Public Health Nurses' (PHNs) Perceptions of their Role in Early Postpartum Discharge

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ABSTRACT

Objectives: Following the introduction of hospital early postpartum discharge (EPD), public health nurses (PHNs) have provided large-scale in-home follow-up to promote the safety and well-being of mothers and babies. Given high numbers of births per year, this program has affected PHNs' practice. This descriptive qualitative study aimed to explore PHNs' perceptions of EPD and its effects on their practice.

Methods: Data were collected in focus groups (n=24) consisting of PHNs in four community health areas (CHAs) in the Winnipeg Regional Health Authority (WRHA). Audiotaped data were transcribed, entered into Microsoft Word XP, and analyzed using constant comparison.

Results: The female participants had a mean of 10 years of PHN experience. Three main themes and 10 subthemes were identified. The main themes were: passion for the PHN role, influence of EPD on practice, and building a PHN future. The subthemes included: valuing public health nursing, building capacity and developing relationships, changes in practice, erosion of health promotion, a new role, proper tools, continuity of care, relationships with community partners, and resources to support public health programs.

Conclusion: The PHNs indicated the introduction of EPD altered their practice by reducing their role in community-level intervention and health promotion activities. Although they identified benefits from undertaking EPD activities, they wanted resources and funding shifted into the public health system to better support PHNs' increase in scope of practice and historical roles in promoting the health of individuals, families and communities.

Key words: Early discharge; practice; community health; healthy beginnings; post-natal follow-up

La traduction du résumé se trouve à la fin de l'article.

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To combat rising costs associated with health care, reduced length of hospitalization for postpartum patients was implemented in the 1990s.[1] Early postpartum discharge (EPD) is a hospital stay of 48 hours or less following routine vaginal deliveries, and 96 hours following uncomplicated caesarean sections.[2-4] Enhanced maternal satisfaction has been repeatedly associated with EPD.[5-8]

EPD practices have been sustained using community nursing services.[1] Public health nurses (PHNs) conduct large-scale postpartum screening in efforts to promote the well-being of women and their infants; however, there is a paucity of empirical evidence about PHNs' perceptions of their role in EPD. Moreover, these changes in service delivery and to PHN practice have occurred in the absence of research related to cost, outcomes, and adequacy of care for women and their families.[9-11] Using the Community Health Nurses Association of Canada (CHNAC) standards of practice as a framework,[12] this descriptive qualitative study examined the research questions in Table Ia.

METHODS

Focus groups (n=24) with PHNs from four community health areas (CHAs) in the Winnipeg Regional Health Authority (WRHA) were conducted using the semi-structured interview guide in Table Ib. PHNs were recruited using purposive sampling, based on a review of census data and community area profiles. The culturally diverse female PHNs worked in generalist practice, in full- and part-time positions, had a minimum of baccalaureate education, and had PHN experience ranging from less than 1 to 29 years. The range in experience contributed to differences in perceptions, because many PHNs had been exposed to other practice models throughout their careers. CHAs were purposely selected based on geographical dispersion and area demographics (e.g., income, education, cultural diversity) and health indicators (e.g., mortality, rates of chronic and communicable diseases, infant and maternal health). The University of British Columbia, University of Manitoba, and WRHA ethics review boards approved all procedures. Participants were assured of confidentiality. The focus groups were audio-

TABLE I

1a – Research Questions

1. What are PHNs' perceptions of EPD?
2. What are the effects of EPD on PHN practice?
3. What are PHNs' preferred roles for caring for postpartum women and newborns?

1b – Focus Group Open-Ended Questionnaire

Opening Question
1. Tell us your name and how long you have been working in public health.

Introductory Question
2. Think back to when you first started working in public health. What attracted you to this area of nursing?

Transition Question
3. When you hear the words "early postpartum discharge (EPD)", what comes to mind?

Key Questions
4. What are the benefits of EPD?
   Cues: What are the advantages of early discharge for families, women, infants, PHNs?
5. What is particularly frustrating about EPD?
   Cues: What are the costs associated with EPD for families, women, infants and communities?
6. What impact does EPD have on your PHN practice and role?
   Cues: How are other areas of your practice affected – daycares, schools, community development, health promotion?
7. In an ideal world, what role should PHNs play in delivering EPD services?
   Cues: Do you see services organized differently? If so, how and why?

