

MOTHERS' OPINIONS OF WELL CHILD SUPERVISION SERVICES

OFFERED IN NURSING CONFERENCES

by

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B.S., University of Colorado, 1960

A Thesis submitted to the Faculty of the Graduate
School of the University of Colorado in partial
fulfillment of the requirements for the Degree

Master of Science

Department of Nursing

1961

This Thesis for the M.S. degree by

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Date April 6, 1961

ACKNOWLEDGMENT

The writer wishes to express appreciation to the committee members, Mrs. Aileen Berthiaume Smith, and Miss Susanna Chase, who gave so generously of their time and suggestions in the preparation of this thesis. Thanks is extended to Robert L. Gasser, Associate Professor of Nursing, who also gave consultation and assistance.

Finally, the writer wishes to thank her two daughters, Caryl and Judy, for their unfailing patience and moral support.

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Mothers' Opinions of Well Child Supervision Services Offered
in Nursing Conferences

Thesis directed by Associate Professor Aileen Berthiaume Smith

It was the purpose of this study to examine the opinions of mothers concerning services offered in the nursing conference for well child supervision in three areas: direct child care, emotional support, and anticipatory guidance for mothers. A semantic word differential type of questionnaire was used to measure the mothers' opinions. By assigning numerical values to the selections on the questionnaires, it was possible to use the scores obtained to determine whether the opinions of the services were favorable or unfavorable.

Analysis of the data revealed that mothers had an overall favorable opinion of the services. The opinions relating to direct child care showed a more favorable opinion than did those relating to emotional support and anticipatory guidance. The items relating to anticipatory guidance demonstrated the least favorable opinions of the three categories, but was still favorably skewed.

Conclusions of this study were that the nursing conferences were well accepted by the majority of the mothers who participated in the study, but that the areas of emotional support and anticipatory guidance were not recognized by some mothers as useful.

Recommendations were made that the nurse in the conferences should work toward better interpretation of her counseling and educative functions, and that the nursing conferences be continued.

This abstract of about 200 words is approved as to form and content.
I recommend its publication.

Signed Aileen Berthiaume Smith
Instructor in charge of thesis

TABLE OF CONTENTS

CHAPTER	PAGE
I. EXPLANATION AND STATEMENT OF THE PROBLEM	1
Introduction	1
The Problem	2
Statement of purpose	2
Importance of the study	3
Limitations and scope	3
Organization of the Remainder of the Thesis	4
II. THE METHOD, THE TECHNIQUE, AND THE TRIAL STUDY	5
The Method and Technique	5
Development of the Semantic Differential Scale	7
Selection of words and phrases	7
Four point scale	8
Placement of opposing terms	8
Purpose of each scale item	8
Present services and desired services	9
Scoring plan	10
The direction sheet	10
Collecting the Trial Study Data	10
Preparation for the study	10
The pilot study	11
Population participating in the trial study	12
The role of the investigator	12
Results of the Trial Study	13

CHAPTER

Information pertinent to administration of	
the questionnaire	13
Data obtained from the trial study	14
Child care	15
Emotional support	15
Anticipatory guidance	15
Evaluation of trial study methods	17
Summary	18
III. THE RESEARCH STUDY, WITH ANALYSIS AND INTERPRETATION	
OF DATA	19
Population Description	19
Follow-up on Broken or Not Kept Appointments	20
Analysis and Interpretation of Data	20
Child care	21
Emotional support	21
Anticipatory guidance	23
Informal comments offered by respondents	23
Comparison of trial study data with main study data . .	24
Summary	24
IV. SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS	26
Summary and Conclusions	26
Recommendations	29
BIBLIOGRAPHY	30
APPENDIX	34

LIST OF TABLES

TABLE	PAGE
I. Analysis of Respondent Choice on "Present Services"	
on Trial Study	16
II. Analysis of Respondent Choice on "Present Services"	
on Main Study	22

CHAPTER I

EXPLANATION AND STATEMENT OF THE PROBLEM

I. INTRODUCTION

For several years in the public health field there has existed a group activity known as a nursing conference.¹ This conference has been held as a supplement to and an extension of the well child supervision recommended by the physician in the child health conference.² As a result of the increasing emphasis being placed on preventive medicine and the rising attendance records in child health conferences for well child supervision, the nursing conference was developed to answer a two-fold need: (1) The busy practicing physician has more and more demands made on his time. This situation has presented an ever increasing problem in staffing the child health conferences. (2) The nursing conference could ". . . provide an opportunity for more leisurely discussion with the mother than is possible on busy conference days." It was also pointed out that "the nurse, too, is under less pressure and can devote herself to the mother without interruption."³

¹As used in this study, "nursing conference" refers to a program offering health supervision for well young children. The nurse is in attendance without the presence of a physician.

²The term "child health conference" refers to that part of a public health program which offers health supervision for well young children. This conference is staffed with a physician and a public health nurse, as well as other needed personnel.

³Committee on Child Health of the American Public Health Association. Health Supervision of Young Children. (New York: The American Public Health Association, Inc., 1955), p. 126.

The nursing conference, or clinic,⁴ was not seen as a substitute for the child health conference, but rather as an extension and supplement of that service. The initial child visit was made to the child health conference, where he was examined and the plan for immunization was prescribed by the physician. The child was then referred to the nursing conference for continuation of health supervision.

The nurse⁵ in the clinic gave anticipatory guidance⁶ to the mothers in normal growth and development, followed the prescribed immunization plan, and inspected the children for any unusual features indicating a need for a referral back to the physician. At specified times, usually six month intervals, the child was again examined by the physician in the child health conference.

