Nursing Theory of Ramona T. Mercer: Maternal Role Attainment - Becoming a Mother

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Ramona T. Mercer is well known in the specialty of maternal-child nursing. Mercer developed the “maternal role attainment - becoming a mother” model. This model is important because it provides the framework for mother-infant bonding that affects the health and development of individuals and families throughout the lifespan (Role Attainment, 2005). Mercer’s research has been so influential that the foundation of much of the current maternal-child nursing practice is based on her work (Freda, 2005). Major factors in the success of Mercer’s model are her education, clinical experience, theoretical influences and most importantly her commitment to current, evidence-based practice. There are some practitioners who have some exceptions to the modern day application of Mercer’s theory, especially when viewed from a feminist perspective (Parratt & Fahy, 2011). But by and large, Mercer’s “Theory of Becoming a Mother” has become widely accepted, especially since its revision in 2004. It is used extensively in educational texts of maternity and pediatrics. This model incorporates global concepts of nursing and is applicable to nursing practice today (Meighan, 2010).

Personal Background of Ramona T. Mercer

Ramona T. Mercer has a varied and comprehensive educational background. She graduated in 1950 with her nursing diploma at the age of 21 in Montgomery, Alabama. For the next 10 years she worked as a nurse and instructor in pediatric and obstetrical nursing in addition to the field of contagious diseases (Meighan, 2010). Her early nursing experience molded her interests toward pediatric and obstetrics. She returned to school in 1960 and earned her master’s degree specializing in maternal-child nursing at the University of New Mexico in 1964 (Meighan, 2010). She continued pursuing her passion for maternity nursing and completed her Ph.D. at the University of Pittsburgh in 1973. Dr. Mercer then moved to California and worked
as a nursing professor at the University of California until she retired in 1987. Even in her retirement, she still continues to revise and clarify her work because she believes that “theory building is a continual process” (Mercer, 2004, p.226).

Ramona Mercer’s early work in the 1970’s was focused on the needs of breastfeeding mothers, teenage mothers, postpartum illness, and mothers bearing children with defects. She had a deep interest in the development of the maternal role as well as self-esteem and self-concept of mothers (Meighan, 2010). During the span of Mercer’s career, her work expanded further in the area of maternal-child nursing and she authored books such as *Perspectives on Adolescent Health Care*, *Transitions in a Woman’s Life*, and *Parents at Risk* (Ramona Mercer, 2011). She has written a total of six books, published six book chapters and numerous journal articles. Throughout her career Dr. Mercer has received a great deal of awards and is a member of several professional organizations and national committees (Meighan, 2010).

**Theoretical Underpinnings**

Mercer’s mid-range maternal role attainment theory is based on becoming a mother throughout a woman’s lifespan in order to develop a strong maternal identity (Meighan, 2010). This theory was influenced by the work of Mercer’s professor and mentor, Reva Rubin at the University of Pittsburgh. The success of Mercer’s theory may be attributed in part to the way that she has used many diverse sources of research to develop and expand her theory. Mercer’s theoretical sources include Mead’s theory on role enactment, Turners theory on the core self, Thornton and Nardi’s role acquisition process, Werner’s developmental process, and the work of Burr, Leigh, Day and Constantine. A model of maternal role attainment was developed by Mercer that is based on Bronfenbrenner’s concepts of nested circles (Meighan, 2010).
Mercer believes that nurses can play a vital role in promoting health of families and children. Mercer stated in her book *Becoming a Mother: Research on Maternal Identity from Rubin to the Present* that “nurses are the health professionals having the most sustained and intense interaction with women in the maternity cycle” (1995, p. xii). Mercer’s theory is practice oriented and has consistently evolved over time because of her commitment to connect research to practice (Meighan, 2010).

In addition to the renaming of maternal role attainment stages, the model has undergone ongoing revision since its original publication. The work of Walker, Crain, and Thompson indicated that a change was needed because the term role attainment indicated an end to the process as a final goal. Mercer began to reexamine her theory and felt the need to revise the model’s title to “Becoming a Mother” in order to connote a continued growth in mothering throughout the lifespan (Mercer, 2004).

