

19 ICN NURSE STAFFING: THE 12-HOUR ALTERNATIVE
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Faced with recurring staffing problems, nurses in our small (250 admissions in 1976) but expanding unit voluntarily changed from three 8-hour to two 12-hour shifts per day in late June 1976. A questionnaire using a seven point scale was administered four months later. Twenty-eight out of thirty (28/30) staff nurses responded. Continuity of patient care (25/28) and familiarity with families (19/28) were considered important benefits of the new schedule. Physician concerns, plans, and diagnosis were thought to be transmitted better (20/28) from one shift to the next. However, (16/28) nurses felt they lost contact with patients who had short stays in the nursery. Scheduling of holidays (18/28), vacation (17/28), and workdays (23/28) was generally thought to be improved. Changing from days to nights was thought to be improved by (4/25), unaffected by (13/25), and made more difficult by (8/25).

The nursing staff felt that the rate of patient care error was unaffected by the new schedule (20/28), but there was thought to be a significant improvement in transcribing orders (20/28). Sign-off from one shift to the next was considered improved by (25/28). Finally, personal performance was assessed to be no different (13/28), or actually improved (15/28) by the new schedule. The results of this study indicate support for the 12-hour day. Additional evaluations including physician assessment, job performance and clinical outcome continue.

20 THE STABILITY OF BEHAVIORAL ASSESSMENT IN THE FIRST DAYS OF LIFE. K. Bloom and S. Fletcher (Spon. by R. B. Goldbloom). Dalhousie University and Grace Maternity Hospital, Department of Psychology, Halifax.

As part of a research program designed to assess the Brazelton Neonatal Assessment Scale as a predictor of styles of later infant sociability, we examined 12 normal infants daily to determine the stability of the scale over the first 4 days of life. Each day, every infant was assigned a "typology score" of 1, 2 or 3 (high, average, low) for each of 3 dimensions (Interactive, Motor and State Control) according to Brazelton's criteria. Scores for State Control and Motor processes were remarkably stable across the 4 days; most infants scored 2. The Interactive process (response to social stimuli including items of visual and auditory orientation, cuddliness and consolability) was less stable across the first 4 days as a result of significantly ($p < .025$) increased variability on Day 2. Variability was further assessed by comparing mean scores across 4 days for behaviors comprising the Interactive cluster. Scores on Days 1, 3 and 4 were highly correlated ($p < .05$) while scores on Day 2 did not correlate with other days. These data suggest that as yet unidentified factors related to the infant's second day alter his pattern of interaction with his environment. Perhaps the Interactive process is more sensitive than other dimensions to any form of disruption. For predictive purposes, it may be inadvisable to perform behavioral exams on infants on the second day of life, particularly if one includes assessment of interactions with the social (e.g., maternal) environment.

21 SATISFACTION OF PRIMARY CARE PHYSICIANS IN TRADITIONAL AND MODERN SETTINGS. Breslau, Naomi, Department of Community Health, Novack, Alvin H., Department of Pediatrics, Case Western Reserve University, Cleveland, Ohio, and Wolf, Gerrit, Georgia Institute of Technology, Atlanta, Georgia. (Spon. by Edward A. Mortimer, Jr.)

This study of physician satisfaction included 70 primary care pediatricians, internists and family practitioners in 6 different types of practice settings: solo practice, small private groups, multi-specialty prepaid groups, multi-specialty fee-for-service groups, neighborhood health centers and a hospital outpatient department. Satisfaction with work, coworkers and pay were the three indices examined. Family practitioners exhibited the highest satisfaction levels in all three areas. Major differences emerged between physicians in traditional settings, i.e. solo and small group than those in more elaborate, modern settings. Two-way analysis of variance by setting and specialty reveals that for all physicians, satisfaction levels were higher in traditional than in modern settings. Also, physicians in traditional settings, regardless of specialty, gave higher ratings to the quality of care they provided and the efficiency of their work than physicians in modern settings. With respect to all these variables, effects of practice setting are statistically significant ($p < .05$). In traditional settings doctor satisfaction is positively associated with longer visits and with providing patient care directly rather than assisted by paramedical workers. In modern settings, satisfaction is associated with shorter visits and perceived efficiency.

22 BEHAVIORAL DIALOGUES BETWEEN MOTHERS AND INFANTS: THE EFFECT OF PREMATURITY. Josephine V. Brown and Roger Bakeman, Emory University School of Medicine, Department of Pediatrics; Georgia State University, Department of Psychology, Atlanta (Spon. by Richard W. Blumberg).