II. THE PROBLEM

Statement of purpose. The purpose of this study was to examine mothers' opinions of the nursing conference with regard to (1) the direct care given the children, (2) the emotional support offered to

⁴In this study "conference" and "clinic" will be used interchangeably.

⁵At all times, in this study, the word will refer to a public health nurse; that is, a professional registered nurse with a special preparation in the field of public health.

⁶"Teaching the mother what to expect before she begins to worry or make mistakes." Committee on Child Health, op. cit., p. 47.

mothers, and (3) the anticipatory guidance offered as a means of helping them to better understand their children.

Importance of the study. In view of the fact that the nursing conference existed, it was believed that an examination of mothers' opinions of the adequacy of the conference in meeting their needs might yield essential information about the content of the guidance and teaching offered in these conferences.

Another aim of this study was to attempt to ascertain what mothers felt was lacking in terms of emotional support. Emotional support in this instance was concerned with such things as listening sympathetically and helping the mother build self confidence. Such data would give indications for ways to improve the existing conferences and help in planning for future services.

Finally, it was hoped that this study would contribute some knowledge of what is currently happening in the nursing conferences. Although, as was noted, the conferences have been known to be in existence for a period of years, the investigator was able to find very little written information on the subject.

Limitations and scope. Investigations for this study were confined to X county where nursing conferences have been routinely held for the past three years. The questionnaire was administered only to mothers who had attended the conferences on at least two previous occasions. This limitation was set in the hope that one very bad or one very good impression would not bias the respondent to such a degree that the results would be invalid.

One variable which the investigator recognized as possibly having an influence on the respondents' opinions was the recent opening of a new local health department building. The conferences were held in this new building at the time of the investigation. The facilities for clinic and conference operations were much superior at the time of the investigation than they had been immediately prior to it. It was realized that the improved physical facilities might have had a considerable bearing on the attitudes of the respondents.

III. ORGANIZATION OF THE REMAINDER OF THE THESIS

Chapter II presents a description of the method and technique used, together with a review of literature pertinent to the research method, and the trial study. Chapter III contains the analysis and interpretation of the opinions of the mothers as revealed through the semantic differential scale. Chapter IV summarizes the study and gives conclusions and recommendations resulting from the study.

CHAPTER II

THE METHOD, THE TECHNIQUE, AND THE TRIAL STUDY

A discussion of the survey method and the semantic differential technique which was used in obtaining opinions of mothers regarding the services in a nursing conference is presented in this chapter. Also included is a description of the population and the trial study with its analysis.

I. THE METHOD AND TECHNIQUE

The study was a descriptive survey. Descriptive studies were stated to be those which "may include present facts or current conditions concerning the nature of a group of persons, a number of objects, or a class of events. . ."¹ It was also reported that the terms "survey" and "status" suggest the gathering of evidence relating to a current event.² It was recognized that descriptive studies had certain limitations; for instance, information obtained from a single study was less reliable than data derived from two consecutive surveys made by the same methods.³

¹Carter V. Good, Introduction to Educational Research (New York: Appleton-Century-Crofts, Inc., 1959), p. 167.

²Ibid.

³Ibid., p. 171.

Of the many techniques used in obtaining data in survey studies, the one selected as being the most appropriate for this study was the semantic differential, an adaptation of the closed-end questionnaire. This tool was originally developed by Osgood, who stated:

The semantic differential . . . is a very general way of getting at a certain type of information, a highly generalizable technique of measurement which must be adapted to the requirements of each research problem to which it is applied.⁴

The particular adaptation used in this study employed a number of bipolar or opposite meaning words with degrees of choice along a continuum. The degrees of choice related to possible opinions of mothers concerning satisfaction with the services offered in a nursing conference. For example:

black :___: :___: :___: :___: white

The respondent selected, by placing a check mark in one of the spaces, the degree of blackness or whiteness which most nearly described his choice with regard to the question being asked.

In order to prevent a selection of "no opinion" or of "everything is just about right," as was likely to occur with a three or a five point choice, no central point was included. Numbers of choices vary in this type of questionnaire from three to seven. By using a four choice selection, a statement of opinion was forced to veer toward one extreme or the other. Although the choices are left blank, they might be considered as indicative of good, fairly good, fairly poor,

⁴Charles E. Osgood, George J. Suci, and Percy H. Tannenbaum, The Measurement of Meaning (Urbana, Illinois: University of Illinois Press, 1957), p. 76.

and poor. Development of the bipolar word scale with a selection among a number of possibilities was intended to obtain more finely graded degrees of opinion.

The respondents were asked for opinions of services in the clinics as they existed at the time of the study and for opinions of services as they would like to have them. Comparison of these two sets of opinions, it was believed, would serve to point up areas of dissatisfaction and more importantly, could show whether a difference existed between a mother's opinion of the services as she found them and the services she would like to have.

II. DEVELOPMENT OF THE SEMANTIC DIFFERENTIAL SCALE

In developing the list of words and phrases to be used in the scale, it was evident that care must be taken that the words would be understood by the mothers and that some method for scoring had to be devised. (See Appendix.)

Selection of words and phrases. Words for use in the scale were selected from The Teacher's Word Book of 30,000 Words.⁵ This book listed words according to usage in several ways, some of which are occurrence per million spoken or written words, frequency with which the word was found in text books, the Bible, and popular literature. It also explained which words, of the ones listed, might reasonably be used in specific grades in school.

