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Chapter One: Introduction

Background

The process of discharge planning mainly involves the process of preparing a patient who had been admitted in the hospital, to leave the hospital for home (Bull & Roberts, 2001). Although discharge may seem like a process, which only entails releasing the patient from the hospital, it is actually a process, which has a huge impact on the patient. The American Nurses' Association defines discharge planning as a continued care process, which is designed to prepare the patient for living outside the hospital. Therefore, discharge planning intensely affects the recovery phase of a patient after leaving the hospital (Damon, 2012). The process takes into consideration the fact that the patient is going to recover without the help of nurses and doctors to check up on him or her regularly. In addition, the process not only considers the patient's healthcare needs, but also considers the economic, social and psychological needs. In this regard, effective discharge planning is essential for a safe transition of the patient from one setting to another. It improves the coordination of services and care procedures after the patient has been discharged from the hospital (Koutoukidis, Stainton, & Hughson, 2014). Effective discharge planning is also an aspect that will help to identify the potential problems that the patient is likely to face after leaving the hospital through gathering all the necessary and essential information. Consequently, there is an early resolution of all the potential problems. Planning for discharge also involves close collaboration between the patient, his or her family, and the healthcare team concerned. Therefore, discharge

planning is a critical and essential part of hospital care (Schneider, Hornberger, Booker, Davis, & Kralicek, 1993). However, past studies have shown that a number of issues arising from both the patient and the nurses always hinder discharge planning.

Statement of the Problem

Despite the fact that discharge planning is indeed essential in ensuring full recovery of the patient, various barriers hinder it. Studies conducted in various hospitals showed that; indeed there is an acute problem, which exists in the process of discharge planning. Studies conducted also show that, most hospitals, especially those in the rural areas, do not conduct effective discharge planning due to facing most of these barriers (Vedel et al., 2009). In addition, most nurses also asserted that the conditions in their hospitals only allow them to identify if the patient has a family to take care of him or her after leaving the hospital. In this regard, discharge is mostly poorly conducted. Consequently, some of the patients even die after leaving the hospital.

These barriers have been a severe problem since; they pose a danger to the life of the patient. An additional problem identified in most of these fields is the fact that most of the nurses are not even aware of these barriers. Nurses in most hospitals, when asked, have reported that they are not even aware of the issues that hinder them from administering effective discharge planning. Therefore, the research will analyze the various barriers, which hinder effective discharge planning.

Research Objectives

Research Questions

- What are the barriers faced in formulation of an effective discharge program?
- What are barriers encountered in the implementation of an effective patient discharge program?

Significance of the study

The study will be of key importance in ensuring that patients receive effective care from nurses and doctors. In addition, the research will also improve the health status and increase the probability of recovery for all the patients being discharged. The study also seeks to enlighten patients on the various factors, which might hinder their effective discharge. This is because; some of the factors hindering discharge of the patient arise from the patients themselves. Therefore, with the study, patients will know how to act in a way that they do not cause a hindrance to their discharge.

The study will be a key asset to nurses since it will help them upgrade their discharge planning skills. In addition, since most nurses are not aware of the various barriers which hinder effective discharge planning. Therefore, the study will help to enlighten nurses on the various factors hindering effective discharge planning process. This way, they will be able to devise a process of solving the various barriers identified.

The study will also be essential in promoting health standards in the whole country. This is because; by ascertaining the various barriers, there will be improved discharge planning thus reducing the overall death rate of discharged patients. Therefore, it can be concluded that from the research, the health status of the population as a whole will be improved.

Chapter Two: Literature Review

Introduction

This chapter focuses and concentrates on previous studies conducted concerning the barriers to effective discharge planning by nurses. With the issue of discharge planning being vast and widespread, many scholars have conducted various different studies in the attempt to study the problem. Therefore, this chapter will analyze the various works of different scholars and the reports that they produced. The chapter will be divided into theoretical and empirical literature.