Ending Questions
8. Of all the things that we have discussed today, what is most important to you?
9. Is there anything that we should have talked about, but didn't?

taped and transcribed verbatim with all names and identifying information removed; field notes were also analyzed.

Data were analyzed using inductive content analysis and constant comparison. Interviews were read and reread, and sentences as units of analysis were placed into categories. Categories between focus groups were compared and contrasted to develop themes. Three of the authors (CC, WH, LS), including WH who did not conduct the groups, coded the data. An inductive coding scheme based on analysis of the first focus group was developed using a consensus process. Data triangulation was achieved by collecting data from PHNs who performed similar jobs, but worked in diverse CHAs. All study procedures were explicitly documented to develop an audit trail that outlined how conclusions were drawn.[13] Member checking was not undertaken, but there was PHN consensus during focus groups regarding important elements of discussion. At the time of the focus groups, both facilitators were from outside of the WRHA structure and had no authoritative relationships with the PHNs.

RESULTS

Three major themes were developed, and 10 subthemes supported the themes. Selected subthemes are reported in this paper, with quotations to support specific subthemes provided in Table II.

Passion for the PHN role

Participants expressed excitement and enthusiasm for public health nursing, which they regarded as their passion. They described choosing a career in public health because of a desire to promote health and build health capacity (Table II – No.1). A number of subthemes supported this theme.

Valuing Aspects of Public Health Nursing

PHNs indicated they valued the broad and diverse nature of their practice, independence, as well as their role in promoting health and preventing disease. PHNs valued working with families in their homes, and providing holistic care that promoted health over the life span. Following EPD, PHNs provided postpartum care in addition to education and referrals to community agencies. They appreciated their increased skill level development, particularly the provision of breastfeeding support to promote the health of infants and mothers.

Developing Relationships with Individuals and Families

Building trusting relationships with clients established the foundation for the PHNs' involvement and subsequent care. Because the PHNs required clients' agreement to provide nursing care in their homes, they viewed clients' acceptance of their services in EPD as voluntary and their position as relatively tenuous compared with their hospital colleagues (Table II – No.1a).

Influence of EPD on PHN practice

The second theme captured the effects of EPD on PHN practice. PHNs indicated that EPD services had undermined their efforts to provide health promotion to families and other target populations, as their major practice focus was on early discharge (Table II – No. 2).

The Erosion of Health Promotion and Prevention

PHNs linked the requirement to visit families within 24 hours of discharge, as well as other unpredictable practice activities, to reductions in importance for their health promotion and disease prevention activities. In particular, they identified the erosion of their role with children and youth (Table II – No. 2a). Attention to EPD necessitated a practice shift so that PHN service offered in schools focused on scheduled immunizations. They perceived their inability to attend to health promotion activities as hampering their ability to develop long-term relationships within the community, which had historically been maintained over years and generations. Their diminished exposure in the community reduced others' understanding about the PHN role.

A New Role for Public Health Nurses

PHNs indicated EPD had significantly altered their activities with families in the postpartum period. Previously, PHNs visited families 1 to 2 weeks after birth and focused on health promotion and education (Table II – No. 2b). With EPD, they shifted their emphasis to screening and managing acute health problems such as maternal hypertension, infection, and breastfeeding challenges, as well as infant jaundice and weight loss. PHNs visited families frequently until urgent problems were resolved, sometimes daily. The PHNs believed families viewed them as extensions of the hospital system or "postpartum home care," with a focus only on medical needs. Rather

than providing primary health care, PHNs believed they mostly delivered secondary and tertiary care, which undermined what they valued about public health. They described losing some of the variety, independence, and self-directedness of their practice.

Building a PHN future

The final theme focused on building the future of PHN practice. PHNs wanted to provide optimal care in EPD, without sacrificing their valued health promotion and prevention roles in communities (Table II – No. 3). Two subthemes illustrated this theme.