**Stages of Becoming a Mother**

The concepts of Mercer’s theory center on the bond between mother and child which fosters competency, confidence and joy in the motherhood role (Role Attainment, 2005). Mercer’s original maternal role attainment theory follows a process that has four stages. In 2004 Mercer revised the terms of these stages although the stages themselves remain basically the same. First is the “commitment, attachment, and preparation” stage during pregnancy when the mother makes psychological adjusts and prepares for the expectations of her new role. Second is the “acquaintance, learning, and physical restoration” stage which begins with the infant’s birth when the role of mother is assumed and learned in the contexts of her social system. Third is the “moving toward a new normal” stage in the first few months of the infant’s life where the mother makes her new role fit her lifestyle in a personal way instead of in context with a social system.
Lastly is the “achievement of maternal identity” stage when the mother internalizes her role and experiences a sense of harmony, competence and confidence which usually occurs about 4 months after birth. These stages can overlap and the timing is highly variable however the stages usually progress in a sequential, predictable manner (Mercer, 2004).

Global Nursing Concepts

There are four global concepts that Ramona Mercer portrays in her model. The first one is human being. Mercer describes human being as seeing themselves as an individual and separates itself from other roles. Mercer focuses this first concept on the maternal self. Having self confidence and self-esteem are factors that play into motherhood. Values and morals also play a role in the way that problems are handled (Meighan, 2010).

The next concept is environment. Mercer describes environment as it has an impact on the maternal role. There are issues outside the family that will impact how the maternal role is played. There will be settings and changes that happen to put stress on the maternal role and there has to be a balancing act. Playing the role of a maternal person they need to be able to accommodate for the outside influences along with not ignoring the issues at hand (Meighan, 2010).

The third concept is health. Mercer defines health as a background of the mother’s and father’s health history then as it relates to the future children they might have. When it comes to bringing a child into the world there are a lot of factors that need to be addressed. The mother and father need to look at their current health along with any concerns that their lifestyle brings about in regards to their health history. What happens during childbearing can affect the child’s health (Meighan, 2010).
The last concept is nursing. Mercer describes nurses as a very important part of the maternity cycle. Nurses have a duty to promote growth and well-being in others while educating families on what should be done before, during, and after the maternal cycle. Nurses play a huge factor on the outcome of the childbirth because of the education and teaching that was given to the families (Meighan, 2010).

Ramona Mercer’s theory of becoming a mother is adequately described in context of the four global nursing concepts. Each concept addresses an aspect of the maternal cycle and therefore has a part in the building blocks of Mercer’s theory. The global nursing concepts influence how the maternal role is played and how it is not affected by just a single factor, but rather by many. These concepts together define and shape how the maternal cycle will be carried out. Each of the four global concepts are applied to the maternal cycle and how each one contributes to becoming a mother using the theory of maternal role attainment.

Theory Application and Implications

The origins of Ramona Mercer’s theory are primarily inspired by her nursing experience early nursing educator mentor, Reva Rubin, but her passion for evidence based research caused her work to be influenced by other interactionist social psychology models (Mercer, 1995). Mercer’s theory has a specific, concrete focus rather than an abstract, universal application. “Middle range theory has an even more specific focus and is more concrete than nursing theory in its level of abstraction” (Alligood, 2010, p. 7). Maternal role attainment focuses specifically in the area of parent-child nursing and is applicable mainly in pediatric and maternal-child nursing. However even though the focus of this theory is narrowed to maternal child nursing, it can be generalized to a wide range of ages, situations and environments (Meighan, 2010). Because of the specialized focus of this model, it is not generally applicable to other nursing
areas. Other disciplines such as sociology, psychology and education have incorporated Mercer’s concepts to their maternal and parenting philosophies (Meighan, 2010).

A medically unstable, prematurely born infant is an example of how Mercer’s theory of “Maternal Role Attainment” (MRA) can be applied in practice. The stress of becoming a mother is increased in the face of an infant’s critical illness. Seeing their infant distressed and exposed to painful procedures causes mothers worry and feelings of incompetence (Miles, Holditch-Davis, Burchinal, & Brunssen, 2011). Mercer found that normal maternal role attainment can be delayed in the stages of maternal identity which can then have an impact on interactions between mother and child. Mothers can be assessed where they fall in the MRA stages as well as an assessment of the mother and infant’s characteristics in order to develop an individualized plan to help promote maternal competence (Miles, et al., 2011). Even though motherhood and relationships can be a complex process, MRA theory can provide a framework to help predict behavior and guide practice in real life situations (Meighan, 2010).

**Conclusion**

Ramona Mercer has devoted her life’s work to maternal child nursing and still continues to this day to refine her theory of maternal role attainment - becoming a mother. Her theory is evidence-based and incorporates the four global nursing concepts. The stages of motherhood role attainment in this theory can be practically applied in many settings of maternal child nursing. Ramona Mercer has developed a successful nursing theory which is widely accepted and used in maternal child nursing education and practice. The theory of maternal role attainment provides nurses the framework and guidance to help families handle the journey of parenthood and support the process of becoming a mother.
References


