

## Acquiring the LC Role: A Theoretical Perspective

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Moving into a role (whether it is a new career such as an RN, an LC, or motherhood) may be viewed as a dynamic process composed of four stages. The stages are *anticipatory*, *formal*, *informal*, and *personal*. These theories are adapted here in the context of a person entering the lactation profession. When the lactation consultant's role is examined within this framework, it helps one to understand the challenges and dilemmas that are involved in assuming this new role.

### *Anticipatory Stage*

- A. The anticipatory stage involves collecting information about the role from many sources. The aspiring LC may have come in contact with another LC during her own breastfeeding career; she may be looking to do something "different" that she can do with young children; she may "love" breastfeeding and want to work with breastfeeding mothers; she may have read about IBCLCs in a book or magazine; she may work with experienced lactation consultants in a hospital setting; she may have worked with breastfeeding women in a WIC clinic or a hospital or with LLL and now wants to formalize the training and the experience.
- B. She makes the decision that she definitely wants to pursue this goal, and begins to collect information on how to do it through talking to others, calling ILCA, the IBLCE, course providers, telephone numbers in books or magazines, and so on.
- C. At this point she probably has a fairly idealized picture of herself as an LC—working out of her home with plenty of time for her own family; making plenty of money, or landing a plum job in a clinic or hospital setting.
- D. At this time she may take a lactation management training program — after which, she enters the formal stage.

### *Formal Stage*

- A. In the formal stage, the LC Intern begins to assume responsibility for caring for mothers and infants. This may seem daunting to those who have basically had no contact with mothers and babies in a professional setting. For RNs or other health care providers who have been caring for women routinely, it requires a change in their thinking and in the way they approach breastfeeding.
- B. The role of an LC has formalized expectations that are stated in objective, written terms; a job description (in most places); standards of practice (ILCA); and a Code of Ethics (IBLCE).
- C. She begins the process of breaking down preconceived ideas and teachings, as well as going back to an institution and teaching her colleagues what she has learned and what she thinks they need to know.

- D. She finds there is conflicting advice among the "experts." She wants to do everything the "right" and "best" way, and is nonplused to discover that the "experts" believe there may be as many "right" and "best" ways as there are experts. It will be frustrating for her to have learned one method of doing things in her lactation management class, only to discover that you are teaching her yet another way of doing it. Having to choose from more than one method may appear overwhelming to her.
- E. Lactation management may be rigidly and formally performed, trying to do it "right." The new LC will be very sensitive to comments and non-verbal cues from those whom she perceives as "experts." Though she is eager to do things on her own, she feels safer watching others do it or having someone nearby. She may feel inadequate, with low self-confidence, and may need reassurance that each task she undertakes she did correctly.
- F. It is important to give the new LC lots of moral support and affirmation that what she has done is, indeed, the best thing for that mother and that baby.
- G. This is a difficult time for her to make decisions based on the individual mother and baby's needs, as she still views things as black and white in her execution of a care plan. For example, if she has read or been told that the application of cabbage leaves over a prolonged period of time can dry up the mother's milk, and she has read an article in the JOGNN that cabbage was applied for 20-minute periods in one study, she may conclude that the correct method of using cabbage for engorgement is for 20 minutes 3 or 4 times a day. It would be hard for her to "hear" that perhaps using cabbage until the mother experiences relief from the engorgement is acceptable practice.
- H. When the new LC believes that she is adequately performing the "must" plans of care, and is feeling comfortable with the new mothers, not feeling as though she has to know everything, she gains the confidence to move on to the next stage of role acquisition which is the informal stage.

### ***Informal Stage***

- A. LCs in the informal stage begin to modify the rigid rules and directions they sought out and used during the formal stage.
- B. At this point she begins to put together all the different approaches to care that she learns, and begins to be willing to consider other options.
- C. This is a great stage for her to begin to interact in a forum such as *Lactnet* and realize that there may be many ways for her to do things.
- D. Her interactions with mothers and other LCs become more spontaneous and there is less fear of imperfections. She then enters the personal stage.

### ***Personal Stage***

- A. In the personal stage the LC further evolves her role to a style consistent with her own personality. She is better able to handle individuality among new mothers, and is not as quick to assume that if the mother stops breastfeeding it is her fault.
- B. She becomes more comfortable with a mother who chooses an alternate path of doing things, one that may not be the "optimal" way in the LC's opinion. She is more willing to consider other options as well.
- C. She seeks other opinions, but is quick to discard them if they do not seem compatible with her way of doing things.
- D. At this point she is able to read and critique research and accept or discard that which is good or not so good.
- E. She is comfortable in her role, and relishes the opportunity to teach others.

### ***Summary***

Aspiring lactation consultants will progress through the four stages of role acquisition in varying degrees of time. Although you cannot push them faster than they are able to move, you can model the personal stage behavior to them so they are able to grasp the need for flexibility in developing their plans of care for mothers and babies.