This paper compares interaction styles of premature and full-term infant-mother dyads. The subjects were 49 low income black mothers and their infants (26 prematures, 23 fullterms). Interactions were observed during a feeding in the hospital and at 3 months. A subset of mother and infant behaviors were defined as "communicative acts" and the interaction was viewed as a sequence of "dialogic states" (infant acts, mother acts, both act, neither acts). The 4 simple probabilities and the 16 transitional probabilities were used as indices of interaction style. In the hospital, 12 indices differentiated the two groups of dyads at the .10 level or better. At 3 months, 9 of these 12 indices still differentiated the groups. In the hospital, prematures were less active than fullterms, while their mothers were more active. Mothers of prematures were more likely to attempt to influence their infants' activity states, while mothers of fullterms were more likely to let their infants determine active or quiet periods. At 3 months, mothers of prematures persisted in their old behavior patterns even though the activity levels of their infants had doubled and were by then similar to those of fullterms. It is suggested that mothers of prematures compensate for the inactivity of their infants and continue to do so even when this is no longer adaptive and that prematures, therefore, have less opportunity to learn to regulate their own activity patterns.

23 THE OUTCOME OF INFANTS OF DRUG DEPENDENT MOTHERS BASED ON THE TYPE OF CAREGIVER. Cleofe J. Chavez, Enrique M. Ostrea, Jr., Wayne State University and Hutzel Hospital, Department of Pediatrics, Detroit, Michigan

A comparison of the outcome of 181 infants of drug dependent mothers (IDDM) was done based on the type of caregiver: (A) Mother alone, N=107, (B) Mother with the help of a close relative, N=38, (C) Mother and father, N=19, (D) Relative alone, N=10, and (E) Court appointed foster care, N=7.

RESULTS: Only 29% of the infants in Group A completed 5-6 well-baby visits for the first 6 months as compared to 61% in B, 55% in C, 50% in D, and 14% in E (A or E vs. B, C, D, $p < 0.05$). The infants cared for by A did not have any more hospitalization for serious illnesses than those in B, C, D, E. However, of the total 181 infants, 8 (4%) showed evidence of child abuse, viz. cigaret burns and hematoma and 75% of these infants belonged to Group A. Furthermore, 6 infants in the entire study died with the sudden infant death syndrome and all were from Group A. At 6 months of age, the mean weight, length and HC of the infants in Groups A-D were within the 10-90th percentile and the difference between the means was not statistically significant ($p > 0.10$). The mental (MDI) and psychomotor (PDI) developmental scores of the infants in Groups A-D as assessed by the Bayley Test were within normal limits (MDI=112-120; PDI=100-113). Only 3 infants in Group E had complete evaluation at 6 months. Of these, 2 had body lengths below the 3rd percentile and their MDI and PDI scores were much lower than normal (MDI=72.5; PDI=81.5).

SUMMARY: This study indicates that in general the drug addict mother is capable of providing adequate care for her infant as evidenced by its normal growth and development. However, better care and protection of the infant is achieved if someone helps the mother. The poorest outcome noted in infants cared for by court appointed foster parents suggest that this type of caregiver is least appropriate for the infant.

24 SOCIAL INFLUENCES AND COMPETENCE IN PRETERM CHILDREN. Sarale E. Cohen (Spon. by Arthur H. Parmelee), School of Medicine, University of California, Los Angeles, Department of Pediatrics.

The impact of the social environment on preterm children is largely unknown. The purpose of this study was to examine the relationship between social influences, as measured by detailed caregiver-child interactions, and the child's competence at age 2 in a group of preterm children. The subjects included in this report were 50 preterm children, 32 boys and 18 girls, and their English speaking primary caregivers. Only singletons and children free of major neurological problems were included. Caregiver-child interactions were observed when the child was 21 months of age in a laboratory situation that consisted of 4 interactional tasks. The interactional tasks were videotaped and three major categories of behavior were scored from the tapes: care-giver, child, and reciprocal interactions involving both members of the dyad. The assessments of competence in the second year of life included the Bayley Mental Scale given at 18 and 25 months and the Gesell Developmental Schedules at 24 months. The results indicated that children who differed in their competence were clearly different in caregiver-child interactions. The most consistent relationships between caregiver-child behaviors and competence were found for those behaviors which involved both the caregiver and the child in reciprocal social interchanges. In summary, this report has documented social influences beyond social class associated with competence in preterm children.