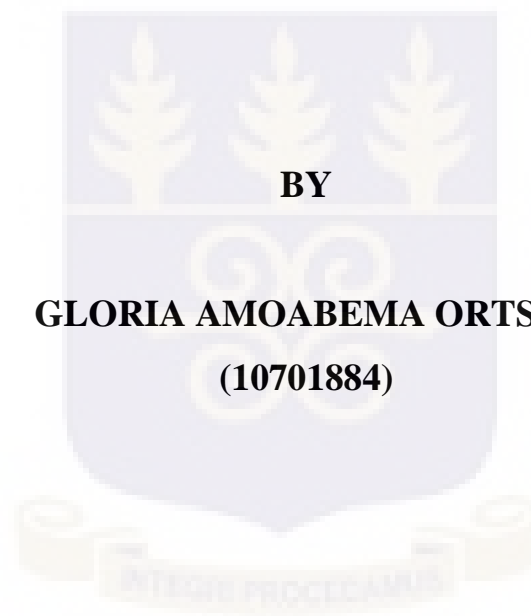


**SCHOOL OF NURSING AND MIDWIFERY
COLLEGE OF HEALTH SCIENCES
UNIVERSITY OF GHANA, LEGON**

**DISCHARGE PREPARATION PRACTICES AMONG NURSES: A
STUDY AT THE TRAUMA AND SPECIALIST HOSPITAL,
WINNEBA.**



BY

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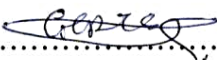
**THIS THESIS IS SUBMITTED TO THE UNIVERSITY OF GHANA,
LEGON IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR
THE AWARD OF MASTER OF PHILOSOPHY DEGREE IN
NURSING**

OCTOBER, 2020

DECLARATION

This is to certify that, this thesis is the result of a research undertaken towards the award of a Master of Philosophy Degree in Nursing at the School of Nursing and Midwifery, University of Ghana, Legon. All references have been duly acknowledged. This research has been undertaken with the guidance and supervision of Dr. Adelaide Maria Ansa Ofei and Dr. Atswei Adzo Kwashie, School of Nursing and Midwifery, University of Ghana, Legon.

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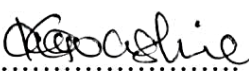

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ABSTRACT

Discharge preparation (DP) is essential to nursing profession since nurses are in close proximity to patients in terms of their care. The study sought to explore the discharge preparation practices of nurses. The qualitative exploratory descriptive design was employed and purposive sampling technique was used to recruit thirteen (13) professional nurses from Trauma and Specialist Hospital, Winneba. Semi structured interview guide was used to collect data from the participants. Thematic content analysis was used to analyse the data. The study was guided by Conceptual Model for Hospital Discharge Preparation (Weiss et al., 2015). Five main themes that guided this study were knowledge about discharge preparation, discharge planning practices, discharge coordination practices, discharge teaching practices, and challenges associated with discharge preparation. Additional theme that emerged from the data gathered was strategies used to enhance discharge preparation. It was recommended that discharge preparation should be a collective responsibility for all stake holders involved in the care of patients. Appropriate measures should therefore, be developed to ensure effective preparation of patients towards discharge.

DEDICATION

I dedicate this work to my family, for their tremendous support throughout the entire period of this project and a great pillar throughout my education.

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I am most grateful to the Almighty God for giving me good health and the strength throughout this academic exercise.

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LIST OF ABBREVIATIONS

DC	Discharge Coordination
DP	Discharge Preparation
DT	Discharge Teaching
JCAHO	Joint Commission on the Accreditation of Healthcare Organisations
TSHW	Trauma and Specialist Hospital, Winneba
UK	United Kingdom
USA	United States of America

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Registered nurses and other health professionals recognise that preparation of patient towards discharge throughout admission is essential for self-care management at home (Majothi et al., 2015; Pollack et al., 2016). Discharge preparation (DP) offers important benefits to inpatients and the health sector at large as it improves the quality of life of patients after discharge, reduces hospital stay, reduces medical cost and prevents avoidable re-admission (Zhu, Liu, Hu, & Wang, 2015). Weiss et al. (2015) define discharge preparation (DP) as a multiple care process whereby the patient, family, and receiving care providers become ready for the discharge and management of health needs in a subsequent care avenue. Potential benefits of discharge preparation (DP) are to move care into the community, increase the use of day surgeries and increase the level of acute care at home in order to reduce pressure on hospitals and its facilities (Chopra, Wilkins, & Sambamoorthi, 2016; Gonçalves-Bradley, Lannin, Clemson, Cameron, & Shepperd, 2016). Discharge preparation (DP) therefore, is to bridge the gap between hospital and home (Shepperd et al., 2013).

Discharge planning process has been used as a surrogate term for discharge preparation in some studies (Gonçalves- Bradley et al., 2016; Vaish, Power, Fagan, Fitzgerald, & Ryan, 2019). Weiss et al. (2015) stated that discharge preparation is a team work which is made up of three (3) processes and starts as soon as patient is admitted. These are: Discharge Planning, Discharge Coordination and Discharge Teaching. Discharge preparation is patient centred, which ensures an individualised discharge plan before the patient leaves the hospital (Ulin, Olsson, Wolf, & Ekman, 2016). Discharge planning entails assessing the needs of the patient, possible risk, functional and cognitive status, home

environment, psychosocial support system, and cultural factors that would enhance patient management and aid in complete recovery. Discharge coordination is implementation or the action phase of the discharge preparation to ensure that transition from the hospital is accompanied by diminishing adverse events (Weiss et al., 2015; Yatim et al., 2017). Discharge coordination includes communicating with the care team on the progress of patients' condition to attain timely discharge, make arrangement for resources that will be needed after discharge and transfer of information about patients to the community healthcare provider (El-Eid, Kaddoum, Tamim, & Hitti, 2015; Weiss et al., 2015). Discharge teaching entails education of the disease condition, test result, current medication, follow-up appointments, instructions of self-care at home, warning signs due to adverse effects of medication or relapse of condition. Contacts of community caregivers are given to patients and that of the patient is given to the community caregivers. The activities involved in discharge planning, discharge coordination and discharge teaching are interrelated (Weiss et al., 2015).

Discharge preparation (DP) has gained universal attention as one out of five discharged patients is readmitted within 30 days after discharge from the hospital, on account of problems resulting from suboptimal preparation prior to discharge, that is, inadequate instructions and information and absence of coordination among members of the healthcare team (Donnelly, Hohmann, & Wang, 2015; Mitchell et al., 2016). In a survey by Felix, Seaberg, Bursac, Thostenson, and Stewart (2015), it was indicated that two-thirds of patients were readmitted due to inadequate preparation. One-third of these discharged patients were readmitted before their post discharge appointment date. Again, Wye et al. (2015) indicated that, in England DP was one of the 10 themes identified by the healthcare commission in the context of patient complaints. In the United Kingdom (UK), the Department of Health has published guidance on discharge practice for health and social

care (Shepperd et al., 2013). Whereas, in United States of America, discharge preparation is mandatory for hospitals participating in the Medicare and Medicaid programmes. Implementing effective discharge planning is both a legal obligation for nurses and a patient's right (Chiu, Tsay, & Tung, 2015; Harding, Walker-Cillo, Duke, Campos, & Stapleton, 2013). In this regard, discharge preparation policy has become legislature and this serves as an accountability measure to hold hospitals responsible, if they exceed a particular threshold in the readmission rate depending on the category that the hospital falls (Shepperd et al., 2013).

In the healthcare setting, the clinical nurse needs to plan the discharge, coordinate discharge and ensure that discharge teachings are done accordingly since they are the frontline professionals (Middleton, Grimley, & Alexandrov, 2015). Basically, nurses are in proximity to the patients through the provision of continuous 24 hours service. Other members of the healthcare team periodically provide interventions according to patient's condition. The 24 hours observation and monitoring and care of patients is a nursing responsibility which enhance safety and quality of care (Bryant-Lukosius et al., 2015; Stafseth, Grønbeck, Lien, Randen, & Lerdal, 2016).

Currently, the healthcare system in some countries such as USA, UK, Canada, Australia and other developed countries have a discharge plan that ensures that care is structured and continued even after discharge (Chang et al., 2016). Though Hong Kong and Taiwan have issued discharge preparation policies, the remote areas are still under survey (Jianjun et al., 2015). This is indicative of the fact that healthcare system of many countries has adopted or are considering the adoption of discharge preparation programmes. Several studies have indicated lack of consistency in both the process and the quality of discharge preparation across the healthcare system, that has led to non-compliance with treatment regime, increased avoidable readmission and pressure on hospitals and its facilities, hence,

the need for attention to be focused on discharge preparation of patients, and implementation of appropriate measures to ensure its (Hall et al., 2015; Knier, Stichler, Ferber, & Catterall, 2015; Leyenaar et al., 2015; Shivji, Ramoutar, Bailey, & Hunter, 2015). In order to achieve this target; according to Lam et al. (2018) and Naylor et al. (2017) both the American Medical Association and the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) have offered recommendations for discharge preparation, as there is no universally utilised system in US hospitals.

In Africa, despite the benefits of discharge preparation, studies have shown that nurses do not fully conform to the discharge preparation practices and the consequences are imminent. Discharge preparation is poorly done, as patients are not adequately prepared towards discharge and this is suggestive of the increased rate in medication error on the part of patients, poor self-care after discharge, non/poor compliance to treatment, complications and readmission which has resulted in increased pressure in hospitals, its facilities and increased cost of care (Akorla, 2016; Azari, 2017; Madrid et al., 2019).

In Ghana, the phenomenon of non-compliance with discharge preparation practices is no different from that of Africa and the other parts of the world (Azari, 2017; Smiley et al., 2019). Anecdotal evidence is suggestive of the fact that suboptimal preparation prior to discharge most of the time result in, non/poor compliance with treatment regime and complications. Again, due to the inadequate discharge preparation, advice from other people from the community to seek alternate medicine, may have the tendency of complicating the condition. Identifying the component of discharge preparation will help the healthcare system to devise comprehensive discharge preparation measures and policies to intensify its compliance to improve the quality of life and care of patients even after discharge.

1.2 Problem Statement

Discharge needs to be planned for each patient as it is very important in the healthcare setting. Healthcare system in some countries such as USA, UK, Canada, Australia and other developed countries have a discharge preparation policies that ensures that care is standardized and continued even after discharge (Abdul- Kareem, Lindo, & Stennett, 2019; Chang et al., 2016; Jianjun et al., 2015). Earlier authors established that discharge preparation of patient is poorly done as patients are not adequately prepared towards discharge (Azari, 2017; Leyenaar et al., 2015; Petitgout, 2015). Similarly, available literature indicates that collaboration between the hospital, community care givers and home is discontinued due to inadequate discharge preparation (Hall et al., 2015; Knier et al., 2015; Leyenaar et al., 2015; Shivji et al., 2015). However, these studies originated from the context of high-income countries with well-established healthcare system, but this may differ substantially from the healthcare settings of developing countries such as Ghana.