⁵Edward L. Thorndike and Irving Lorge, The Teacher's Word Book of 30,000 Words (New York: Bureau of Publications, Teachers College, Columbia University, 1944), p. xi.

All words in the scale developed for this study were taken from the lists recommended for fifth and sixth grade elementary school level. With the educational level of the participants ranging from the fourth grade to the twelfth, it was assumed that a choice of words understandable to sixth graders would be understood by the respondents. This assumption did not imply that the average mother attending the clinic would not understand words above the sixth grade level, but by selecting words from that category, it seemed plausible that the mothers would have little difficulty with word interpretation.

Four point scale. It was also felt that the respondents were being asked to state an opinion about something to which, in general, they had given no objective consideration. The use of four points of selection was one device used to prevent a "middle of the road" opinion, since no central point was used.

Placement of opposing terms. A second device used in the construction of the scale was a random placement of positive and negative words on each side of the page. Such an arrangement of words would be another means of preventing the respondents from checking the entire list without reading the test items carefully.

Purpose of each scale item. It was decided that some words should be concerned with the direct care the child received in the clinic, some should be concerned with the mothers' feelings of emotional support, and some should be concerned with anticipatory guidance.

The words and phrases selected for the scale follow. They have been regrouped here according to the aspect of the problem for which they were selected. The number preceding each pair of terms indicated the sequence in which they actually appeared on the scale.

Care Given Children

1. cheerful--stern
2. rough-gentle
3. kind-unkind
4. sympathetic-unsympathetic
6. efficient-not efficient
7. skillful-unskilled (clumsy)
8. understanding of children-doesn't understand children

Emotional Support

5. friendly-unfriendly
14. uses my time wisely-wastes my time
15. listens to me-doesn't listen to me
16. likes me-doesn't like me
17. interested in me-not interested in me

Anticipatory Guidance

9. helpful-not helpful
10. explains things-doesn't explain
11. I get help with personal problems-I don't get help with personal problems
12. I can ask questions-I can't ask questions
13. helps me understand my children-does not help me understand my children

Present Services and Desired Services. The scale consisted of two pages, with identical lists of words on each page. However, the directions at the top of the first page requested that the respondents evaluate the services as they are at this time, and on the second page as the respondent would like the services to be. For purposes of

clarity, in the remainder of this study, the first page will be referred to as "Present Services" and the second page will be referred to as "Desired Services."

Scoring plan. Numerical values were assigned to the test items on the basis of one for the most favorable opinion through four for the least favorable. This plan gave numerical scores for analysis of the data. The numerical values did not appear on the questionnaire when it was given to the respondents.

The direction sheet. A page of instructions accompanied each questionnaire. (See Appendix.) It was realized that the instruction sheet might appear somewhat complicated to the respondents. The investigator explained the instructions by reading them aloud as the respondents looked at them. An example of the paired items was illustrated on the blackboard when needed, and each choice of answer was explained separately.

IV. COLLECTING THE TRIAL STUDY DATA

Preparation for the study. The study and its purpose was described to the nursing director of the XY bi-county agency,⁶ the supervisor of child health services in X county, and the X county nursing supervisor. Each of these administrators agreed to have the study carried out in the X county nursing conferences. At an appropriate time a meeting was arranged with the staff nurses who conducted

⁶ Although there was a central administrative agency for the two counties, Y county was not involved in the study.

the conferences. The purpose and method of the study was described. It was explained that this study was not intended as a personal evaluation of the individual nurse. The nurses were given an opportunity to examine the questionnaire. It was pointed out that all information was anonymous and requested only for the purposes of the research project.

The investigator was granted permission to conduct the study in the reception room of the health agency building, since this room was used by the patients as they waited to be interviewed by the clinic nurse.

Records were perused in order to select respondents who met the criterion for participation in the study; that is, who had attended at least two nursing conferences prior to the time of the study. Other information was obtained from the individual records, such as age of the respondents and number of children per family. This eliminated the necessity of asking the respondents for any information other than their opinions regarding clinic services.

The pilot study. A pilot study is used to test the practicality or usability of a measuring device and to find out whether the device obtains answers to the research questions.⁷ In this instance, the pilot study was used to point up possible errors in the research tool and to give some indication of the degree to which such a study would be accepted by the mothers in the nursing conferences. Another aim of the pilot study was to ascertain how adequate the printed instructions

⁷Good, op. cit., p. 198.

were. The investigator planned to use the instruction sheet as a means of explanation and to use the blackboard if further amplification was needed. Finally, the trial study served to indicate whether differences existed in mothers' opinions between Present Services and Desired Services in the conferences.

Population participating in the trial study. "A population is any group of people who are alike in at least one respect."⁸ The mothers selected for participation in this study were alike in the one respect that they were women who previously had attended at least two nursing conferences. They were all residents of X county where the conferences were regularly held. A total of eleven respondents comprised the population for the pilot study. Attendance in the clinics was screened and restricted on a basis of a means test for financial eligibility established by this particular health department. The respondents were all in the lower socio-economic bracket.

Transportation to and from the conference site was a major factor. There was no public transportation. Distances of two to eight miles were travelled by the mothers with their children in order to attend the clinic. Clinic appointments were known to be broken for lack of transportation. This situation, of course, was not the only reason for missed appointments, but it was a frequently reported reason.