Theoretical Literature

The major theory formulated regarding the aspect of discharge planning is the Orem's theory of self-care. According to this theory, every individual ought to be care for his or her own health in the absence of a nurse. In addition, the theory also asserts that nurses are responsible for assisting patients in order to ensure effective self-care (Orem, 2014). Therefore, the theory states that patients and family members of a patient ought to be provided with effective knowledge to help them care for the patient after discharge from the hospital. Therefore according to the theory, under no circumstances should a nurse release a patient from his or her care without sufficient training of self-care. However, the theory asserts that self-care training by a nurse to a patient may be hindered by factors such as family members of the patient may be reluctant to learn the various self-care mechanisms (Orem, 2014). In addition, the theory provides another hindrance as being the lack of knowledge by the nurses. Most nurses have excellent skills of caring for the patient in their presence. However, when told to describe to the patient how he or she will care for herself while, at

home, the nurses find it difficult. Therefore, effective self-care many also be limited by the extent to which nurses are capable of providing effective training. Other hindrances provided by the Orem's self-care theory include deficiencies in the hospital. Most hospitals are not well endowed with the right kind of resources to ensure development of effective discharge programs. Orem asserts that most discharge programs tend to be ineffective since they are hindered by lack of the necessary skills and resources (Wong, 2011). The author also states that effective planning of a discharge process demands analyzing the various needs of the patient, preparing him or her psychologically, and effective implementation of the plan. Resources such as the patients personal and health data ought to be collected and put together in order to ensure that they are used to determine the patients care while at home (Vedel et al., 2009). Therefore, formulating and effective discharge plan becomes difficult in the case where these resources are not available.

Empirical Literature

The empirical literature will analyze reports from individuals who performed their studies using data as opposed to theories.

System Barriers

Most scholars have asserted that from their studies, most nurses confessed their poor discharge plans were mainly due to system defects (Katikireddi & Cloud, 2008). For instance, premature discharge is an aspect that cannot be ignored. This is a barrier especially in hospitals, which have limited inpatient wards. Therefore, such hospitals seek to create space in order to accommodate more patients and as such, most patients end up being discharged before complete recovery. In addition, shortage of hospital beds

is also an aspect, which caused early discharge of the patients. The system in these hospitals is designed in such a way that it can only accommodate patients for a certain period of time. Early discharge is a major barrier to effective discharge planning since; it causes the patients to begin self-care while they are not yet completely healed. In addition, this constraint also hinders nurses from making some decisions regarding the discharge program of the patient (Haddock, 2008). In such hospitals thus, patients are discharged depending on the space available as opposed to the right time, which they should be discharged. The scholars also argue that it is impossible to formulate a discharge plan in such hospitals since; it could cause overcrowding in the hospital.

Scholars have also pointed out that another system limitation is the lack of staff. In most hospitals, physicians and nurses are overworked and thus; they are not able to provide effective communication about the right discharge of the patient. Therefore, a certain miscommunication tends to exist between the patients and physicians. Consequently, this leads to poor education of education of patients regarding their care plan thus, affecting the ability to recover successfully negatively.

There are also policy issues pointed out by most authors. According to Wong (2011), most hospitals lack effective and clear guidelines regarding the discharge programs of a patient. In addition, IDSP program policies are also inflexible and poor thus poor implementation of discharge programs. There is also the issue of poor medication systems, which do not allow for medication systems, which a patient can take home for full recovery (Bull & Roberts, 2001). The hospital unit is also not in a position to clearly study and identify

the support that the community will provide to the patient. In addition, there are also barriers, which the hospital finds it difficult to address. For instance, physical hazards such as stairs or absence of a shower are aspects, which hinder full recovery of an individual.

Healthcare Professional Barrier

Most scholars assert that nurses are not empowered with the right skills to help in ensuring effective discharge planning. Therefore, authors have concluded that some healthcare professionals hinder effective discharge planning. Apart from the issue of inexperience, there is also the issue of rotation of duties, which prevents nurses from knowing the preferred discharge plan prescribed by a physician.