In Ghana, patients are discharged home from the hospital on regular bases, with the discharge process facilitated by the nurse. It obvious that the Ghana Health Service and its agencies in general do not have any discharge preparation policy. For instance, according to Abekah-Nkrumah, Manu, and Ayimbillah Atinga (2010) the patient has the right to full information, which includes discharge preparation, as stated in the ‘patients’ charter’. However, this is not the case in hospitals in Ghana due the sheer negligence by healthcare workers refuser to observe discharge preparation practices such as assessment and educating patients on what to do during the continuation of care after discharge from hospital. This is to say that, the researcher, for the past 10 years of working as a nurse on the ward knows that discharge preparation should begin as soon as patient is admitted. Ward nurses also know that discharge preparation should begin as soon as patient is admitted, however, this is not done.

Discharge preparation practices, especially assessment is ignored or rarely done and there is no professional commitment to doing it since there is no discharge plan. Most often, nurses shield information from the patients and do not inform them about what to do when discharged to enable patient to prepare in advance. Patients are only shown how to take the medication available and their hospital bill on the day of discharge. There is, therefore, conflicts between patients' perception about what they ought to know and what nurses think patients should know. This has affected the collaboration and cooperation with other healthcare providers and compliance with treatment regime on the part of the patients.

Again, there is paucity of literature about discharge preparation practices among nurses in Ghana. Empirical documentation on discharge preparation practices among nurses in Trauma and Specialist Hospital, Winneba (TSHW) is arguably absent. Trauma and Specialist Hospital serves many communities around the Effutu municipality and beyond. However, the hospital does not have any documented discharge preparation protocols, but patients are discharged from the hospital on daily basis. However, discharge preparation must be structured for nurses to comprehensively prepare patients towards discharge. Consequently, the setting was chosen for the researcher to find out the extent to which nurses prepare their patients before they leave the hospital. Therefore this study intends to explore the discharge preparation practices among nurses.

1.3 Purpose of the Study

The purpose of this study is to explore the discharge preparation practices among nurses at the Trauma and Specialist Hospital, Winneba.

1.4 Objectives of the Study

The objectives of the study are to;

1. Elicit the knowledge of nurses about discharge preparation.
2. Describe the discharge planning practices of nurses at the TSHW.

3. Describe how discharge is coordinated among nurses.
4. Identify how discharge teaching is done by nurses.
5. Describe the challenges confronting nurses during the implementation of discharge preparation.

1.5 Research Questions

1. What do nurses know about discharge preparation?
2. What are the discharge planning practices among nurses?
3. How is discharge coordinated among nurses?
4. How do nurses organize discharge teaching for patients?
5. What are the challenges faced by nurses during the implementation of discharge preparation?

1.6 Significance of the Study

Discharge preparation is an important aspect of nursing care, as it helps patient to become more responsible for their own health. Discharge preparation is to help patient to work, to stabilize, prevent, or minimise complications from any illness. The transition of patient from a hospital setting has a tendency to discontinue care when suboptimal preparation towards discharge is done and this may lead to an adverse events such as complications and readmission, hence, the need to focus attention on comprehensive discharge preparation of patient towards discharge.

The findings from the study provided insight into the knowledge, how discharge preparation of patient is done, the challenges faced by nurses during discharge preparation and the strategies to enhance discharge preparation practices. That may help inform policy makers to devise measures on improving discharge preparation practices among nurses and the best possible ways to ensure its implementation.

This study is also important, as it creates an avenue for restructuring of the nursing profession by improving the discharge preparation practices. The findings from this study furthermore can be used to aid in future research in curbing challenges faced by nurses in preparation of patient towards discharge.

1.7 Operational Definitions

Table 1.1: Operational Definitions

Variable name	Conceptual Definition	Operational Definition	Measure
Discharge	To tell someone officially that they can or must leave a place or situation.(Mayor, 2009)	Allowing a patient to officially leave the hospital.	Interview guide
Nurse	A nurse is someone who has gone through nursing training for a period of time and has successfully passed the licensure examination (Dingwall, Rafferty, & Webster, 2002)	A nurse is a person who has gone through nursing/midwifery training for a period of three or four years and has successfully passed the licensure examination and has worked on the ward for a period of two years or more.	Interview guide
Practice	The actual application or use of an idea, belief, or method, as opposed to theories relating to it (Oxford, 2016).	The definite application or use of knowledge, an idea or method.	Interview guide
Discharge Preparation	A multiple care process whereby the patient, family, and receiving care providers become ready for the discharge and management of health needs in a subsequent care avenue (Weiss et al., 2015)	Caring for patients who have been admitted, to gain recovery and training them on how to manage themselves when they are being discharged from the hospital.	Interview guide
Hospital Readmission	Hospital readmission is patient's admission to a hospital within 30 days after being discharged from an earlier hospital stay (Hasan et al., 2010)	Admission of patients back into the hospital within 30 days after discharged.	Interview guide
Patient	A person who is ill and undergoing treatment, or registered to receive medical treatment from a doctor or in a hospital (Ramsey, Jonsen, & May, 2002).	A person who is on admission at the hospital.	

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter deals with conceptual framework and review of relevant literature using empirical studies on discharge preparation. The model offers a framework for the study while the reviewed literature provides a link between what exists in the literature on discharge planning and the study objectives. The literature was reviewed on the following areas; discharge planning, discharge coordination and discharge teaching. Literature was also reviewed on the knowledge about discharge preparation and the challenges in discharge preparation.

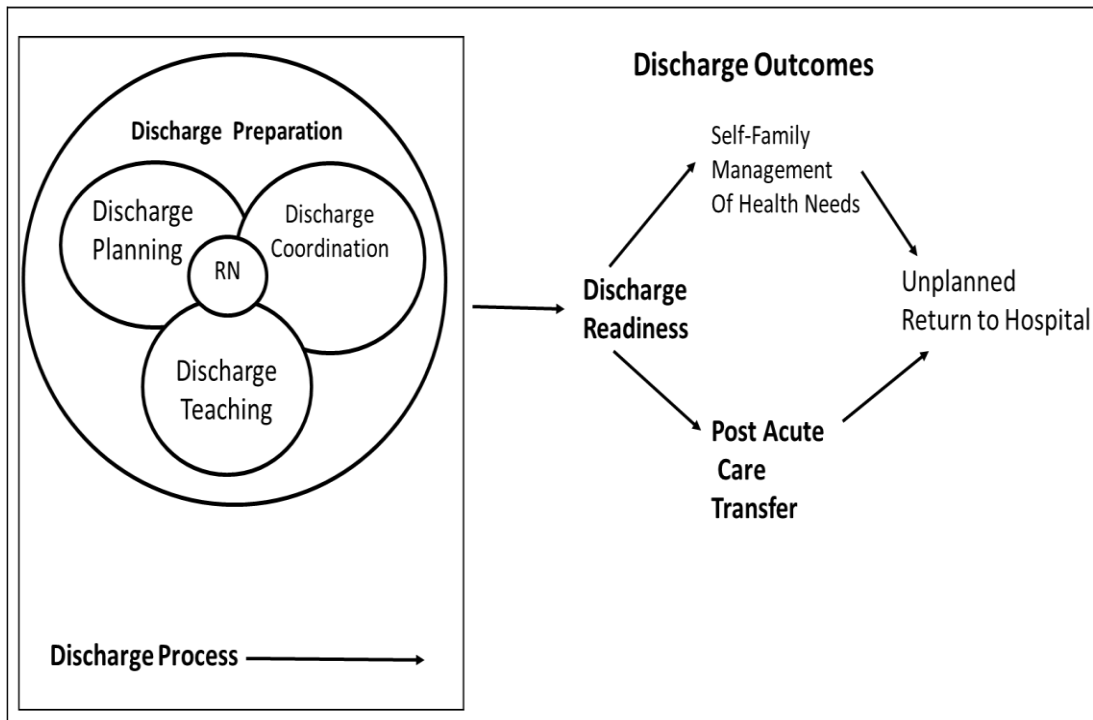
Published and unpublished literature, such as journals, research reports, theses, and books were searched for information on discharge preparation. Science Direct, MEDLINE and Google scholar were the data bases to search for information on discharge preparation.

2.1 Conceptual Framework

The conceptual framework for this study is the Conceptual Model for Hospital Discharge Preparation by (Weiss et al., 2015). Decision about the use of the conceptual model for hospital discharge preparation was made when the researcher realised that other conceptual frameworks such as Suboptimal Discharge Planning Model by Hesselink et al. (2014) and Discharge Planning Model by Abramson (1983) were unable to make available constructs that address the concepts of the study. The Suboptimal Discharge Planning Model by Hesselink et al. (2014) focuses on the behavioural and environmental determinants of ineffective hospital discharge whereas, the discharge planning model by Abramson (1983) focuses on the ethical dilemmas in discharge planning, which were all contrary to the purpose of this study. The former model did not comprehensively deal with the process of

discharge preparation and it contains multiple variable relationships that cannot be measured through qualitative means. The latter model predominantly deals with ethical dilemmas inherent in the discharge planning process which is not the focus of this study. These, therefore, informed the rejection of both conceptual frameworks. Conceptual Model for Hospital Discharge Preparation by Weiss et al. (2015), however provided constructs that addressed all the concepts for the study, thereby, helping to achieve the purpose for this study.

Conceptual Model for Hospital Discharge Preparation is a model from case management to care transition (Weiss et al., 2015). The model was developed due to the proliferation of initiatives to improve discharge processes and outcomes for the transition from hospital to home and community-based care. The processes of discharge varies amongst hospitals. The aim of conceptualizing the components of hospital discharge preparation is to ensure attention to the full range of processes needed for a comprehensive hospital discharge. The model is presented in figure 2.1.

Figure 2.1: Conceptual Model for Hospital Discharge Preparation

Source: (Weiss et al., 2015)

The model is divided into two sections. The first section is a Venn diagram (interconnected circle) that describes discharge preparation as a process which is determined by three constructs. These constructs are: Discharge Planning, Discharge Coordination and Discharge Teaching. The Registered Nurse (RN) has the responsibility to plan the discharge, coordinate discharge and ensures that discharge teachings are done accordingly since they are the frontline professionals in the healthcare setting.

Discharge planning is patient centred, which ensures an individualised discharge plan before the patient leaves the hospital. Discharge planning entails assessing the needs of the patient, possible risk that can affect the healing process of patients, functional and cognitive abilities of patients, home environment, psychosocial support system and cultural factors.

Discharge coordination is implementation or the action phase of the discharge preparation to ensure that transition from the hospital is accompanied by diminishing

adverse events. Discharge coordination includes all healthcare team members coming together and communicating about the progress of patient's condition, to attain timely discharge, make arrangement for resources that will be needed after discharge and transfer of information on patient to the community health care provider.