The role of the investigator. The investigator presented herself as a public health nurse, not associated with any particular department. It was felt that the mothers were familiar with the uniform

⁸Benton J. Underwood, et al., Elementary Statistics (New York: Appleton-Century-Crofts, Inc., 1954), p. 106.

of the public health nurse and would be willing to cooperate in a study conducted by someone in that uniform.

Rapport was established by explaining the purpose of the study and stressing the importance of the individual opinions which were to be obtained. "Efforts to establish an image of the social utility of a survey and to emphasize the social role of each respondent in realizing its goal will tend to maximize response."⁹

Anonymity was assured for each respondent by requesting her not to sign her name, the nurse's name, or any other identifying information. It was further emphasized that the investigator was not "checking up" on any department.

Arrangements were made for the mothers to complete the questionnaire while they were waiting to be seen by the clinic nurse. The study was planned to obtain opinions formed on services in nursing conferences which had been attended prior to the one at which the questionnaires were completed.

V. RESULTS OF THE TRIAL STUDY

As a result of the information obtained from the pilot study, it was decided that the questionnaire was a usable device for obtaining mothers' opinions on the services in the nursing conferences.

Information pertinent to administration of the questionnaire.
Eleven respondents comprised the total in the trial study. No mother

⁹W. L. Slocum, L. T. Empey, and H. S. Swanson, "Increasing Response to Questionnaires and Structured Interviews." The American Sociological Review, 21:221-225. (April, 1956), p. 225.

refused to fill out the questionnaire. No questionnaire was filled out in a line down one side or the other of the page. This indicated that the questionnaire was being read. The investigator remained with the respondents in order to answer any questions. Few questions were asked, and the major difficulty arose from the fact that the words on both pages of the scale were exactly the same. Differences in the two pages, Present Services and Desired Services, had to be explained again to several mothers.

One thing which had not been anticipated was the need of explanation to those present in the clinic who were not eligible to participate in the study. It was found that those not requested to fill out a form were quite curious about the contents of the questionnaire and somewhat concerned when they had not been asked to "fill out those papers." It was then explained to ineligible mothers, as the questionnaires were distributed, the criterion for participation.

Data obtained from the trial study. The possible raw score range for each respondent was from seventeen to sixty-eight, with the lower score indicative of the most favorable opinion of the clinic services, in both Present Services and Desired Services, and the higher score indicative of the most unfavorable opinion. The eleven raw scores distributed themselves from seventeen to twenty-nine, with six respondents registering a score of seventeen on the Present Services. All raw scores on the Desired Services portion of the scale were seventeen, the most favorable position, which indicated that the mothers would unanimously like to have such services.

Table I presents data obtained from the Present Services portion of the eleven questionnaires. The data are divided into the three categories and show degrees of selection as well as individual item mean in each category. No table was made for the Desired Services portion, since the mean score on each item was 1.00.

The mean score for each pair of opposing terms was called the Index Number for the item to which it referred, thus there was an Index Number for each of the paired items. An Index Number of 1.00 for each term indicated the most favorable opinion possible, while an Index Number of 4.00 indicated the most unfavorable opinion. The arithmetic mean of the eleven questionnaires was 1.22 on the Present Services portion of the scale. This figure showed a very favorable opinion of the existing services in the clinic. The difference between the means of the Present Services portion and the Desired Services portion of the questionnaire was 0.22, a difference which was not considered significant and was not tested statistically.

Child Care. The calculated mean from the Index Numbers of Present Services which applied to the "child care" portion of the scale was 1.14, a very favorably tended opinion, since the most favorable possible opinion was 1.00.

Emotional Support. The mean for "emotional support" items in Present Services was 1.22, which showed a skew to the very favorable side.

Anticipatory Guidance. The calculated mean for this category was 1.29, which was very favorable tended.

TABLE I

ANALYSIS OF RESPONDENT CHOICE ON "PRESENT SERVICES"
ON TRIAL STUDY

Category and Item	Degree of Choice by Number of Respondents				Index Number*
	1	2	3	4	
Direct Care					
cheerful-stern	9	2			1.18
gentle-rough	10	1			1.09
kind-unkind	10	1			1.09
sympathetic-unsympathetic	9	2			1.18
efficient-not efficient	9	2			1.18
skillful-unskilled	9	2			1.18
understanding of children- doesn't understand children	10	1			1.09
DIRECT CARE MEAN INDEX NUMBER					1.14
Emotional Support					
friendly-unfriendly	10	1			1.09
uses my time wisely- wastes my time	10	1			1.09
listens to me- doesn't listen to me	10	1			1.09
likes me-doesn't like me	7	4			1.55
interested in me- not interested in me	8	3			1.27
EMOTIONAL SUPPORT MEAN INDEX NUMBER					1.22
Anticipatory Guidance					
helpful-not helpful	10	1			1.09
explains things- doesn't explain	9	2			1.18
I get help with personal problems-I don't get help with personal problems	7	4			1.55
I can ask questions- I can't ask questions	10	1			1.09
helps me understand my children-does not help me understand my children	7	4			1.55
ANTICIPATORY GUIDANCE MEAN INDEX NUMBER					1.29
MEAN INDEX NUMBER ALL CATEGORIES					1.29

*For derivation of Index Number please see Page 15

There were three items with a mean of 1.55. These were: I get help with personal problems; helps me understand my children; and likes me. These three items were among those selected as applying to the emotional support and anticipatory guidance for the mother. Although the mean scores were somewhat higher than in other items in the study, they were still favorably tended, and one cannot assume that this figure is significant.