The Proper Tools to Do the Job

PHNs described frustration in trying to meet their professional responsibilities to care for EPD clients, while working with inadequate equipment, knowledge, and infrastructure. Some of the experienced PHNs reported lack of confidence in clinical decisions about EPD medical problems in the home. Their previous practice had not incorporated those elements and their concerns were exacerbated by their perceptions of limited support and service coordination (Table II – No. 3a). PHNs desired a seamless system that promoted continuity of care for EPD clients, but reported barriers that included duplication as well as lack of communication and understanding of the PHN role by other health care professionals.

Resources to Support Public Health Nursing Programs

PHNs described shifts in their practice as services were added or reorganized, without sufficient increases in resources and staffing. Expectations that they could maintain previous practice responsibilities while executing activities associated with new programs were perceived by PHNs as unrealistic (Table II – No. 3b). PHNs were distressed by the decreased emphasis on community health promotion and their perceptions of lost relationships with communities; but felt powerless to influence change. These PHNs believed that inadequate resources for public health programs reduced their abilities to promote the health of communities and increase awareness of the PHN role.

TABLE II

Themes and Subthemes

Theme No. 1: A Passion for the PHN Role

Quotation
PHN: I always wanted to be a public health nurse from the time I was in school, since I had a public health nurse visit and I thought what a great idea to do health promotion. I am living my dream.

Subtheme:

1a. *Developing Relationships with Individuals and Families*

PHN 1: A hospital nurse walks in the room, "Hi, I'm so and so. I need to take your blood pressure now. Can I check this, can I check that." But she's saying that as she's doing it. You walk into somebody's home, you're not just going to say "OK, give me your arm, I'm going to do your blood pressure." You are introducing yourself; you are getting to know the family. There is other family nearby. There are kids; there are dogs, there is everything. So it is really hard. You are just not going to walk into somebody's home and start directing them.

PHN 2: Yes. It is a different style of nursing to work in the home versus hospital. You are their guest. They could tell you to leave if they found things offensive and you would have to respect that.

Theme No. 2: The Influence of EPD on PHN Practice

Quotation
PHN: I find public health has changed in the time that I've been doing it. It hasn't changed for the better. It really has not. We have become pushed by the demands of the hospital and the politics and the money. It is not the community anymore and it is not the families.

Subthemes:

2a. *The Erosion of Health Promotion and Prevention*
PHN: I can see myself in the past, 10, 15 years ago. We had schools, we put a lot more time into the school system. You would have a parenting group at school, that kind of thing. I miss that part. Now we have to make sure that the core services are being provided before we can go to the daycare and say "Hi, public health nurses would like to provide you with more services." We do not have time to do that. The impact on our practice is not that good. It's not possible, if we have to meet the standards of early discharge, our core services. But in the past we could do a little bit more.

2b. *A New Role for Public Health Nurses*
PHN: In the past, often you might be visiting families at 2 weeks. We didn't have to work with families at all regarding breast-feeding. They were either doing OK because their problems were resolved by then or they had changed to bottle. Now that is a major part of the work that we do, supporting breast-feeding. Our role has changed a lot since early discharge.

Theme No. 3: Building a Public Health Nursing Future

Quotation
PHN: Every community has different needs. But we're not able to take time to find out what those needs are – to do systematic assessments of the community – because we have such an acute focus now, which loses the perspective of what public health is.

Subthemes:

3a. *The Proper Tools to Do the Job*
PHN: That is where the frustration comes in. Sometimes you are not really sure. You don't want to overreact and say, "Go to the hospital." And then they get there and are told, "Oh, you didn't need to come." We're not always sure of the decision, and if you can't get somebody on the phone to consult with, then it comes back to you. Do I say, "Rush off back to the hospital" or do I suggest that they watch and wait? And that's when you wake up in the night and wonder about these people, if you gave them the right advice or not.

3b. *Resources to Support Public Health Nursing Programs*
PHN: There is a theoretical piece that is floating up there. Our higher-ups say "You will do community development, you will do this, you will do that, and you will do this." But when you narrow it down to what we are actually doing, it's like they have pie in the sky. There is no reality check in terms of you have finite resources. We can only do so much and you have mandated us to do this, this, this and this. But yet if you talk to people in higher-up positions, it is, "Well, we are doing community development, we are doing this, we are doing that." But the reality of the program is that we are not doing that. We are not doing all pieces of public health like we used to because this [EPD] is just driving our practice. It is taking up so much of our time.