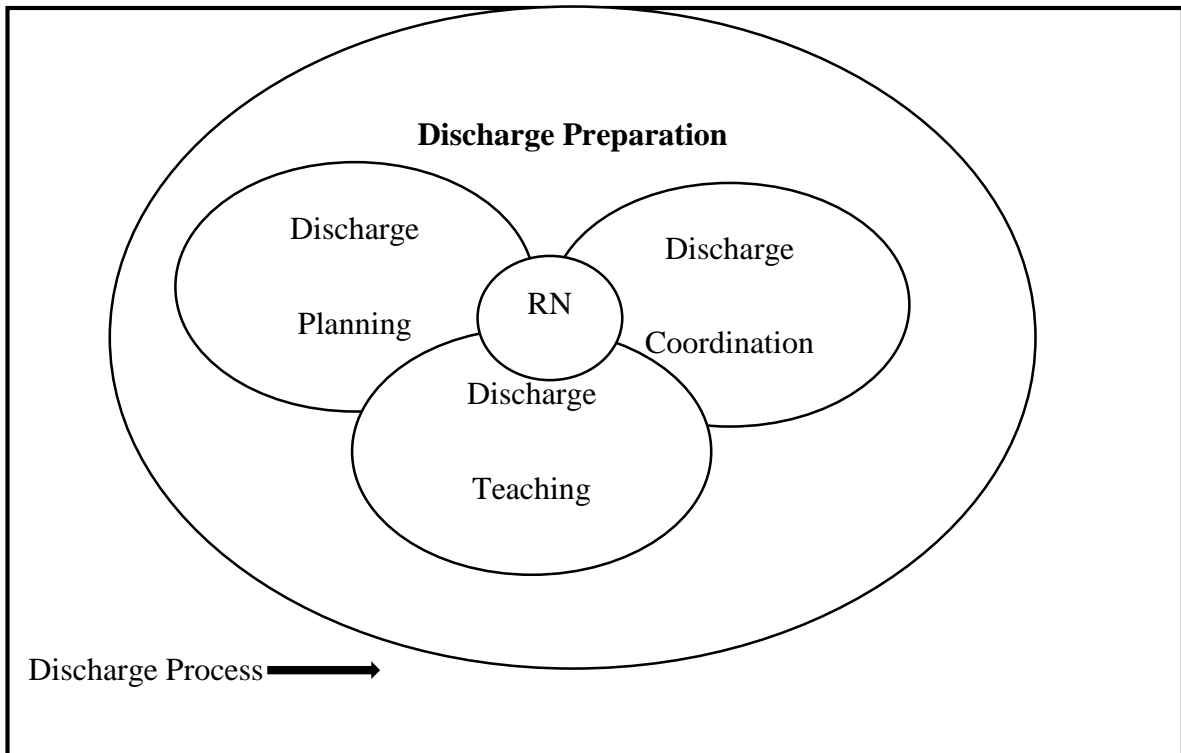
Discharge teaching entails education on the disease condition, test result, current medication, follow-up appointments, instructions on self-care at home, warning signs due to adverse effect of medication or relapse of condition. Contact of community care giver is given to patient and that of the patient is given to the community care giver, to continue with the monitoring and care of patients.

The second section of the model has arrows to indicate discharge outcome when a comprehensive discharge preparation is done. According to the model, adequate planning, coordinating and teaching during the discharge preparation results in discharge readiness. This implies that the patients is ready to move out of the hospital safely and will be able to take care of themselves. The family as well is ready to receive and take care of patient. In the situation where the patient is to be sent to another facility, adequate discharge preparation ensures safe post-acute care transfer. Deficiency in the discharge process leads to unplanned returned to hospital.

In this study, only the aspect addressing discharge preparation was adopted. The researcher settled on this because, this study is to explore how nurses at the TSHW carry out discharge preparations for their patient. The interest of this study is not about the outcome of discharge preparation. Studies have shown that, for an act to be executed successfully, one must have knowledge on the act, identify the challenges of that act and develop or acquire the skills to execute that act (Genty & Awe, 2017; Zheng, Yang, & McLean, 2010). In effect, the knowledge of nurses on discharge preparation and the challenges faced during discharge preparation of patients (though not part of the Conceptual

model for hospital discharge preparation by Weiss et al. (2015) was also explored and the findings added to the study, to bring out the actual picture on the ground. In view of this, a modified framework was made to guide the study.

Figure 2.2: Modified Conceptual Model for Hospital Discharge Preparation



Modified version of Conceptual Model for Hospital Discharge Preparation by Weiss et al., 2015.

The modified conceptual framework indicates that, discharge preparation is a process which involves discharge planning, discharge coordination and discharge teaching. The Registered Nurses (RN) have the responsibility to plan the discharge, coordinate discharge and ensure that discharge teachings are done accordingly.

2.2 Review of Related Literature

Literature was reviewed based on the constructs of the conceptual framework and the objectives of the study.

2.2.1 Knowledge about Discharge Preparation

Discharge preparation is defined as the process of getting patients, family or healthcare providers assigned to provide post discharge care, ready for discharge (Weiss et al., 2015) and ensuring that continuity of care meets patients' post discharge needs, thereby avoiding re-hospitalization (Mabire, Bachnick, Ausserhofer, Simon, & Group, 2019). Effective discharge preparation encompasses three main components namely, discharge planning, discharge coordination and discharge teaching (Mabire et al., 2019; Weiss et al., 2015). Nurses accomplish many essential activities which are directed towards preparation of patients towards discharge. Discharge preparation focuses on readiness of patient toward discharge and post discharge outcomes (Weiss et al., 2017). Several studies have indicated that nurses have the obligation to prepare patients towards discharge since they are in the frontline when it comes to the care of patients (Puni & Hilton, 2020; Whitlow, 2015; Zaatari, 2016). Bobay, Bahr, Weiss, Hughes, and Costa (2015) also confirmed in their study on models of discharge care, conducted at Magnet hospitals in USA that, registered nurses play the central role in discharge preparation.

In a quantitative study conducted by Al-Fatlawi and Ahmed (2016) to identify nurses knowledge about discharge preparation, 52 nurses who were working at the surgical ward were purposively sampled to participate in the study. The findings of the study revealed that, discharge preparation is a process of identifying the needs of patients to develop plans which aids in the smooth transfer of patients from one environment to the other. These findings were confirmed by Segevall, Björkman Randström, and Söderberg (2018), in their study to elicit nurses' views about discharge preparation. The authors found that, nurses described discharge preparation as preparing the patients to gain recovery and live a normal life after their discharge. Again, a study conducted by Rushton, Howarth, Grant, and Astin (2017), on person-centred discharge also concluded that, the fundamental principle of discharge

preparation is, individualised education and person-centred care to empower patients, increase self-efficacy or confidence, avoiding post discharge problems and rehospitalisation.

Available evidence points out that, totality of care given to patients is a practice of discharge preparation, which offers opportunity for patients to be able to recover successfully whilst at the hospital and when discharged home (Galvin, Wills, & Coffey, 2017; Ulin et al., 2016). This ensures that patients get the care needed to attain full recovery. The totality of care given to patients integrates preadmission care, inpatient care, and post admission care. This is to improve patients' risk assessment, early discharge planning, patients' experiences and outcomes (Ohta, Mola, Rosenfeld, & Ford, 2016). Stelfox et al. (2015), their study on patients' discharge, concluded that planning and giving high quality care to patients forms 85% of discharge preparation. A study by Stanley et al. (2018), on safety planning interventions, reported that, discharge preparation involves implementation and delivery of patients' care to improve patients outcome and alleviate impending risk of relapse. Ulin et al. (2016), in their quantitative study conducted in Sweden, to bring out an approach that improves discharge process, also asserted that, the major component of discharge preparation is the care given to patients. The same study further stated that, planning and giving person-centred care improves discharge preparation. A cross-sectional survey was conducted among nurses, in the Canadian province of Quebec, on nursing care interventions. The study similarly reported that discharge preparation is a comprehensive management and teaching administered to patients and their relatives, which prepares them for discharge and improves patients' comfort (Rochefort, Rathwell, & Clarke, 2016). In a study about readiness for hospital discharge, by Galvin et al. (2017), in Ireland, indicated that, planning and ensuring adequate patient care is the optimum when preparing patients

for discharge. The study further stated that, nurses recognise that patients' readiness for discharge is based on the interventions that are incorporated into their care.

Furthermore, nurses acknowledged that, engaging patients, their relatives and/or caregivers in the care of patients is discharge preparation and it has the potential for improving quality patient outcomes (Ohta et al., 2016). Page, Lederman, Kelly, Barry, and James (2016) in their study on models to improve planning for discharge, also observed that, to ensure comprehensive preparation of patients toward discharge, patients and their relatives or caregivers need to be part of the process. This requires education of patients and their relatives or caregivers, to be made aware of the resources they will need whilst they are on admission and upon discharge. For patients to participate in their care, their knowledge on condition and care management influence their decision (Vaismoradi, Jordan, & Kangasniemi, 2015).

A qualitative study was conducted by Fålnun, Fridlund, Schaufel, Schei, and Norekvål (2016) about patients' reflections of hospital discharge. The result confirmed that involving patients in their care is linked with preparation of patient towards discharge and this helps them cope with their everyday life and experiences after discharge. Pomey, Ghadiri, Karazivan, Fernandez, and Clavel (2015) conducted a qualitative exploratory study using 16 participants. The study aimed to explore patients' engagement in their health care. The study indicated that, patients get involved in their care when they acquire knowledge about their condition and how to manage their care. Dyrstad, Testad, Aase, and Storm (2015) in their study conducted in Norway, about patients' participation in transitions, also asserted that, involving patients in decision making and incorporating patients' participation in care, are concepts of preparing patients towards discharge. In a qualitative descriptive study, conducted in Australia by Allen, Hutchinson, Brown, and Livingston (2018), on transitioning from hospital to home, it was concluded that, patients need to be independent

at home after discharge, therefore, learning to “self-care” by involving patients in their care is a focus for the quality of discharge preparation of patients. Other studies also confirmed that, engaging patients’ in their care is linked to discharge preparation (Chaboyer et al., 2016; Rodakowski et al., 2017; Weiss et al., 2015).

Thus, the knowledge about discharge preparation, is getting patients ready for discharge by ensuring that they receive all the care they need to recover and engaging them in their care so as to be able to care for themselves when they are discharged home. Literature specified that, discharge preparation encompasses three components, namely; discharge planning, discharge coordination and discharge teaching.

2.2.2 Discharge Planning Practices

Discharge planning is defined as the development of an individualized discharge plan, prior to leaving the hospital (Weiss et al., 2015). In a study by Vilches-Moraga et al. (2017) to determine the practices of discharge planning and clinical outcomes, it was indicated that patient is assessed on their strength and weaknesses that impacted on their healing process. Rochester-Eyeguokan, Pincus, Patel, and Reitz (2016) also in a study on transitional care practices indicated that, assessment of patients to identify vulnerable patients that may be at risk with fragmented systems that will compromise their health and safety is the best practice in discharge planning. This was also supported in some studies conducted on discharge planning, which recounted that nurses routinely find out from patients on problems that appear to be associated with their wellbeing during hospitalisation and discharge (Chan et al., 2018; Hoyer et al., 2019). Vilches-Moraga et al. (2017) further outlined development of an appropriate plan, provision of education to the patients and caregivers on follow-up as practices involved in discharge planning.

