Effectiveness of the Nurse Discharge Educator on Postpartum Women’s Perception of Readiness for Discharge

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BACKGROUND

In preparation for hospital discharge, anticipatory discharge education is critical for postpartum women. Standard care is that the many nurses who care for postpartum women provide the education, increasing the risk of inconsistent and insufficient education, contributing to women’s lack of preparation for hospital discharge and transition to motherhood.

The theoretical framework for the doctoral scholarly project was the transitions theory created by Schumacher and Meleis. Transition is a process of passage from one life phase, condition, or status to another during which changes in health status, role relations, expectations, or abilities create a period of vulnerability. The universal properties of the postpartum transition include the process of pregnancy, labor, and delivery, along with the change of the role identity of the new mother.

The role of the nurse discharge educator is to prepare patients for returning to home with the knowledge and skills for self-care.

METHODS

Prospective evaluation of 60 postpartum women’s readiness for discharge using the Readiness for Discharge Scale tool with 4 subscales: personal status, coping ability, knowledge, and expected support.

Control group: 30 women who received standard care
Intervention group: 30 women educated by a nurse discharge educator

RESULTS

There were no significant differences between the two groups of women on baseline characteristics.

Women in the intervention groups had significantly higher scores on 3 of the 4 subscales. The nurse discharge educator facilitated a significant increase in perceived knowledge, coping ability, and expected support of women in the intervention group compared to the control group, while there was no significant change in personal status subscale using Mann-Whitney U tests.

<table>
<thead>
<tr>
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<th>Intervention (n=30)</th>
<th>Control (n=30)</th>
<th>Mann Whitney p-value</th>
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</thead>
<tbody>
<tr>
<td>Personal Status</td>
<td>7.158 +/- 0.464</td>
<td>6.858 +/- 0.367</td>
<td>0.437</td>
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<tr>
<td>Knowledge</td>
<td>9.048 +/- 0.452</td>
<td>6.652 +/- 0.805</td>
<td>0.00003</td>
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<tr>
<td>Coping ability</td>
<td>8.978 +/- 0.488</td>
<td>7.178 +/- 0.652</td>
<td>0.00008</td>
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<tr>
<td>Expected support</td>
<td>9 +/- 0.475</td>
<td>7.692 +/- 0.64</td>
<td>0.00164</td>
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*95% confidence intervals using a 0.05 alpha

DISCUSSION & IMPLICATIONS

Findings of the project support the role of the nurse discharge educator in positively influencing knowledge, coping ability, and expected support among postpartum women promoting their perceived readiness for discharge. The one on one attention provided an individualized learning experience for tailored, comprehensive discharge education.

In keeping with the theoretical framework regarding transition associated with the postpartum experience, the nurse discharge educator aids in the transition of these mothers to their new roles and to care for themselves and their infants.

The doctoral scholarly project augments the limited literature that has been published to date on the benefit of having a nurse discharge educator available for postpartum education to help women prepare for discharge from the hospital and transition to their new role.

CONCLUSIONS

Findings of the doctoral scholarly project and evidence from the literature support the recommendation that postpartum women’s discharge education should be provided by a trained and designated nurse educator to provide tailored and consistent care.

Individualized attention and education, in contrast to standard care, afforded by the nurse discharge educator is crucial to meeting the learning needs of new mothers and facilitating their readiness for discharge and transition to their new role.

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