Evaluation of trial study methods. It was felt that the questions were all understood, since on Desired Services, without exception, the respondents checked the most favorable spaces, indicating that they would like the clinic to provide these services. In view of the random placement of the positive words, it was felt that the respondent could not go down the list without reading the items and check all favorable responses.

In view of the very favorably skewed mean (1.21) on Present Services, it was decided that the investigator's appearance as a public health nurse might have influenced the respondents to veer their responses to the favorable side. Respondents asked the investigator many questions and for advice on matters other than pertained to the study. The decision was made, as a result of the trial study, that street attire would be worn by the investigator, and she should present herself only as a graduate student conducting a study of clinic services.

The major objectives for the pilot study were accomplished, since the questionnaire seemed understandable to the respondents and

the anticipated analysis plan was found to be workable. It was also found that the mothers seemed very willing to cooperate in the study.

The same organization used in reporting the data analysis for the trial study will be followed in reporting in Chapter III.

VI. SUMMARY

The technique devised for this study of opinions of mothers concerning the services offered in the nursing conference was termed the semantic word differential. This research device utilizes opposite meaning words with degrees of selection between words. It is a form of a closed-end questionnaire. A tryout of this tool showed that it could be used in the clinic.

The data from the tryout study showed that mothers had highly favorable opinions of the services in the nursing conferences.

It was suspected that the uniform worn by the investigator might have influenced the respondents to veer their opinions more favorably than they might have had she not been attired in this way. The decision was made that for the remainder of the study, the investigator would not be dressed in the public health nursing uniform.

CHAPTER III

THE RESEARCH STUDY, WITH ANALYSIS AND INTERPRETATION OF DATA

Analysis and interpretation of mothers' opinions concerning services in the nursing conference are presented in this chapter. Included is a description of the population, a discussion of not kept appointments, and some of the comments made by the respondents after the study was done.

It is the purpose of analysis to order the completed observations in such a manner that they yield answers to the research questions. It is the purpose of the interpretation to search for the broader meaning of these answers by linking them to other available knowledge.¹

I. POPULATION DESCRIPTION

The total of forty-three mothers who participated in the study presented a range in age from 18 to 41 years. This population showed a range from the early (18 to 32) to the later (33 to 40) child bearing age, with thirty-four (or seventy-nine per cent) in the former group. The mothers were all residents of X county and had previously attended at least two nursing conferences in the area under study. They were all in the lower socio-economic bracket, since attendance at the clinic was restricted on a basis of financial eligibility. (See Page 12.)

¹Marie Jahoda, Morton Deutsch, and Stewart W. Cook, Research Methods in Social Relations, Part I (New York: The Dryden Press, 1955), p. 252.

II. FOLLOW-UP ON BROKEN OR NOT KEPT APPOINTMENTS

In order to have as complete a return as possible of the opinions of mothers concerning services in nursing conferences, some consideration had to be given to those who had appointments but did not keep them. It was decided to do a home visit on the absent mothers from two clinics who met the criterion. The reason for the home visit was to have the questionnaire completed. The mothers were also asked why they had broken the clinic appointment.

Three potential respondents were contacted from one clinic and two from a second clinic. Of the five mothers contacted in the home, two reported illness of a family member, two did not have transportation the day of the clinic, and one had made other plans. All five mothers completed the questionnaires, and the mean of the total scores for these five mothers was 1.00, or very positively skewed. No assumptions, with regard to clinic services, could be made from the missed appointments, since a follow-up was done on only five of the mothers who met the criterion for this study. These five respondents were not included in the total number counted for this study.

III. ANALYSIS AND INTERPRETATION OF DATA

Total raw scores of the forty-three respondents ranged from seventeen to forty on Present Services with a possible range of seventeen to sixty-eight. A score of seventeen was regarded as the most favorable opinion toward the clinic, and a score of sixty-eight as the most unfavorable. All questionnaires were completely filled out, and no mother refused to participate in the study.

All raw scores on the Desired Services portion of the questionnaires were seventeen, the most favorable position, indicating that the mothers would like to have these services.

Table II presents data obtained from the Present Services portion of the forty-three questionnaires. The data are divided into the three categories, as was done in Table I, and show degrees of selection as well as individual item mean in each category. No table was made for the Desired Services portion since the mean score on each item was 1.00.

Item by item calculation on the Present Services part of the test was done for each questionnaire. The arithmetic mean of the raw scores of the total forty-three questionnaires was 1.45, which showed a favorable opinion of the Present Services in the clinics, since the most favorable opinion possible was 1.00.

The difference between the Present Services mean and the Desired Services mean was 0.45.

Child Care. The calculated mean from the Index Numbers of Present Services which applied to the child care was 1.20, which indicated a very favorable opinion of those services offered in the nursing conferences.

Emotional Support. The mean from the Index Numbers of Present Services which applied to the "emotional support" was 1.42, which also indicated a favorable opinion of these particular services offered in the nursing conferences.