Pre-admission assessment, case finding on admission, inpatient assessment, preparation of discharge plan, planning on how to implement the discharge plan and planning on how to monitor progress of patients were indicated as the activities or practices involved in discharge planning in a quantitative study on discharge planning in a hospital (Gonçalves-Bradley et al., 2016). Pre-admission assessment ensured that patients are fit for anaesthesia and planned surgery and helped them to prepare and know what to expect before, during and after surgery. Case finding on admission helped in identification of patients who are at higher risk of readmission within 12 months, to enable interventions to be targeted before admission. In-patient health assessment ensured that the health needs of the patients are assessed and the facility use its resources to improve the health of the population in the most efficient way.

In addition, assessing patients' needs, is done by selecting, screening and monitoring patients and family on the things that will positively and negatively impact the recovery of patients. Furthermore, helping patients and their family to obtain medical and social resources, was described as discharge planning practices in a systematic review and meta-analysis study on discharge planning (Zhu et al., 2015). Shaid, Bixby, Hirschman, McCauley, and Naylor (2016) confirmed that nurses initial screening of patients during assessment, identify patients at risk for poor outcomes when discharged home, in their study on components of comprehensive and effective transitional care. Similarly, assessment and screening of patient on conditions that will negatively affect the functional status and quality of life of patients in the transition between hospital, home care and community settings is outlined as discharge planning practices in a study (Zurlo & Zuliani, 2018). Medicare requires that adequate assessment of patients is done to ensure that discharged patients move to a safe place from the hospital. Furthermore, screening of patients on their social needs is

a requirement in the planning of discharge for patients. It is therefore mandatory practice to assess and screen patients during discharge planning (Fraze et al., 2019).

A cross-sectional study was conducted by Mabire, Büla, Morin, and Goulet (2015) in Switzerland, to examine nursing discharge planning for patients. The study identified another practice of discharge planning as collection of information from patients and relatives. The study revealed that, nurses collect information from patients by verbal exchange during assessment to aid them to comprehensively plan the discharge of the patients. Another study on implementation of discharge planning, similarly reported that nurses collect information from patients when assessing them by speaking with them and writing out the information from the patients (Nakanishi et al., 2015). These findings are confirmed by other studies, that similarly reported that nurses assess patients by gathering information from patients and relatives, by talking to them and taking note on whatever they tell them (Hagedoorn et al., 2017; Mabire, Dwyer, Garnier, & Pellet, 2016; Toye et al., 2016). Again, studies by Goldman et al. (2016) and Leepalao, Arredondo, Speights, and Duncan (2020) reported that nurses collect information from patient when assessing them during discharge planning by observing the patient whilst on admission.

Dusek, Pearce, Harripaul, and Lloyd (2015) conducted a study on best practices in transitional care. The study indicated that, formulating plan of care for patients, planning on how to coordinate discharge, planning on providing information on patients' care to patients, relatives and planning to provide information to the community healthcare providers have been outlined as discharge planning practices. The study further indicated other practices of discharge planning as, planning on schedule of follow-ups after patients have been discharged from hospital and planning on how to monitor patients post discharge. In a quantitative study on applying the integrated practice of discharge planning, Low et al. (2017) reported that planning of care of patients is a discharge planning practice, which is

achieved by writing an individualised plan of care, discharge instructions and scheduled review plans for patients. Kable, Chenoweth, Pond, and Hullick (2015), conducted a qualitative descriptive study in Australia, comprising of 33 participants who were purposefully sampled, on health professionals perspective in transitional care for patients. According to the study, plan of care of patients is an essential practice in discharge planning as it identifies critical issues that are needed in the recovery of patients, comes up with a decision which will aid in the complete recovery of patients and make modifications where necessary.

Developing a plan of care, which addresses the complex areas of patient care, during discharge planning has the potential to improve clinical care of patients. This is achieved by early recognition of patients' needs, supporting patients and their families and having prompt discussion on their preferences (Carey et al., 2015). In discharge planning, a patient-centered- plan –of- care is made to help patient recover early (Gonçalves-Bradley et al., 2016). Similarly, other studies have also reported that a plan of care is made when planning the discharge of patients (Scobbie, Duncan, Brady, & Wyke, 2015; Skirbekk, Hem, & Nortvedt, 2018; Statile et al., 2016).

In planning about how to implement discharge plan, patients, relatives and caregivers are involved in the plan and effective communication is ensured on the key issues concerning patients, for interventions that are convenient to be identified (Backman & Cho-Young, 2019). Regarding the practices of discharge planning, Wu et al. (2016) , conducted a study on collaborative improvement in discharge process. The authors established that, a variety of proactive discharge planning practices are adopted by participants throughout patients' hospitalization. The proactive discharge planning practices includes; planning of discharge during rounds, continuous update and anticipate discharge, involving patients and relatives to ensure that financial problems do not impede discharge planning, create specific

conditional or contingency discharge orders and improving communication discharge plans to patients and relatives. In a qualitative longitudinal on participation in one's own care during discharge planning, data collection was done by repeated participant observations and in-depth interviews with 15 participants within a period of 18 months. The study concluded that, the practice of encouraging patients' participation in their own care during discharge planning contributes to the promotion of patients' health and wellbeing.

The practices involved in discharge planning include assessments of patient, collection of information, planning care for patients and involving patients and relatives in their care. This increases in-patient and caregiver satisfaction and reduces post discharge anxiety.

2.2.3 Discharge Coordination (DC) Practices

Discharge coordination is organisation of assessment needs of a patient into a well-defined discharge plan. It entails a clear definition of roles and responsibilities (Lavander, Meriläinen, & Turkki, 2016). Studies have identified the activities involved in discharge coordination as, linking the planning and managing activities of patients across different providers. It also involves recording information into a summative document, linking the healthcare team members involved in planning and managing patient efforts and interventions into a care delivery system (Beaird, Baernholdt, & White, 2020; Hepp et al., 2015; Kang, 2019). Discharge coordination practices improve transfer of information among the healthcare team and the community healthcare provider thereby, continuity of care after discharge is increased to enhance patient recovery (Beaird et al., 2020).

According to Weiss et al. (2015), the activities involved in discharge coordination include; communicating with care team, patient, relatives and/or caregiver on progress of patient. It also involves, making arrangement for resources for post discharge care and

transfer of information to the community healthcare provider. In a study to ascertain interprofessional collaborative practices, Hepp et al. (2015), indicated that the discharge coordinating practice of healthcare professionals entails, communication among healthcare team, role clarification, team functioning during rapid rounds and collaborative plan of care. Coordinating with the community healthcare provider is an essential discharge coordination practice, which promotes continuity of care of patients when they are discharged home (Chenoweth, Kable, & Pond, 2015; Miyamoto, Kyota, & Tsukasaki, 2019; Tyler, Wright, & Waring, 2019). Studies have shown that details of patients are given to community healthcare provider. The community healthcare provider visits patients within an average of seven (7) days as a follow-up care after the patient has gone home. This practice of care coordination and continuity of care is done to prevent rehospitalisation within 30 days after discharge of patients from the hospital (Field, Ogarek, Garber, Reed, & Gurwitz, 2015; Kitzman, Hudson, Sylvia, Feltner, & Lovins, 2017; Van Spall et al., 2017).

Jones et al. (2017) conducted a descriptive qualitative study on nurse perspectives on coordinating care. The study highlighted that a practice of discharge coordination is giving referral to other healthcare team members, in the quest to draw their attention, to attend to the needs of a patient and help in the recovery process. The study further indicated that, discharge coordination is done directly within clinicians by writing referrals to liaise and share information about patients and to meet the assessed needs of patients. Writing a referral is a practice of discharge coordination which is needed to link the patients to appropriate and effective care by writing richly informed plans to network with other clinically led, interprofessional healthcare team members (Hugo et al., 2020). Bishop and Waring (2019), conducted a study on coordination across complex systems of care. The study reported that referrals are written and sent across systems of care during hospital discharge coordination for patients to access quality health care and for early recovery to be

achieved. A study by Purdy, Craig, and Zeanah (2015), on discharge planning and beyond, also reported that the discharge coordination team writes a referral to other supportive care providers to emotionally and psychologically prepare patient toward discharge. Wilberforce et al. (2017), in their mixed method study, on referral systems and hospital discharge, reported that, in coordination of discharge for patients, referrals are sent to needed clinicians to integrate them into the care of patients. The same study also reported that the written referral to other team serves as a link-to-care service.

Studies have also indicated that, placing a call through to other member of the healthcare team is recognised as a discharge coordination practice. Phone calls are made to other members of the healthcare team to attend to patients (Gorichky, 2015; Li, Williams, & Young, 2015; Varma, Hart, McIntyre, Kwiatkowski, & Cottler, 2016). Writing of prescriptions have also been identified as discharge coordination practices by studies. This is to invite the pharmacists to attend to patients in reference to their medication needs (Cameron, 2018; Ragavan, Svec, & Shieh, 2017; Schoenbaum & Seckman, 2019).

Another aspect of discharge coordination is involving patients and relatives/caregivers in the plan of care of patients. Mennuni et al. (2017), in their study on recommendation and standard of hospital discharge planning, it was reported that, in discharge coordination, patients, relatives/caregivers are involved in the care of patients. Patients, relatives/caregivers are not only informed about the plan of care of patient, but they are backed with specific standardized educational training and decision making during hospitalisation, which result in a better patient prognosis. In a study on the effectiveness of family-centred transition processes from hospital settings to home, it was indicated that patients and caregivers, are involved in the care of patients, to achieve effectiveness and quality measures in family-centred care and enhance smooth transition of patient from hospital to home (Desai, Popalisky, Simon, & Mangione-Smith, 2015).

A study on discharge planning, functionality and quality of life, was performed by Nunes and Queirós (2017). The study indicated that, the practice of coordinating with patient, relatives/caregivers during the hospitalization period, improves the patients' functional and psycho-emotional wellbeing which tend to have an impact on the recovery and quality of life of patients. Involving patients and relatives during coordination of patient's discharge, serves as an opportunity for clinicians to engage with family of patient, to communicate, provide support and train them on how to manage patient after discharge (Callister et al., 2019). Delay in the preparation of patients towards discharge results principally from the inability of healthcare team to coordinate with patient, family/caregiver (Salonga-Reyes & Scott, 2017).

A qualitative description study, using qualitative content analysis and inductive approach in order to gain insight into addressed aspects of family caregiving, was conducted by Hagedoorn et al. (2017). The authors carried out the study in four hospitals in Netherlands, using observation and audio-recordings as means to collect data from 62 participants. The result of the study reported that out of the three themes identified, one theme referred to the aspect of involving family and caregivers in the care needs of patient as discharge coordination. A study by (Otero et al., 2015) on patient centred care coordination, it was reported that, in coordinating of discharge, patients and families are involved in decisions regarding how to prepare them towards discharge. Coordinating with patients and relatives in the care of patients ensures that patient is well taken care of when patient is finally discharged home.