DISCUSSION

This study contributes new understanding of PHNs' perceptions of their roles in EPD and the implications for their practice. It builds upon the findings of two other Canadian studies which documented PHNs' value for the health promotion aspects of their jobs.[14,15] Reutter and Ford reported that time pressures limited PHNs' abilities to implement programs at a community level, develop trusting relation-

ships, participate in community development, and advocate for healthy public policy.[14] Underwood stated that traditional PHN activities have been reduced because organizational supports are lacking.[16] The PHNs in this study extended previous findings by linking the acuity and intensity of EPD to their lack of time to participate in health promotion activities within their communities.

One of the most significant findings of this study related to the PHNs' perceptions of increased clinical competencies required for their practice. The implementation of EPD has been associated with negative infant outcomes and greater utilization of health care resources. For example, infants leaving hospital early have been at greater risk for dehydration, malnutrition, electrolyte imbalances, jaundice, and breastfeeding difficulties.[17] Jaundice has been the most frequent reason for EPD infants to be readmitted to hospital.[18,19] Increased risk of kernicterus has also been associated with EPD.[20] More experienced PHNs in this study lacked confidence in their skills and knowledge as a basis for providing EPD services. Their desire for access to recent evidence to support their role competencies is supported by previous research.[21]

Some of the PHNs in this study believed EPD could negatively influence historic relationships, because they now had a mandate to contact families within 24 hours of hospital discharge. McNaughton described PHNs working to establish rapport with clients, foster collaboration, and avoid premature termination of relationships.[22] Earlier contact because of EPD had its benefits, but the increased urgency felt by these nurses contributed to their feelings of pressure and anxiety. They regarded a deterioration of their therapeutic relationships as an outcome of aspects of EPD where they focused on acute medical problems, as opposed to building individual and family capacity for health promotion.

Increased medicalization of the PHN role and minimal increases in resources had eroded these PHNs' perceptions of leadership in health promotion activities and community-level intervention – aspects of practice that have been described by regulatory bodies as foundational to PHN practice.[12] Their perceptions are consistent with a study of PHNs in five Californian counties that reported the majority of time was spent on activities related to individuals; too few PHNs provided interventions at the community or population levels.[23] Reutter and Ford also reported that because the PHN role has been associated with tasks such as immunizing, it is difficult for the public to distinguish them from home care nurses.[14] The PHNs in this study believed the public identified their practice as narrow and task oriented, i.e., providing postpartum home care and immunizations in the schools. The diminished PHN presence in the community has been identified in the literature as a factor contributing to the invisible nature of the PHN role.[15,16,24,25]

Although public health plays an important role in preserving the health of Canadians, there are reports of chronic underfunding.[26] These PHNs' concerns about inadequate funding for their varied and diverse workload are similar to concerns raised by other PHNs across Canada.[14,15]

Study limitations

Group synergy during discussions may have overemphasized some issues; however, collecting data from diverse regions of the WRHA allowed data variation to contribute to theme development. Given the sample size and limitations of the recruitment process, generalizability beyond study participants is inappropriate; however, the fit with other literature suggests these findings have applicability outside of the WRHA. The results of this study are limited because participants may have had differing views than individuals who did not participate. More detailed information through the use of in-depth individual interviews or repeated focus groups might have been elicited, which could have further validated the findings.

Implications

Although PHNs' screening and treatment for mothers and babies in EPD programs have become standard, evidence has not supported this approach. Beyond the importance of timely follow-up by a qualified health professional,[2,27,28] the literature is not clear regarding the roles and responsibilities of community health professionals. The PHNs in this study described structural inefficiencies, as women and infants often have contact with a variety of health care providers following hospital discharge.

Studies have cited increased costs of home visits by nurses compared to other methods of delivering community-based services.[29,30] Alternate forms of EPD service delivery, such as telephone screens and clinic-based models, have been empirically evaluated. Telephone screens were found to be effective and useful in determining the need for a PHN home visit, without compromising client outcomes.[31] A clinic-based team model demonstrated positive client results, while more efficiently using nurses' time through reduced travel.[32] Because EPD clients are often involved with a variety of health providers, screening or interprofessional models may limit service duplication. Redefining roles of PHNs based on evidence-based practice, along with the introduction of new health care providers such as midwives and nurse practitioners, has the potential to advance interdisciplinary primary health care. A cost-benefit analysis of approaches to the delivery of EPD could maximize resources, with models of delivering services compared on health outcomes and indicators, as well as client and provider satisfaction.