TABLE II
ANALYSIS OF RESPONDENT CHOICE ON "PRESENT SERVICES"
ON MAIN STUDY

Category and Item	Degree of Choice by Number of Respondents				Index Number*
	1	2	3	4	
Direct Care					
cheerful-stern	35	7	1		1.20
gentle-rough	37	6			1.14
kind-unkind	40	3			1.06
sympathetic-unsympathetic	25	14	3	1	1.53
efficient-not efficient	38	4		1	1.16
skillful-unskilled	37	5	1		1.16
understanding of children- doesn't understand children	38	4	1		1.14
DIRECT CARE MEAN INDEX NUMBER					1.20
Emotional Support					
friendly-unfriendly	35	8			1.19
uses my time wisely- wastes my time	35	7	1		1.21
listens to me- doesn't listen to me	25	13	3	2	1.58
likes me-doesn't like me	27	12	4		1.49
interested in me- not interested in me	24	12	6	1	1.63
EMOTIONAL SUPPORT MEAN INDEX NUMBER					1.42
Anticipatory Guidance					
helpful-not helpful	39	4			1.09
explains things-doesn't explain	25	11	5	2	1.63
I get help with personal problems-I don't get help with personal problems	19	8	6	10	2.16
I can ask questions- I can't ask questions	31	5	4	3	1.51
helps me understand my children-does not help me understand my children	21	11	1	10	2.00
ANTICIPATORY GUIDANCE MEAN INDEX NUMBER					1.68
MEAN INDEX NUMBER ALL CATEGORIES					

*For derivation of Index Number please see Page 15

Anticipatory Guidance. The mean from the Index Numbers of Present Services which applied to "anticipatory guidance" was 1.68. This figure indicated a favorable opinion, but less favorable than the means reported for the two previous categories.

A further perusal of the test scores revealed that questionnaires with a score of twenty-one or higher (a total of twenty-nine questionnaires) showed the following unfavorable opinions:

<u>Unfavorable Response</u>	<u>Item</u>
16 respondents	I don't get help with personal problems
11 respondents	Does not help me understand my children
7 respondents	Not interested in me
7 respondents	Does not explain things
7 respondents	I can't ask questions

Informal comment offered by respondents. Some comments, after completion of the questionnaires, by the mothers indicated very good opinions of the clinics. Examples of these comments were: "I like everything about this clinic," "They are all so nice here," and "I never have to wait long in this clinic."

Other remarks by the respondents inferred that they did not see services in the clinic as counseling or educative: "I don't expect to understand my children better by coming here," "I don't come for anything but the shots," and "I don't think they can help with personal problems." No attempt was made to elicit comments because interview data was not planned for this study.

Comparison of trial study data with main study data. Examination of the mean scores from the trial study as compared to the main study reveals that the means from the former are all consistently more favorably skewed than the latter:

	<u>Trial Study</u>	<u>Main Study</u>
child care	1.14	1.20
emotional support	1.22	1.42
anticipatory guidance	1.29	1.68

The suspicion that the public health nursing uniform might have influenced the respondents to veer their replies more toward the favorable side in the trial study tended to be supported by the higher means in the main study. Of the eleven respondents in the trial study, no one had checked an item in the third or fourth degree (the unfavorable view). Of the forty-three respondents in the main study, twelve of the items were checked in the third or fourth degree.

IV. SUMMARY

The statistical analysis of this study revealed that mothers' opinions of services in the nursing conferences were highly favorable. Since a mean of 1.00 indicated the most favorable opinion possible, and the mean on the Present Services was 1.45, as compared to an unfavorable possible mean of 4.00, there appeared no doubt that the nursing conferences were well received by mothers.

Examination of individual items brought out that the following items had the highest means with a range from 1.58 to 2.16: I get

help with personal problems, helps me understand my children, listens to me, interested in me, and explains things. It appeared that the areas of greatest dissatisfaction with the services in the nursing conferences were in the "emotional support" and "anticipatory guidance" categories. Since the mean of those items in the Desired Services portion of the study was 1.00, it also appeared that the mothers would like to have such services.

CHAPTER IV

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

A summary of this study on the opinions of mothers concerning satisfaction with services in the nursing conference is presented in this chapter, together with conclusions and recommendations resulting from the study.

I. SUMMARY AND CONCLUSIONS

The purpose of this study was to examine opinions of mothers in relation to the services offered in nursing conferences regarding (1) care given to the children, (2) emotional support offered to mothers, and (3) whether anticipatory guidance offered in the conference was seen as a means of helping mothers to better understand their children. It was hoped to ascertain, to some degree, the adequacy of the conference in meeting the needs of mothers in these three areas.

Child health supervision has come to be an increasingly important part of preventive medicine. The child health conference, as a part of a public health program, is one of the means of accomplishing the health supervision of the well child. The nursing conference has been developed to extend and supplement the child health conference.

Little information was found on the subject of nursing conferences in the literature reviewed, although the conferences have been in existence for some years.

The descriptive survey method was used to secure the data. The technique used to obtain the desired information was the semantic word differential, an adaptation of the closed-end, multiple choice questionnaire. The choices were limited to degrees along a continuum between bipolar words. The questionnaire was so devised that part of the words and phrases would apply to the care given the child, part would apply to emotional support for the mother, and the remainder would apply to anticipatory guidance for the mothers.

Recognition was given to the probability that the mothers were being asked to give an opinion on something to which they had given little or no objective consideration.

The population used was a total of forty-three mothers who had attended at least two nursing conferences prior to the time of the study. These mothers were all residents of X county where the nursing conferences are routinely held under the direction of the local bi-county health department.

The statistical analysis of these data revealed that the mothers had a favorable opinion of the nursing services on an overall basis. The words relating to "child care" showed a more favorable opinion than either the "emotional support" or "anticipatory guidance" words. However, all three groups showed a favorable opinion of existing service.

It was found that the nursing conferences seemed to meet the needs of the majority of the mothers in the areas measured, those of

child care, emotional support, and anticipatory guidance. This conclusion was reflected in attendance as well as the responses to the questionnaires.