Some authors have indicated that handing over of patients to colleagues is a practice of discharge coordination. A study was performed on handing over and developing consistency across shifts in residential and health settings, by Mason (2018). The study stated that handing over of patients to colleagues is an important aspect of discharge

coordination. It develops consistency in the care of patients across shifts and smoothens the process of preparing patient towards discharge. Handing over of patients during discharge coordination is done by nurses either verbally or written form. This facilitates clinical interventions, which focusses on improving patients' safety (Bunkenborg, Bitsch Hansen, & Hølge- Hazelton, 2017). Calleja, Aitken, and Cooke (2016) sustained that, the best practice in coordinating of patient discharge is to hand over a clear concise and relevant information about patient to other colleagues. Yatim et al. (2017), in their mixed method study on activities for hospital discharge coordination, also reported that, the main activities of nurses during discharge coordination, is handing over of unmet needs of patients to other colleagues.

Additionally, van Sluisveld et al. (2015) in their study on improving clinical handover stated that, effective communication during handing over of patients to other colleagues, improves coordination of care of patient and this results in improved continuity of care and reduce discharge delays. The result of a study on improving coordination during hospital discharges, conducted in Sweden by Christiansen, Fagerström, and Nilsson (2017), indicated that communication of information between nurses on the needs of patient during handing over of patients, is a practice that improves coordination during hospital discharge preparation.

The above shows that, multidisciplinary collaboration, that is, communication between a wide range of health settings, giving of referrals, involvement of the patient and caregiver and handing of patients to colleagues are essential practices of discharge coordination to meet discharge needs of a patient.

2.2.4 Discharge Teaching (DT) Practices

Discharge teaching is providing and explaining critical information or instructions to patients or to patient surrogate about how to manage their own care. Discharge education is a component of discharge preparation which ensures that patients are able to function at an optimal level after discharged from the hospital. The practices of discharge teaching recognises and defines how the education of patients is carried out in the preparation of patient towards discharge. Studies have reported that communication with patient and relatives is the fundamental practice in discharge teaching (Ackermann et al., 2016; Ingram et al., 2016; Kemp, Quan, & Santana, 2017). A study on discharge communication by Gutman et al. (2018) reported that communication is the main element of discharge of discharge teaching. When it is effectively executed, post discharge problems, such as medication errors will not occur when patient is discharged. Shivji, Ramoutar, Bailey, and Hunter (2015) conducted a study on improving communication with primary care to ensure patient safety post-hospital discharge. The study emphasised that successful communication between healthcare providers, patients and relatives is a paramount practice during intensive discharge teaching sections. It leads to improvement in discharge preparation which enables continuity of care and maintain patient safety after discharge.

Assessing the health literacy of patients and relatives, during discharge is another aspect of discharge teaching. Hersh, Salzman, and Snyderman (2015) indicated in their study on health literacy, that in educating patients and relatives, visual aids such as pictures, enhance their understanding. Eltorai, Sharma, Wang, and Daniels (2015) and Patel et al. (2015) also report similarly in their studies that, addition of pictures during discharge teaching improves communication and better understanding of patients and relatives. According to Wright et al. (2018), in their study on health literacy, it was reported that, assessment of knowledge of patients and relatives on the condition of patient and it

management, is done during discharge teaching to give the nurse an idea of where and how to initiate the education process.

A study on preventing readmissions with discharge education by Polster (2015b) indicated that assessing health literacy of patients and relatives is a baseline practice of finding the knowledge and skills of patients and their relatives during discharge teaching. Studies affirm that, in education of patient and relatives, the nurse finds the level of knowledge of patient and relatives on the condition of the patient, build on it and give details on condition of patient. Questions are allowed and answered accordingly to clear any misconception they might have pertaining to the patient's condition (Glick, Brach, Yin, & Dreyer, 2019; Weiss et al., 2017). A study on readiness for hospital discharge, health literacy, and social living status, by Wallace, Perkhounkova, Bohr, and Chung (2016) concluded that, assessing the health literacy of patient is a vital component of discharge teaching. Assessing the health literacy of patient offers an alternative way to assess and better identify patient characteristics which are likely to influence their ability to engage in self-management at home

Another practice of discharge teaching, identified in studies is patient education. Patient education comprises of helping patients to become better informed about their condition, medical procedures, and options they have regarding treatment. Nurses normally have opportunities to educate patients during bedside conversations (Malagon-Maldonado, Hiner, & Lanciers, 2015). In an exploratory study on educating the hospitalized patient, by Krall, Donihi, Hatam, Koshinsky, and Siminerio (2016), it was reported that, education of patients as part of discharge teaching is done by nurses to help patients to gain insight into their health status, remove barriers to optimum healing and a recognition of the support systems available. A qualitative explorative study conducted in Ghana indicated that education of patient is an essential aspect of discharge teaching, as the recovery of patients

depends largely on the good interactions between them and nurses (Adugbire & Aziato, 2018).

Seyedin, Goharinezhad, Vatankhah, and Azmal (2015) maintained that, continuous education is a step in patient education process, which provide the ability of nurses in delivering effective patient education. Sherman (2016) in her study in relation to improving patient education, also reported that, providing continues education to patients and their relatives is a method by clinical nurses, in delivering patients education, which can result in positive outcomes. Lee et al. (2018) highlighted the need for continuous education for patient and family is to prepare them towards discharge, in his mixed method study, on hospital discharge preparedness, conducted in USA.

Teach-back has been studied as a practice of discharge teaching which helps the nurse to evaluate the extent of understanding of patient based on earlier discussion. Literature search points out that, most patients and relatives comprehend and keep in mind less than half of what has been discussed with them by the nurse. It has therefore become a practice to use the teach-back technique to assess or examine the level of understanding of patients and their relatives, based on the discharge teaching they have received (Prochnow, Meiers, & Scheckel, 2019).

Several studies have shown that when patients do not completely understand discharge instructions, there is a risk of developing complications, medication errors, and be readmitted into hospital. Therefore, the teach-back method, which is also known as “*closing the loop*” (Miller, Lattanzio, & Cohen, 2016) is an effective method to use during discharge teaching (Farris, 2015; Scott, Andrews, Bulla, & Loerzel, 2019; Shermont, Pignataro, Humphrey, & Bukoye, 2016). The result of a qualitative study on patient education and counselling, reported that, teach-back is practiced during discharge teaching

to help nurses confirm learning, avoid forgetting key information, and improve nurse–patient communication (Samuels-Kalow, Hardy, Rhodes, & Mollen, 2016). Furthermore, teach-back technique is done by asking the patient to repeat the information which has been given to them in their words Hu et al. (2020). Caplin and Saunders (2015) reported that teach-back is a simple, and powerful tool which promotes more effective communication of essential information to patients and family members. It validates whether information was fully understood or not. Similarly, study by Yee, Niznik, and Simon (2016) also reported similar findings which stated that nurses use teach-back technique during patient education to validate the understanding of patients.

The practices involved in discharge planning include; communication with patient and relatives, assessing the health literacy of patient, continuous patient education and using Teach-back technique to evaluate patients' understanding.

2.2.5 Challenges Associated with Discharge Preparation

Nurses have the knowledge and are motivated to prepare patients towards discharge. However they are faced with some challenges which hinders the effectiveness of discharge preparation. These barriers according to studies are, inadequate time of nurses, lack of effective coordination among the healthcare team, inadequate finances of patients, service delivery and noncompliance of patients.

Inadequate finances of patients and family/relatives has been identified as a major barrier to discharge preparation. Financing entails acquisition, allocation and pooling of financial resources to contribute effectively to desired goals and outcomes (Roncarolo, Boivin, Denis, Hébert, & Lehoux, 2017). Finances are the most important elements for individuals and families seeking health care. Patients underutilize or forego necessary care because of financial constraints (Ziller, Lenardson, & Coburn, 2015). Studies have indicated

that, the major challenge in discharge preparation especially in the developing economies, emanates from inability of patients to afford medical care. Financial difficulties as a challenge of discharge preparation occurs as a result of low-income statuses of patients, unplanned budgets, non-insurance support and Lack of efficient insurance (Kaasch, 2015; Okoniewska et al., 2015; Powell, Doty, Casten, Rovner, & Rising, 2016).

A qualitative research was conducted to identify the challenges or barriers in developing an effective discharge planning Iran health system. The data was collected using semi-structured interviews and sessions of focus group discussions. The study involved 51 participants including nurses and other healthcare practitioners. The authors concluded that, financial resources is an extremely massive obstacle which is considered as one of the critical barriers of discharge preparation, as it affects the delivery of health services. Financing forms part of the first six challenges that affect effective discharge preparation. Even when the healthcare team is willing to comprehensively prepare patients towards discharge, the patient has no intention to cooperate due to financial constraints. (Gholizadeh, Delgoshaei, Gorji, Torani, & Janati, 2016). A study conducted by Lin et al. (2018) on needs-oriented hospital discharge, reported that financial constraint is a challenge in discharge preparation, which requires attention, because it does not in any way help in the recovery of patient. Farmer et al. (2016) also shares similar opinion in his study on issues that undermine wellness. Their study indicated that financial difficulties limits patients' access to medications. In a study conducted in Indonesia, it was reported that, discharge preparation of patient comes to an end due to the request of the patients, to be discharged against medical advice, of which financial problems was named as the main cause (Somasetia, Isman, & Wonoputri, 2015).

In Nigeria, Muftau Jimoh et al. (2015) performed a study using 141 patients who left the various departments of federal staff medical centre in Abuja against medical advice. The

study highlighted that the leading cause of cases of discharge against medical advice, which contributes to the unsuccessful discharge preparation, is financial problems. The result of a study by Mohseni et al. (2015) in Iranian hospital also reported that financial problems is among other factors which causes patients to request to be discharged against medical advice and that prevent successful preparation of patient towards discharge.

Additionally, nurses acknowledged that insufficient time allocation of nurses has been a challenge in the effective preparation of patient towards discharge. Inadequate time of nurses emanates from the ratio of patients to nurses. This is characterized by extremely busy work schedule with high professional stress, time pressures and burnout. This factor deters nurses from comprehensively preparing patients towards discharge (Linzer et al., 2016). A cross sectional survey carried out by Ball, Murrells, Rafferty, Morrow, and Griffiths (2014), on 2917 registered nurses in 401 hospitals in England ,reported that, lack of time and inability to manage workload during shifts limits nurses participation in discharge preparation leaving one or more care activities undone. Lavander et al. (2016) also stated that, time constraints limits the interactions among healthcare team members during round by making it brief. This creates tension regarding sharing of information, which is perceived to be ‘of value’ during rounds by nurses. This affects the effective coordination among healthcare team, thereby affecting the care needed by the patient. Studies have reported that, implementation of discharge preparation, considering activities such as assessing and understanding the needs of patients and getting the opportunity to inform physicians for a decision to be made, consumes a lot of time and this requires the nurse to develop a strategy to meet the responsibility of attending to the variations in individual patient needs and requirements at the same time (Birjandi & Bragg, 2017; Goldman et al., 2016).

