predicted congregation would be a problem.
Seven mothers predicted they would visit four times a day or less.

Questions: (Nurses) Why do you think the rule about shades was made?
(Mothers) Why do you think visiting times are restricted?

TABLE 26

MOTHERS' AND NURSES' SPECULATIONS OF REASONS FOR FORMULATION OF PRESENT RULE CONCERNING SHADES

<table>
<thead>
<tr>
<th></th>
<th>For Mother Protection</th>
<th>For Visitor Protection</th>
<th>For Nurse Comfort</th>
<th>For Doctor Comfort</th>
<th>For Administrative Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses Think Rule Was Made:</td>
<td>6</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Mothers Think Times Restricted:</td>
<td>0</td>
<td>3</td>
<td>8</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

The responses to four of the preceding pairs of questions seem to indicate that nurses and mothers disagree on the quality of nursery care, the possibility of emotional upset due to raised shades, the congregating of mothers about the window, and speculated reasons for the formulation of the present policy. The replies to one pair of the preceding questions indicate that the nurses were not accurate in their predictions of mothers' feelings about drawn shades.

In conclusion of the presentation of the data, it is interesting to note that both the mothers and the nurses as individual interviewees responded to some of the questions in a manner inconsistent with any one choice of ideal policy.
<table>
<thead>
<tr>
<th>Interview Number</th>
<th>Nurse</th>
<th>Mother</th>
<th>Nurse</th>
<th>Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>9</td>
<td>8</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>9</td>
<td>3</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>5</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>3</td>
<td>7</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>8</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>7</td>
<td>9</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>8</td>
<td>2</td>
<td>5</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>9</td>
<td>7</td>
<td>2</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>10</td>
<td>5</td>
<td>8</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td><strong>62</strong></td>
<td><strong>51</strong></td>
<td><strong>56</strong></td>
<td><strong>45</strong></td>
</tr>
</tbody>
</table>

This table seems to indicate inconsistent responses in all but mother interview number one. The investigator felt these inconsistencies might indicate an ambivalence of feelings.
CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

This was an exploratory study of the opinions and feelings of nursery nurses and mothers concerning nursery observation window shades. Drawn shades were seen as a symbol of separation, and an actual separation of mother and child at a very important time in the life of each. The problem was explored to discover whether the policy of restricted observation at the Beth Israel Hospital has the approval of the nursery nurses and the mothers. It was hypothesized that the policy was approved by nurses and disapproved by mothers.

Data were collected from all of the nursery staff nurses, which were ten, and ten mothers by means of the guided interview, in the hospital setting.

The findings can be summarized as follows:

Of the ten nurses:
1. Seven chose restricted observation as ideal policy.
2. Nine felt there were happenings in the nursery which mothers should not see.
3. Seven stated they felt more comfortable with drawn shades.
4. Eight felt that raised shades would bring an increased demand on their time from mothers.
5. Seven felt there would be a problem in mothers' congregating about the window.
6. Seven considered direct baby care more important than teaching mothers.
7. Seven disapproved of rooming-in plans.
8. Six enjoyed caring for babies more than teaching mothers.
9. Seven felt that mothers would be emotionally upset by watching at the nursery.
10. Seven felt that babies would get better care if shades were up.
11. Seven felt that mothers could learn by nursery observation.
12. Ten felt that mothers would like to have the shades up.
13. Ten considered it important for mothers and fathers to be able to view their babies together.

Of the ten mothers:
1. Five chose restricted observation and five unrestricted.
2. Eight stated that they did not worry about their baby while he was in the nursery.
3. Ten described the quality of nursery care as satisfactory or better.
4. Six disapproved of rooming-in plans.
5. Seven considered direct baby care more important than mother teaching.
6. Nine stated they would be interested in watching at the nursery if shades were up.
7. Seven felt that mothers could learn by nursery observation.
8. Eight could not think of any nursery happenings which they would not want to see.
9. Eight considered it important or very nice to be able to see their babies with their husbands.

Regarding the nurses and the mothers:

Both the mothers and the nurses as individual interviewees and as separate groups responded to some of the questions in a manner inconsistent with any one choice of ideal policy.

Conclusions

1. Most of the nurses feel uncomfortable about being observed in their duties, possibly because of feelings of inadequacy or guilt about the quality or importance of their work, or because of feelings related to their maternal desire.

2. Most of the nurses chose restricted observation as ideal, despite an opinion that mothers could learn by unrestricted observation. This demonstrates a discrepancy in beliefs and recommended action on the part of the nurses. Possibly these nurses responded to the question of mother learning in the way they thought was acceptable to the investigator, because of their previous contact with an educational or nursing philosophy which overstressed the theoretical importance of teaching and understressed the development of attitudes which could implement this admittedly important teaching function.

3. Most of the mothers and nurses disapproved of rooming-in plans, primarily on the basis that mothers get less rest and babies get poorer care.