More specifically, the following conclusions are reported:

1. The findings in regard to the direct care given to the children indicated that mothers have a favorable opinion of these services. The mean Index Number of the data for those items was 1.20. A mean of 1.00 was interpreted as the most favorable opinion possible, while the most unfavorable opinion possible was given a score of 4.00.
2. The findings in regard to emotional support for the mothers also indicated a favorable opinion of those services, with a mean Index Number of 1.42, as compared to the most favorable mean of 1.00.
3. The findings in regard to anticipatory guidance indicated a favorable opinion, but less favorable than the other two categories, with a mean of 1.68, compared to the most favorable possible mean of 1.00. Individual examination of the five scale items in this category revealed that four of these items have a mean of more than 1.50. These items together with the Index Numbers were: explains things, 1.63; I get help with personal problems, 2.16; I can ask questions, 1.51; helps me understand my children, 2.00. In the two items with the highest Index Numbers, sixteen mothers demonstrated unfavorable opinions of getting "help with personal problems," and eleven mothers

demonstrated unfavorable opinions insofar as being "able to better understand my children." An unfavorable opinion is interpreted as one which had been given a score of either three or four on the questionnaire. It appeared that anticipatory guidance as offered in the conference was not recognized by these mothers as useful as indicated by this study. These mothers constituted one-third and one-fourth of the population studied, respectively.

II. RECOMMENDATIONS

Based on the findings of this study, the following recommendations are made:

1. The nursing conferences should be continued.
2. The nurse working in the conferences should work toward developing a better understanding of her counseling and educative functions, and particularly in anticipatory guidance.
 - a. The nurse's role in well child supervision should be more clearly interpreted to the mothers by the nurse.
 - b. Continued stress should be placed on the importance of interpersonal relationships from the nurses' point of view, particularly in areas of acceptance, understanding, and sympathetic relations with the mothers.
3. More literature should be contributed by nurses who are working in nursing conferences.
4. More studies be done in other areas where nursing conferences are held.

BIBLIOGRAPHY

BIBLIOGRAPHY

A. BOOKS

- Ackoff, Russell. Design of Social Research. Chicago: University of Chicago Press, 1953.
- Albaugh, Ralph M. Thesis Writing. Ames, Iowa: Littlefield, Adams and Company, 1951.
- Almack, Joch C. Research and Thesis Writing. New York: Houghton Mifflin Company, 1956.
- Caplan, Gerald. Concepts of Mental Health and Consultation. United States Department of Health, Education, and Welfare. Washington: Government Printing Office, 1959.
- _____. Emotional Problems of Early Childhood. New York: Basic Books, Inc., 1955.
- Clinton, Riley Jenkins. Techniques of Thesis Writing. Corvallis, Oregon: OSC Cooperative Association, 1941.
- Festinger, Leon and Daniel Katz. Research Methods in the Behavioral Sciences. New York: The Dryden Press, 1953.
- Good, Carter V. Introduction to Educational Research. New York: Appleton-Century-Crofts, Inc., 1959.
- Jahoda, Marie, Morton Deutsch, and Stewart W. Cook. Research Methods in Social Relations. Part I. New York: The Dryden Press, 1951.
- Lazarsfeld, Paul F. and Morris Rosenberg. The Language of Social Research. Glencoe, Illinois: The Free Press, 1955.
- Osgood, Charles E., George J. Suci, and Percy H. Tannenbaum. The Measurement of Meaning. Urbana, Illinois: University of Illinois Press, 1957.
- Parten, Mildred. Surveys, Polls, and Samples. New York: Harper and Brothers, 1950.
- Selltiz, Clair, Marie Jahoda, Morton Deutsch, and Stuart W. Cook. Research Methods in Social Relations. Revised edition. New York: The Dryden Press, 1959.

- Smillie, Wilson G. Preventive Medicine and Public Health. Second edition. New York: The Macmillan Co., 1952.
- Thurstone, L. L. The Measurement of Values. Chicago: University of Chicago Press, 1959.
- Thorndike, Edward L. and Irving Lorge. The Teacher's Word Book of 30,000 Words. New York: Bureau of Publications, Teachers College, Columbia University, 1944.
- Underwood, Benton J., et al. Elementary Statistics. New York: Appleton-Century-Crofts, Inc., 1954.
- Windemuth, Audrey. The Nurse and the Outpatient Department. New York: The Macmillan Co., 1957.

B. PUBLICATIONS OF THE GOVERNMENT, LEARNED SOCIETIES, AND OTHER ORGANIZATIONS

- Christie, Richard and Robert K. Merton. "Procedures for the Sociological Study of the Values Climate of Medical Schools," Bureau of Applied Social Research, Reprint No. 277, Columbia University, 1958.
- Committee on Child Health of the American Public Health Association. Health Supervision of Young Children. New York: The American Public Health Association, Inc., 1955.

C. PERIODICALS

- Amann, Anna and Allie Mae Williams. "A Study of Child Health Problems," Nursing Outlook, 4:109-111, February, 1956.
- Christie, Amos, M.D. "Conducting a Child Health Conference," Public Health Nursing, 44:486-491, September, 1939.
- Cooper, Marcia M. "The Relationship of Mental Hygiene to Growth and Development," Public Health Nursing, 43:248-251, May, 1951.
- Craig, Margaret. "Child Care in the Outback," American Journal of Nursing, 12:1696-1698, December, 1958.
- Eliot, Martha M. "Perspectives in Child Health," Public Health Reports, 72:28-32, January, 1957.
- Foster, Mary L. "Reasons for Attending Child Health Station," Public Health Nursing, 44:123-128, March, 1952.