The issue of collaboration among the healthcare team has been described as a challenge in the preparation of patients towards discharge. The result of a study conducted in Sweden reports that lack of knowledge and understanding about each health professional's everyday work and the absence of well-functioning common routines obstructs the discharge preparation process. Goldman et al. (2016) described that interaction with patients and family members during decision making of medical concerns, in situations where the healthcare providers recognizes complexities of patients' medical needs, as frustrating and delays the preparation for discharge.

A study indicated that weak referral system is a challenge to discharge preparation, as there is delay in the rate at which the receiving team attends to patient. This causes delays in the collaboration between different healthcare providers, thereby delaying the care that needs to be rendered to patients (Kriegner, Ottersen, Røttingen, & Gopinathan, 2020). Studies have reported that discharge preparation continues to be a complex and challenging process for healthcare professionals, patients and families/carers due to poor communication between healthcare professionals, lack of coordination between healthcare providers and inadequate social care provision. (McDermott & Venditti, 2015; Pellett, 2016). A mixed method study was conducted on harms of discharge in England, using 598 participants. The result indicated that, challenges in the referral system of healthcare emanates from inability of staff to follow referral protocols and lack of clear guidance to patients' care (Williams et al., 2015)

In order to implement effective discharge preparation, a well-developed structure for health service delivery is critical. Increased number of patients, accompanied by limited space and lack of resources necessary to enhance the recovery of patients are barriers in the implementation of discharge preparation (Gholizadeh et al., 2016). Randall et al. (2017) indicated that, most African countries have weak health systems, which has led to poor

coordinated activities among the healthcare providers at all levels of care. This has negatively affected the services rendered to patients and compromised on recovery due to suboptimal preparation of patients towards discharge. Earlier study on the challenges of the health system by Jacobs and El-Sadr (2012) reported that health systems are affected by lack of infrastructural resources, poor governance, weak leadership/ management and inadequate service delivery systems which are unsuitable for addressing specific health threats, relieve patients off the burden of diseases and prepare them towards leaving the hospital.

Again, non-compliance of patients is another challenge that affect the discharge preparation of patients according to studies. According to Pansini (2020), in his study on readmission of patients, it was reported that one hindrance to preparation of patient towards discharge is non-compliance with treatment regimen. This has to do with inability to manage medications taken at home and following treatment plan. Kutzleb et al. (2015) in their study on health care challenges with a collaborative team, indicated that, challenges faced when preparing patients toward discharge has to do with non-compliance of patients on lifestyle modification. This has to do with making positive changes in their normal way of life to warrant proper recovery. The result of a study on discharge planning and patients' behaviour, by Davisson and Swanson (2020) pointed out that the behaviour of not complying with treatment instructions is a barrier to effective discharge preparation of patients. A result of a study on patients' adherence to discharge plans, by Proctor, Wainwright, and Herschman (2017) also similarly reported that, non-adherence of patients to treatment regimen, is a challenge to the preparation of patients towards discharge, as the quality of life of the patient is affected, coupled with readmission of patient, in the shortest possible time.

The challenges identified during preparation of patients towards discharge, includes; inadequate finances of patients and family/relatives which was considered as the most barrier encounter. Insufficient time allocation on the part of nurses was also brought to light as a barrier to discharge preparation. Discharge preparation requires a lot of time, and the challenge of possessing adequate time, prevent nurses from being able to catch up with patients' needs in a proper way during discharge preparation. Issues of collaboration among the healthcare team, weak referral system, under developed health service delivery and Non-compliance of patients were also identified as challenges in discharge preparation according to literature.

2.2.6 Strategies to Enhance Discharge Preparation

Education of patients has been identified as a strategy to enhance discharge preparation. Education of patients is done at every opportunity throughout their hospital stay. Education of patient entails explaining the diagnosis to the patients and their family, explain test results to patients and explain medications, its purpose and side effects to patients. According to studies, Education of patients is a very effective strategy that enhance the success of discharge preparation (Polster, 2015a; Seyedin et al., 2015; Weiss et al., 2017). In that case cooperation is gained from patients and their family and this positively contributes to the success of the discharge preparation process. The result of a study by Al Reshidi and Tony Long (2016) on factors influencing discharge planning, indicated that, to successfully prepare a patient towards discharge, communicating and clarifying the roles of patients and their family is essential. Hall, Petsky, Chang, and O'grady (2018) similarly reported in their study on discharge plans to prevent readmission that, improved communication between nurses, patients, relatives and other healthcare workers leads to a better preparation of patients towards discharge.

Other studies have also reported similarly that, for discharge preparation to be successful, the patients need to be educated to understand the state of health that they are experiencing, and understand the things that are needed to aid in recovery. Communication between healthcare providers, patients and relatives in making discharge decisions is good a strategy in discharge preparation (Bowers, 2020). In educating patients whilst communicating with them, teach-back method is used according to studies. Hu et al. (2020) and Williams (2015), in their studies similarly reported that teach-back method is an effective patient education tool , which is used by the healthcare to confirm the level of understanding of patients and their family/caregivers about prior discussion that has taken place. Hu et al. (2020) further indicated that, teach-back technique is done by asking the patient to repeat the information which has been given to them in their words.

Another strategy to enhance discharge preparation reported in studies, was monitoring patients. This is done to identify hindrances to patients' recovery, which were not communicated by patients during assessment. It also helps the nurse on the aspects to tackle on during discharge education (Aitken & Marshall, 2015; Albert, 2016; McGrath, Taenzer, Karon, & Blike, 2016). Studies have also reported that the bedside nurse collaborates with the community health care providers to continue with the monitoring of patients in their various homes when they are discharged. This is done to ensure that patients abide by treatment instructions and also to monitor the healing progress of patients (Cao, Tian, Chen, & Jiang, 2017; Lima et al., 2018; Pedersen, Pedersen, & Damsgaard, 2017).

Another measure identified to enhance to success of discharge preparation is collaboration with the community healthcare provider. In a study by Neeman et al. (2017) to evaluate interventions to prepare hospital patients towards discharge, it was indicated that, collaboration with the community healthcare promotes less telephone calls to hospital physicians and medication related problems are also reduced. This improves continuity of

care of patients after discharge. A cross-sectional study on Continuity and utilization of health and community care, using 121 participants was conducted in a country hospital in Sweden. Data was collected using structured telephone interviews and medical chart review and analysis was done with the Spearman's rank correlation coefficient and Chi square. The study indicated that, discharge from hospital to home is often problematic due to insufficient coordination of care between hospital healthcare providers and the community healthcare provider. However, collaboration with community healthcare provider to continue care of patients reduced the number of visits to the healthcare facility. The study also reported that, the flaws in continuity of care was due to lacked knowledge about which health care provider to contact in the event of deterioration (Säfström, Jaarsma, & Strömberg, 2018).

Ådnanes et al. (2020) in their study on discharge planning strategies to avoid re-hospitalisation, reported that efforts to avoid rehospitalisation should include contact with local community service. An important innovation in the healthcare system of Brazil is the approach in providing community base care to patients. In preparation of patients towards discharge, community health agent is contacted. The community health agent who lives nearby visits the patient on the day they return home for continuity of care to begin (Macinko & Harris, 2015). In a study to review successful hospital readmission reduction strategies, information exchange between hospital healthcare providers and community healthcare providers is significant preparation of patients towards discharge as it aids in continuity of care of patients. It was therefore recommended that, hospitals should consider partnering with community care providers in care transitions of patients (Kash, Baek, Davis, Champagne-Langabeer, & Langabeer II, 2017).

Strategies used to enhance discharge preparation are; education of patients, monitoring of patients and collaboration with the community healthcare provider.

2.3 Summary

Literature was reviewed on knowledge about discharge preparation, discharge planning practices, discharge coordination practices, discharge teaching practices and challenges associated with discharge preparation. Literature was also reviewed on strategies used to enhance discharge preparation and findings reported accordingly.

The literature review revealed that, discharge preparation is a process of getting patients, family or receiving care providers ready for discharge (Weiss et al., 2015) and ensuring that continuity of care meets patients' post discharge needs, thereby avoiding re-hospitalization (Mabire et al., 2019). Effective discharge preparation includes three main components namely; discharge planning, discharge coordination and discharge teaching.

Discharge planning is defined as the development of an individualized discharge plan prior to leaving the hospital (Weiss et al., 2015). The practices of discharge planning includes; assessment of patients on factors that will hinder their recovery, multidisciplinary collaboration and communication, and involvement of the patient and caregiver in the care of patients.

Discharge coordination is organisation of assessed needs of a patient into a well-defined discharge plan. It entails a clear definition of roles and responsibilities (Lavander et al., 2016) . Studies have identified the activities involved in discharge coordination as, linking the planning and managing activities across different providers, recording information into a summative document, linking the healthcare team members involved in planning and managing patient efforts and interventions into a care delivery (Beaird et al., 2020; Hepp et al., 2015; Kang, 2019).

Discharge teaching is providing and explaining critical information or instructions patients or patient surrogate about how to manage their own care. The practices

involved in discharge teaching are effective communication between healthcare providers, patient and relatives, assessing the health literacy of patient and patient education.

The challenges that confront nurses in the preparation of patients towards discharge includes financial difficulties of patients, inadequate time of nurses due to work load, issues of collaboration among the healthcare team, weak referral system of healthcare system, inadequate services provided by the facility, and non-compliance of patients.

Strategies to ensure the success of discharge preparation include; education of patients and relatives, monitoring of patients and collaboration with the community healthcare provider.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This section focuses on the methods used in the study of the discharge preparation practices among nurses at the TSHW in the Effutu Municipality within the Central Region of Ghana. The chapter describes the methods used in achieving the objectives of the study. This includes the research design, research setting, the target population, sample size and sampling method that were used for the study. Similarly, this chapter looked at the data collection tool that was used for the study, data collection procedure, data management and data analysis. Additionally, this chapter contains information on how ethical requirements and trustworthiness of the study were met.

3.1 Research Design

A qualitative research approach in the form of exploratory descriptive design was used for this study. Exploratory research is defined by Grove and Gray (2018) as research conducted to gain new insights, discover new ideas, and for increasing knowledge of a phenomenon. The exploratory study design looks at the dynamic, holistic and individual aspects of the human experience, and attempts to capture those experiences in their totality, within the context of those experiencing them (LoBiondo-Wood & Haber, 2017).