There are also authors who point out that healthcare professionals do not invest in knowing a patient's health outside the hospital. Such professionals indeed provide adequate and effective care for the patient while in the hospital (Damon, 2012). However, they do not prescribe effective post-discharge programs after hospital care has ended.

Social Barriers

There are social barriers, which have been identified by most authors as being key hindrances to effective discharge planning. Scholars thus assert that it is important for discharge planners to understand the patient's social factors in order to be in a position to plan an effective discharge plan. In this regard, issues such as means of transport should be well addressed. For instance, Rakoczy (2013) states that some patients do not have personal means of transport and yet are located in areas where it is difficult to access public mean of transport. Therefore, the author asserts that; in such a case it

would be better to discharge the patient after the physician is absolutely positive that the patient cannot receive an emergency attack. Therefore, to ensure that the issue of means of transport does not become a hindrance, the discharge planners should perform a study regarding the issue.

Other social issues, which might cause a barrier to effective discharge planning, include lack of family support, insufficient financial resources and delay financial help received from social programs (Haddock, 2008).

Patient Barrier

Scholars also assert that patients also contribute to the hindrance of their own recovery. According to Wong (2011), when a patient lacks knowledge regarding the appropriate discharge plan that ought to be taken, she could cause a barrier to the plan. Some patients do not even know how to take the medication prescribed for them and thus, they will not take the medication unless under the care of a nurse and physician. Consequently, when such patients are discharged their recovery becomes highly hindered since, they stop their medication. Patient preference is also an aspect that has been identified by many scholars as being a barrier to effective discharge planning (Schneider, Hornberger, Booker, Davis, & Kralicek, 1993). This is especially in the case where the patient is an old aged person who has no family to care for her, and yet resists living in facilities where the old aged are assisted.

Chapter Three: Methodology

Introduction

This chapter will mainly focus on research procedures and techniques used to address the research problem. In addition, it will also provide information concerning the study area that will be used, the target population and the

methods that will be used to perform data analysis. It will also look at variables to be used and the model specifications.

Research Design

The study will adopt a design which will be concerned with predictions, notational facts and characteristics of individual groups and situations. It will also adopt a diagnostic design to test how the variables are related. The research will use primary data, which will be collected from various selected hospitals using sampling method. Data from the chosen sample will be collected through administration of questionnaires and conducting of interviews. The study will also use cross-section data analysis to study the various barriers laid out.

Model Specification

The model to be used in the research will be as follows:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + e$$

Where: Y= Effectiveness of Discharge Planning

X1= Barrier One

X2= Barrier Two

X3= Barrier Three

e= Error term

Study Area

The research study will mainly focus on an acute healthcare setting, where the hospital is sure to have both in and out patients. This way the rate of admission is likely to be high in such a hospital. In addition, an issue such as lack of enough beds is also likely to manifest itself clearly. The other reason as to why such a hospital setting has been chosen is in order to ensure that

the research is applied in a busy environment.

Target Population

The study will mainly be on nurses, patients and physicians in the chosen hospital. However, families to various patients will also be studied in order to derive various conclusions. In addition, the hospital management will also be studied in order to provide some information that might not be in the hands of physicians.

Data Type and data Source

The type of data to be used in this study will mainly be primary data, which will be collected from the selected hospitals. However, secondary data will also be studied in order to build up on the identified variables. Therefore, sources such as journals, government publications, publications from foreign healthcare organizations and other international bodies, books, magazines and newspapers, will be studied.

Data collection

Data will be collected using research instruments such as interviews and questionnaires. Questionnaires will use structured questions consisting of specified number of questions. The research will use these research instruments in order to reduce biasness while ensuring cost effectiveness.

Data Analysis

This will be done through regression analysis, which will help to obtain the results of the study. Therefore, software such as Eviews and Stata will be used in this case to perform the regression.

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