- Gundry, C. H., M. D., Beverley E. Hall, and Trenna G. Hunter. "Anticipatory Guidance in Child Health Centers," Public Health Nursing, 44:378-385, June, 1952.
- Guetzkow, Harold. "Unitizing and Categorizing Problems in Coding Qualitative Data," Journal of Clinical Psychology, 6:47-58, January, 1950.
- Hammond, K. R. "Measuring Attitudes by Error-Choice, and Indirect Method," Journal of Abnormal Social Psychology, 43:38-48, January, 1948.
- McFadden, Daisy and Evelyn Walsh. "Nurse's Conference in a Child Health Station," Nursing Outlook, 4:392-394, July, 1956.
- McNemar, Quinn. "Opinion-Attitude Methodology," Psychological Bulletin, 43:289-374, May, 1946.
- Metzner, Helen and Floyd Mann. "A Limited Comparison of Two Methods of Data Collection: The Fixed Alternative and The Open-Ended Interview," American Sociological Review, 4:486-491, August, 1952.
- Richmond, Julius B., M.D., "Health Supervision of Infants and Young Children," American Journal of Nursing, 52:1460-1463, December, 1952.
- Slocum, W. L., L. T. Empey, and H. S. Swanson, "Increasing Response to Questionnaires and Structured Interviews," The American Sociological Review, 21:221-225, April, 1956.
- Story, Laura S. "The Nurse's Child Health Conference," Public Health Nursing, 32:539-544, September, 1940.
- Westie, Frank. "A Technique for the Measurement of Race Attitudes," American Sociological Review, 18:73-78, February, 1953.
- Wolff, Ilse S., "Interviewing in Public Health Nursing, Part I. An Examination of Attitudes," Nursing Outlook, 6:267-269, May, 1958.

APPENDIX

We would like to find out how you feel about the services in this clinic. Please think only of the clinics where you see the nurse. Do not think of the clinics where a doctor is present.

On the following pages are lists of words which might be used to describe a clinic such as the one you are now attending.

INSTRUCTIONS: Four spaces are provided for your answers. For example:

bad :__: :__: :__: :__: good

If you feel the situation is very good, the check mark would be placed in the space closest to the word "good". See below:

bad :__: :__: :__: :X: good

If you feel the situation or service is very bad, the check mark would be placed in the space closest to the word "bad". See below:

bad :X: :__: :__: :__: good

If you feel the situation is fairly good, the check mark would be placed in the space second from "good", as below:

bad :__: :__: :X: :__: good

If you feel the situation is fairly or quite bad, but not extremely so, the check mark would be placed in the space second from "bad", as below:

bad :__: :X: :__: :__: good

Please read the directions on each sheet before starting to answer. Work as rapidly as possible, answer each item as it comes.

DO NOT SIGN YOUR NAME.

THANK YOU FOR YOUR HELP

Please place a check mark (X) in the space which you feel most nearly describes the service in this clinic.

cheerful	:__:	:__:	:__:	:__:	stern
rough	:__:	:__:	:__:	:__:	gentle
unkind	:__:	:__:	:__:	:__:	kind
sympathetic	:__:	:__:	:__:	:__:	unsympathetic
unfriendly	:__:	:__:	:__:	:__:	friendly
efficient	:__:	:__:	:__:	:__:	not efficient
skillful	:__:	:__:	:__:	:__:	unskilled (clumsy)
understanding of children	:__:	:__:	:__:	:__:	doesn't understand children
helpful	:__:	:__:	:__:	:__:	not helpful
explains things when I don't understand	:__:	:__:	:__:	:__:	doesn't explain
I get help with my personal problems	:__:	:__:	:__:	:__:	I don't get help with personal problems
I can't ask questions	:__:	:__:	:__:	:__:	I can ask questions
helps me understand my children	:__:	:__:	:__:	:__:	does not help me understand children
wastes my time	:__:	:__:	:__:	:__:	uses my time wisely
listens to my side	:__:	:__:	:__:	:__:	doesn't listen to me
likes me	:__:	:__:	:__:	:__:	doesn't like me
interested in me	:__:	:__:	:__:	:__:	not interested in me

Please place a check mark (X) in the space which most nearly describes how you would like the service in this clinic.

cheerful	:__:	:__:	:__:	:__:	stern
rough	:__:	:__:	:__:	:__:	gentle
unkind	:__:	:__:	:__:	:__:	kind
sympathetic	:__:	:__:	:__:	:__:	unsympathetic
unfriendly	:__:	:__:	:__:	:__:	friendly
efficient	:__:	:__:	:__:	:__:	not efficient
skillful	:__:	:__:	:__:	:__:	unskilled (clumsy)
understanding of children	:__:	:__:	:__:	:__:	doesn't understand children
helpful	:__:	:__:	:__:	:__:	not helpful
explains things when I don't understand	:__:	:__:	:__:	:__:	doesn't explain
I get help with my personal problems	:__:	:__:	:__:	:__:	I don't get help with personal problems
I can't ask questions	:__:	:__:	:__:	:__:	I can ask questions
helps me understand my children	:__:	:__:	:__:	:__:	does not help me understand children
wastes my time	:__:	:__:	:__:	:__:	uses my time wisely
listens to my side	:__:	:__:	:__:	:__:	doesn't listen to me
likes me	:__:	:__:	:__:	:__:	doesn't like me
interested in me	:__:	:__:	:__:	:__:	not interested in me