The goal of qualitative descriptive studies is to be able to comprehensively describe and summarise the phenomenon under study (Lambert & Lambert, 2012). Qualitative description research allows the researcher to explore the questions ‘where’, ‘what’, ‘why’, and ‘how’ a phenomenon occurs to help the researcher to gain an insight from informants regarding a poorly understood phenomenon (Neergaard, Olesen, Andersen, & Sondergaard, 2009). Qualitative descriptive design is suitable when a straight description of a

phenomenon is desired (Kim, Sefcik, & Bradway, 2017). In using exploratory descriptive approach, the researcher is able to examine a phenomenon in its natural state and it is less theory driven than the other qualitative approaches (Fain, 2017).

Qualitative exploratory descriptive design was used, to explore how nurses plan the discharge of the patients in their care. The focus lies on in-depth understanding of words, opinions and experiences rather than on numbers. The study design also enabled the researcher to obtain and explore in-depth information from respondents on discharge preparation. This is based on the fact that, discharge planning has gained universal attention but has not been adequately explored. Neergaard et al. (2009) indicated that when qualitative exploratory descriptive design is appropriately used, it provides a better and useful data that can be tailored to clinical intervention, needs assessment and scale development. Instead of measuring the phenomenon by numbers, this study used open ended questions to explore discharge preparation practices among nurses in the TSPW.

3.2 Research Setting

The setting for this study was the Trauma and Specialist Hospital -Winneba in the Effutu Municipality within the Central Region of Ghana. Effutu Municipality has a population of about 69,450 of which Winneba has 42,113. Winneba is the administrative head of the municipality. Winneba Township is found along the coastal belts of the Gulf of Guinea and their main occupation is fishing and fish mongering. The Effutu municipal has two universities, which are the University of Education, Winneba and the Perez University College. The Effutu Municipality shares boundaries with Gomoa East, Gomoa West and Awutu Senya Districts. The municipality has one Trauma and Specialist Hospital, one Municipal Hospital, one University Clinic, three private hospitals, one health centre and three Community Based Health Planning Services (CHPS) compounds.

The TSHW located in Winneba was commissioned on 27th February, 2012. The hospital serves as both primary and secondary referral care centres with the core mandate for trauma and emergency care but it has clinical and non-clinical units which serve other purposes. The clinical units are Surgical Anaesthesia, Physiotherapy, Paediatrics, Obstetrics and Gynaecology, Ophthalmology, Dental, Oral & Maxillofacial unit, Ear Nose and Throat (ENT) department, Antenatal services, internal medicine, Diagnostic services (Laboratory, X-ray, ultrasound), Pharmacy department, Blood transfusion services and Biostatistics (Patient information). The non-clinical units are the Administration and Support services. The support services comprise of Supply chain, Laundry, Catering, Central Sterilization Services Department (CSSD), Estate, Security, Transport and Social welfare.

The TSHW has a bed capacity of about 127 and staff capacity of about 371 of which about 257 are nurses. This setting is appropriate for this study because, it is a 24 hour working hospital, which serves as both primary and secondary referral care centre. The hospital provides both in-patients and outpatient services. In addition, TSHW manages all medical, surgical and orthopaedic conditions.

3.3 Target Population

Target population refers to a group of individuals or objects with characteristics of interest to a researcher (Ackerman et al., 2019). The target population for this study was all professional nurses working at the TSHW.

3.3.1 Inclusion Criteria

This study included:

- Nurses including midwives with at least diploma certificate and working on the various wards of the TSHW.
- Nurses including midwives who have worked on the wards for a minimum of two years.

3.3.2 Exclusion Criteria

The study excluded:

- Nurses who work at the Out Patient Department
- Enrolled nurses (Health assistant clinical)
- Nurses who have been on the ward for less than two years.
- Nurses working at the nursing administration

3.4 Sampling Technique and Sample Size

Sampling is the way in which participants are recruited from a population for a study (Mindell et al., 2015). There are no available strict rules in determining qualitative research sample size, but an important influential factor is informational needs and hence, the principle of data saturation (Polit & Beck, 2010). The study sample size was 13, within which saturation occurred (Malterud, Siersma, & Guassora, 2016).

Purposive sampling was employed because the researcher aimed at selecting only respondents who could provide the needed data for the study. Purposive sampling is a type of nonprobability sampling technique that allows the researcher to select participants to help understand a phenomenon under study (Ishtiaq, 2019). Purposive sampling ensured that nurses who were highly experienced, willing and capable of communicating how preparation of patients for discharge is done in the facility, were recruited. In conforming to this technique of sampling, the researcher purposefully selected the units and participants after obtaining the required approvals and briefings about the various units from the research department of the hospital and ward in-charges.

3.5 Data Collection Tool

A semi-structured interview guide having open-ended questions with probes was used to allow the participants to give details of how discharge planning is done in their facility. The

questions contained in the interview guide were open-ended to enable participants to express themselves and give unlimited information. The interview guide was pretested with 3 nurses at the Korle-bu Teaching Hospital to ascertain the trustworthiness of the interview guide (Perneger, Courvoisier, Hudelson, & Gayet-Ageron, 2015). The questions were based on the research questions, the constructs of the framework, and reviewed literature. The interview guide (Appendix F) has two main sections. The first section which is Section A consist of the demographic data of the participants. This was in a quest to get the background information of respondents. For confidentiality, the names of participants were not reported. The second section, which was Section B, contained questions which were based on the research objectives and reviewed literature.

3.6 Data Collection Procedure

An introductory letter from School of Nursing and Midwifery (Appendix A), together with approval letters from the Ethics Review Committee of the Ghana Health Service (Appendix B) and permission letter (Appendix C) was sent to the Trauma and Specialist Hospital for commencement of data collection. The researcher then selected the units of interest after obtaining approval from the Hospital. The unit heads and ward in-charges were met and given a copy each of the permission and approval letter (Appendix D) from the hospital. The ward in-charges were briefed about the study and its objectives. The ward in-charges helped in the recruitment of participants and briefed them about the study. The participants were informed that the interview will be audiotaped to aid in transcription and their names and address will not be collected.

Each participant was informed that participation in the study was voluntary and any decision to opt out of the study at any point is allowed. Date, time and location of convenience to participants was arranged. Each participant was made to sign two consent forms, of which one was kept by the researcher and the other by the participant to cater for

any future eventualities and audit trail. Face to face interviews was conducted and expressions noted. Probing was done to clarify a point that was made by a participant. Participants were allowed to give a comment or personal experience regarding discharge preparation. This was to enable researcher to capture areas and ideas regarding discharge preparation that were skipped in the course of the interview. All interviews lasted between 40 to 60 minutes. Each participant was interviewed once and data was collected between March and July 2020. Each participant was made aware not to mention their names for the sake of confidentiality. Field notes were taken by the researcher, throughout the data collection period. Notes taken were on nonverbal clues, interruptions, personal observations made and any other event that happened in the course of data collection. This was to help the researcher to depict the ideas of individual participant and to be able to identify emerging subthemes.

3.7 Data Management

Data management is done to organise and store data, to be retrieved in future for analysis (Chowdhury, 2015; Friese, 2019). The recorded interview was played back to the participants after each interview to verify its accuracy. The recorded interviews were transcribed verbatim by the researcher onto a personal computer and coded distinctively, in order of recruitment. The researcher then compared the transcribed data with the audio recording by reading whilst playing and listening to the recording at the same time, to confirm that transcription is the exact of the audio.

All documents such as field notes, consent forms and others concerning participants were kept in a file and kept in a safe locker with the researcher, where unauthorised access is impossible. Transcribed data in soft copies was coded, and it is being stored on the researcher's personal computer, which has been secured with a password. Backup of data

has been done on an external hard drive. Every document pertaining to this study has been kept in a locker at a safe place and they would be kept for at least five years and would be accessible to only the researcher and the supervisor. Each participant was given an identification number in order of recruitment to help retrieve information without any difficulty.

3.8 Data Analysis

Interview was tape recorded and transcription of each interview was done. Thematic content analysis was used to analyse the transcribed data. A thematic content analysis is described as a descriptive presentation of qualitative data which focuses on commonalities of ideas that extend across the whole interview data (Braun & Clarke, 2012). The main aim of using the thematic content analysis was to categorise verbal data and summarise the views of respondents on issues on discharge preparation. The transcribed data was read several times to be able to identify similarities in the data collected. Similar words, ideas and thoughts were grouped to form codes according to the constructs and the objectives of the study. Similar codes were put together to form potential subthemes, from which all relevant coded data were identified as the subthemes. Analysis of data was done solely by the researcher.

3.9 Methodological Rigour

Rigour of a qualitative study is the criteria by which research is evaluated for validity and reliability (Hays, Wood, Dahl, & Kirk-Jenkins, 2016; Lishinski, Good, Sands, & Yadav, 2016). Rigour is viewed in terms of the systematic and transparent approaches used in the collection of data (Cypress, 2017; Lishinski et al., 2016). Authenticity rather than reliability is often the issue in qualitative research (Graneheim, Lindgren, & Lundman, 2017). The aim is usually to gather authentic understanding of people's experiences and it is believed that open ended questions are most effective (Rosenthal, 2016). The criteria for judging this

study include credibility, dependability, confirmability and transferability (Simon & Goes, 2016).

Credibility was achieved by the researcher through recruiting participants who meet the inclusion criteria to enable gathering of accurate data, and accurately reviewing literature to come out with relevant interview questions (Noble & Smith, 2015). Participants were engaged between 40 to 60 minutes for detailed data (comprising of interview and observation of mannerism) to be obtained. Data were also collected from different departments within the same facility to help in triangulation during data analysis. Member checking was ensured by playing back the recorded interview to the participants to confirm the accuracy and resonance of their response. Finally, the whole research work was subjected to serious scrutiny by the supervisor and other departmental members.

Dependability ensures that the researcher provided comprehensive description of how data was collected and analysed (Simon & Goes, 2016). For dependability to be achieved in this study, the researcher allowed for a thorough audit trail to be conducted by the supervisor. Pretesting of the tool was done on 3 nurses and few refinements were made before the actual data for the study was collected. In view of this, the researcher ensured that, all documents related to this study such as audio recordings, transcribed data, observation notes, documents and records collected from the field are being kept safe to allow for examination of the research process.

Confirmability was employed by the researcher, by ensuring that the recorded interviews are transcribed word for word. Probes were used to seek clarification from participants. The researcher has ensured safe keeping of research documents and will make it available when the need arises.

Transferability refers to the extent to which the research findings can be applied to individuals and situations with similar characteristics as that of this study. For transferability to be achieved, the research setting has been explained in detail for readers of this research to apply the research findings to similar contexts. The researcher further provided sufficient descriptions of the topic under study to aid readers to understand and apply the research findings in similar circumstances or situations. The researcher also gave a detailed description of the research participants, stating categorically the inclusion and exclusion criteria of study participants.

3.10 Ethical Considerations

An introductory letter was sought from the School of Nursing and Midwifery, University of Ghana, to seek ethical permission from the Ethics Review Committee of the Ghana Health Service. An ethical approval was granted from the Ethics Review Committee of the Ghana Health Service. An introductory letter from the School of Nursing and Midwifery, University of Ghana Legon, copies of the ethical approval letter from Ethics Review Committee of the Ghana Health Service, and permission letter were sent to the TSHW. This was in a quest to acquire permission for recruitment of participants for data collection to be done. Approval was then given by the medical director of TSHW for data collection to commence. The researcher then selected the units of interest after obtaining approval from the Hospital. The unit heads and ward in-charges were met and given a copy each of the permission and approval letter from the hospital.