If the model of service delivery is retained, PHNs could provide EPD primary care, particularly in the areas of newborn and postpartum management and breastfeeding, *prior* to families resuming contact with other health care providers. These PHNs described expertise in breastfeeding, which fostered maternal/infant health and developed capacity. Further research is needed to document PHNs' influence on postnatal health outcomes. Continuing to offer EPD services, in conjunction with community-based health promotion and prevention activities, requires redistribution of resources into the public health system.

The current emphasis on EPD undermined the reasons these PHNs chose careers in public health nursing. They spoke of valuing diverse practice and opportunities to participate in health promotion and community development activities. Although these PHNs acknowledged the importance of their new role, they feared that adding EPD activities to the scope of PHN practice would diminish competencies consistent with the CHNAC

standards. Their concerns fit with findings that suggest the capacity of nurses to meet the standards and values of their profession is a major determinant of job satisfaction and organizational commitment.[33] Upenieks reported that nurses who work in settings where their expertise is valued and where administrators have a decentralized, participatory, and supportive management style are happier and more satisfied with their work.[34] Without PHN involvement in health care changes, other agencies and tertiary care facilities may diversify to include health promotion and prevention programs, threatening the viability of these unique aspects of the PHN role.[14] Managers could reduce PHNs' concerns by actively including PHNs in decision-making processes related to client care, as well as promoting increased understanding of PHN roles and functions among a wide variety of stakeholders, and advocating for adequate funding and resources.

CONCLUSION

Although a small but growing body of literature has evaluated EPD, PHNs' perceptions have not previously been studied. Participants described shifting priorities in their public health practice resulting from EPD policies. The study findings point to the need to incorporate active participation of PHNs and other stakeholders in developing collaborative, cost-effective and evidence-based approaches to EPD and other PHN practice activities.

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RÉSUMÉ

Objectifs : Depuis l'introduction dans les hôpitaux du congé précoce en post-partum (CPP), les infirmières hygiénistes font un suivi à domicile à grande échelle pour promouvoir la sécurité et le bien-être des mères et des bébés. Étant donné le grand nombre de naissances par année, ce programme a eu des répercussions sur l'exercice des soins infirmiers de santé publique. Notre étude qualitative descriptive porte sur les perceptions des infirmières hygiénistes à l'égard du CPP et de ses effets sur leur pratique professionnelle.

Méthode : Les données ont été recueillies à la faveur de groupes de discussion (n=24) composés d'infirmières hygiénistes de quatre secteurs sanitaires de l'Office régional de la santé de Winnipeg (ORSW). Les données, enregistrées sur bande sonore, ont été transcrites, entrées dans Microsoft Word XP et analysées en dressant une comparaison des constantes.

Résultats : Les participantes avaient en moyenne 10 ans d'expérience en tant qu'infirmières hygiénistes. L'analyse des données a permis de dégager trois grands thèmes (la passion pour le métier d'infirmière hygiéniste; l'influence du CPP sur les pratiques; l'avenir du métier) et 10 sous-thèmes (la considération envers les services infirmiers de santé publique; le renforcement des capacités et des relations; les changements dans la pratique; l'érosion de la promotion de la santé; un nouveau rôle; les bons outils; le suivi des soins; les relations avec les partenaires communautaires; et les ressources disponibles pour les programmes de santé publique).

Conclusion : Selon les infirmières hygiénistes, l'introduction du CPP a modifié leur pratique professionnelle en réduisant leur participation aux activités d'intervention communautaire et de promotion de la santé. Bien que les activités liées au CPP aient leurs avantages, les infirmières voudraient que l'on achemine des ressources et des fonds vers le réseau de la santé publique pour mieux appuyer l'élargissement de leur champ d'activité et leur rôle traditionnel de promotion de la santé individuelle, collective et familiale.

Mots clés : congé précoce; pratiques; santé communautaire; bon départ; suivi postnatal

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