4. The nurses could think of many procedures which they felt mothers
should not see. Eight mothers could think of no nursery happenings they would not want to see. This could mean the nurses are projecting some of their own anxieties on the mothers, or that the mothers are quite unaware of possible upsetting nursery occurrences.

5. Between the list of procedures which the nurses felt mothers should not see, because of possible emotional trauma, and the list of procedures which the nurses felt mothers could learn by nursery observation there was considerable overlapping.

6. Most nurses and mothers considered direct baby care more important than mother teaching. The larger frame of reference, the possibility of contributing to the physical and emotional health of the whole family, and, through the family unit, of future generations seems overlooked.

7. The mothers' responses to the interview questions were extremely inconsistent with any one choice of ideal policy. They demonstrate an attempt to respond in a manner acceptable to the investigator or hospital authorities.

8. Many nurses' comments indicated that their greatest satisfactions were gained from direct baby care in the nursery without contact with mothers, visitors, doctors, and other nurses. Adult relationships are not sought by these nurses in the work situation.

9. Eight mothers and ten nurses considered it important for mothers and fathers to be able to view their babies together.

10. The hypothesis of the study could neither be proved or definitely disproved due to the nature of the inconsistencies of the data.
Recommendations

1. That psychological studies be done concerning the reason for the nurses' discomfort about being watched in their nursery duties.

2. That nursing curricula be explored to find room for student experience designed to help the student internalize more desirable attitudes which could make her more comfortable in work and life situations.

3. That comparative studies be done of mothers who have had rooming-in experience, mothers who have had the usual postpartum hospital experience, and mothers who have had both kinds of experience, to discover the relationship between actual knowledge and choice of postpartum hospital experience.

4. That studies be done in hospitals where there is unlimited nursery observation to determine the incidence of reported emotional upset of the mothers, caused presumably by nursery observation. These reported incidents could be studied to determine the mothers' true reaction insofar as possible. It might be discovered from this kind of data whether or not the nurses are projecting their own anxieties onto the mothers.

5. That a study be done to determine the meaning of the discrepancy indicated by the overlapping of procedures nurses considered teachable by observation, and those which nurses felt should not be seen by mothers.

6. That curriculum study be done to determine how much of obstetrical teaching is involved with inside the hospital situations, and how much time is spent on the problems which families might
encounter outside the hospital, before or after the birth of the baby.

7. That further study of mothers' opinions concerning nursery observation be done in the periods before hospitalization and after hospitalization, to rule out the factor of possible submission to the projected wishes of authority.

8. That study be done of the job satisfactions and dissatisfactions of nursery nurses in terms of their relationships with babies, mothers, nurses, doctors, and visitors.

9. That consideration be given to the possibility of allowing opportunity for mothers and fathers to be able to view their babies together on the floor where it is not now possible.
BIBLIOGRAPHY


APPENDIX
APPENDIX

INTERVIEW GUIDES

Nurses

1. Is it more comfortable for you to work with shades up or down? Why?

2. Are there nursery happenings which you feel mothers should not see? Why?

3. Do you think mothers could learn by watching at the nursery? What?

4. Do you think most other nurses would give better nursing care if the shades were up? In what way?

5. How do you think mothers feel about the drawn shades? Why?

6. Why do you think the rule was made?

7. What would you consider ideal policy regarding shades in hospital nurseries?

8. Do you most enjoy caring for babies or teaching mothers? Why?

9. Do you consider it in any way harmful to the physical or emotional health of mothers to observe at the nursery?

10. Do you think mothers would demand more of nurses time if shades were up? For what?

11. Would you consider it a problem if mothers congregated about the nursery window? In what way? For whom? Do you expect it would happen? Do you see a solution?

12. Do you consider it important for fathers and mothers to be able to view their baby together?

13. Do you think it is more important to give care to babies or to teach mothers? Why?
14. How do you feel about rooming-in?
15. Anything else you would like to add?

Facts:
1. Policy where you trained.
2. Policy where you have worked.
3. Ever work with rooming-in?
4. Approximate age.
5. Status.

Mothers
1. What times can you or your visitors see baby in nursery? How did you find out?
2. Why do you think times are restricted? What led you to conclusion?
3. Would you be interested in watching if shades were up? How much?
4. Do you feel you could learn by watching? What?
5. How do you think nurses feel about shades being drawn? Why?
6. Do you worry about your baby while he's in nursery? What about?
7. What do you think about the nursing care your baby has received?
8. Do you think it more important for nursery nurses to give care to babies or teach mothers?
9. Is there anything you would not want to see in the nursery? What?
10. Do you consider it important for you and your husband to see baby together?
11. What do you think of rooming-in?
12. What do you think the rule should be about shades and watching babies?
13. When did maternal feeling come? (If it has.)
14. Anything you would like to add?
Facts:

1. Number of children
2. Policy where others born.
3. Ever have rooming-in?
4. Type of room accommodation and obstetric care.