The purpose, objectives, potential risks and benefits of the study were explained to participants. The researcher allowed participants to ask questions to clear any doubt they had about the study. Selection of participants for the study was voluntary and participants were made aware of the fact that, they can opt out of the study whenever they want, without

any consequences. A consent form (Appendix E) was given to every participant to assist them make an informed decision. Confidentiality was considered in this study, with the researcher continually reminding the participants not to mention their names or say anything to reveal their identity. Snacks were provided by the researcher to refresh the participants after each interview section. The researcher ensured that, she handled the data alone especially, during data collection, transcribing of the recorded data, discussion and analysis.

CHAPTER FOUR

FINDINGS OF THE STUDY

4.0 Introduction

Chapter four (4) presents the findings of the study. This chapter has two main sections. The first section describes the demographic characteristics of participants and the other section, comprises of the significant findings under the various themes and subthemes.

4.1 Socio-Demographic Characteristics of Participants

Thirteen (13) participants were used for the study. Eight (8) of the participants were females, whilst the remaining five (5) were males. The ages of the participants were between 25 years to 36 years and they have worked between three (3) years to eleven (11) years. Five (5) of the participants were from the male ward, four (4) participants were from the female ward and the remaining four (4) were from the paediatric ward. Nine (9) out of the 13 participants were single and four (4) were married. The distribution of participants by designation shows that, two (2) were Senior Nursing Officers (SNO), five (5) were Nursing Officers (NO), two (2) were Senior Staff Nurses (SSN) and four (4) were Staff Nurses (SN). Details are presented in Table 4.1.

Table 4.1: Socio-Demographic Data of Participants

Participant	Age	Gender M=Male F=Female	Ward M=male F=female P=paediatric	Marital Status S=Single M=Married	Working Years	Designation
AN	25	M	M	S	3	SN
ATB	35	F	P	M	10	SNO
BKI	34	F	P	M	8	NO
BNC	25	F	F	S	5	SSN
DSD	29	M	M	S	3	NO
EH	28	F	P	S	3	SN
FKH	30	M	M	S	8	NO
GLC	35	F	F	M	6	SSN
JI	34	F	P	S	10	SNO
JJD	36	F	F	S	10	NO
MD	27	M	M	S	3	SN
MKH	34	M	M	M	11	NO
ROC	25	F	F	S	3	SN

4.2. Organisation of Themes and Subthemes

Themes derived from the study are: 1) Knowledge about discharge preparation, 2) Discharge planning practices 3) Discharge coordination practices 4) Discharge teaching practices 5) Challenges associated with discharge preparation. Additional theme that emerged was: Strategies used to enhance discharge preparation with two (2) subthemes emerging.

The subthemes are presented with verbatim anonymous participant quotes using pseudonyms.

Table 4.2: Themes and Subthemes

	THEMES	SUBTHEMES
1	Knowledge about discharge preparation	<ul style="list-style-type: none"> - Total care given to the patient - Getting patient involved in their care
2	Discharge planning practices	<ul style="list-style-type: none"> - Assessment of patients - Plan care for the patient
3	Discharge coordination practices	<ul style="list-style-type: none"> - Giving referrals - Involving the patient and relatives in the plan of care. - Handing over of patients to colleagues
4	Discharge teaching practices	<ul style="list-style-type: none"> - Continuous education of the patient and relatives - Teach back technique
5	Challenges associated with discharge preparation	<ul style="list-style-type: none"> - Financial problems of patients - Dealing with non-compliant patient and relatives
6	Strategies to enhance discharge preparation	<ul style="list-style-type: none"> - Communicating with the patient and relatives - Donations to underprivileged patients

4.3 Knowledge about Discharge Preparation (DP)

Nurses' knowledge about discharge preparation influence the decision to prepare patients towards discharge or not. The participants', "knowledge about discharge preparation", produced two (2) subthemes, which are, total care given to patient and getting patient involved in their care. The theme, knowledge about discharge preparation sought to find out what nurses understood by the phrase Discharge Preparation (DP).

All the participants indicated that discharge preparation is a process of preparing patients to recover as quickly as possible and be able to maintain optimum health when discharged home. Participants reckoned that to be able to comprehensively prepare patients towards discharge, nurses need to plan, coordinate with other members of the healthcare

team to give adequate care to patients and also teach patients about their condition and its management both at the hospital and at home. Participants also added that discharge preparation serves as a medium for patients and their relatives to acquire more knowledge about the current state of health of patient and its appropriate management to prevent readmission in the shortest possible time. The participants also believed that discharge preparation helps patient and family to comply with treatment regimen to aid in early recovery for patients to resume their normal duties. The participants were of the view that once the patients gain more knowledge about their condition and comply with treatment regimen, there is the possibility of early recovery. This helps to reduce the length of stay of patients in the hospital.

4.3.1 Total Care Given to the Patients

Participants explained DP as the total care given to patients when they come on admission to enable them to recover early and incorporate back into the society. Total care has to do with the measures taken to help patients recover and be discharged home. This include every care given to patients from the time of admission until discharge. According to participants, total care includes, planning the care of patients and ensuring that patients get the requisite treatment.

Participants explained that total care is given to patients as part of DP, it is about planning and the treatment prescribed to patients from the day of admission until the patient is discharged.

“It is everything that you do towards the patient finally leaving the ward to go home.”(MKH)

“Ok, in my opinion, it involves, the care for the patient, from admission, through the treatment until the patient is finally discharged from the ward.” (ATB)

“...are every care that is rendered to patient who has been on the ward or on our ward after he or she has been admitted at the facility for a period of time until the patient recovers and goes home.”(AN)

“This includes the care that we give to patient right from the day of admission, and we prepare towards discharge, the day they are discharged so that is discharge preparation.” (BNC)

Other participants expressed that total care given to patients includes the measures that are outlined and the procedures that are done for patients in order to gain recovery and be discharged home.

“They are the measures taken to ensure that a patient who has come for admission in our facility or any facility is cared for and eventually be able to be discharged home.”(FKH)

“I think it is a process in which measures are put in place to ensure that patients have a plan of care from the day they are admitted and before leaving the hospital” (DSD)

4.3.2 Getting Patients Involved in their Care

Participants opined that getting patients involved in their care forms part of DP, as it prepares the patients and relatives, to be able to cater for patients whilst on admission and when they are finally discharged home. Participants explained that, to be able to engage patient in their care, they are educated to make them aware of their condition and its management. Patients are informed about the dos and don'ts of their condition. Imparting knowledge about the patients' condition and assisting the patients to take care of themselves when they are discharged to attain maximum health.

Other participants explained that to get patients involved in their care, patients are made cognisant about their financial obligations to allow them to prepare towards it. From the day of admission, patients and relatives are orientated to the protocols of the unit as a way of making them aware of their environment, responsibilities of staff towards them and their obligations as patients. Participants further stated that patients stay on the ward for a period of time thus, involving them in their care enable them to adequately take care of

themselves when they are finally discharged home or back into their prospective communities.

For instance, BKI, a Nursing Officer at the paediatric unit, shared her opinion and was of the view that, patients are involved in their care to prepare them towards recovery and discharge. She further explained that, for patients to understand and engage in their care, adequate education is given to patients about management of the condition whilst on admission and how to properly manage the condition at home after discharge.

“In my opinion discharge preparation is getting the patients and relatives involved in the care that will be rendered to him or her, so far as he is on admission. Before we were able to involve them, we educate the patients and their families on the procedures that we were going to do. It helped them to have adequate information on the care that will be rendered to him and how he/she will be able to care for himself or herself at home”.

Some participants opined that to get patients involved in their care during discharge preparation, patients are informed about their financial obligations. Patients are educated about the procedures being undertaken and the cost involved. Patients are also informed about the things that will have to be done when they are discharged home and its financial repercussions. Participants further stated that this is done in order for the patients to prepare for what is ahead. Participants said that:

“It is preparing patients towards discharge by involving patients and relatives in the care that is going to be rendered. We educate them on the financial aspect of the care we give to them so that they prepare themselves. We also educate them on the things they need to buy that will help the patient to recover well when they are discharged and gone home”. (GLC)

“We involve patients and their relatives by educating them on patient’s condition and its management and its financial implications, from the moment of admission. We do this so that we gain their cooperation to enable patient to recover and be discharged and resume his normal activities of daily living despite the condition he already has”. (MKH)

Jl, a Senior Nursing Officer at the paediatric unit, was also of the notion that DP involves identifying ways to prepare patients to go home by educating them in order to continue taking care of themselves whilst at home.

“So, it is the preparation you give them to take care of themselves as they go home. And then what they need to do to ensure continuity of care or to ensure that they stay in optimum care.”

MD, a Staff Nurse at the male ward, also explained that getting patients involved in their care is helping patients to move about his normal duties after he has been discharged from the hospital.

” It is about making the patient know about his management and also helping the patient to develop new ways of adjusting to the new condition he might find himself and reintegrate back into the setting from which he came to the hospital.”.

BNC, a Senior Staff Nurse at the female ward, explicated that, it is about educating and involving patients in their care, to prepare them to take charge of their health, from the time of admission and after leaving the hospital.

“It’s a preparation we give to patients’ right from the day of admission. We inform patient and involve them in the care that will be given. you make the patient aware of the plan of care, so the patient must be informed about the details of what is going to go in her stay during the period of admission and then, information are given on how to continue care at home when they are discharged”.

4.4 Discharge Planning Practices

Discharge planning practices look at how nurses plan the discharge of the patient under their care. This includes the actual process used to plan the discharge of patients. In analysing the main theme, participants gave accounts of how discharge planning is done in their various units under two subthemes namely: assessment of patient and planning of patients’ care.

4.4.1 Assessment of Patients

Participants expressed that assessment of patients has to do with the screening of patients, collection of information from patients and using the information to identify the factors that would hinder the patients' recovery both at the hospital and when discharged home. Participants further explained that, assessment has to do with interacting with patients and relatives to acquire adequate information about the patients that would affect the full recovery of the patient when discharged home. Assessment of patient is very significant as it aids the nurse to know about the patients' needs and how best the patients can be helped whilst on admission and when discharged home to enable complete recovery.

Participants described assessment of patient, as encouraging the patients and relatives to voice out any plight that would impede the recovery process. Patients are also informed about the things that would be done and the role to play to aid in the recovery process.

“We first find out from the patient if there is anything that he thinks that we need to know, that will disturb his recovery process, and we encourage the patient and their relatives to tell us. Also, we tell them about how things are done and when the patient is supposed to participate more”. (BNC)

“We find out if there is something like staircase in their house that will prevent the patient from moving about freely” (JJD)

We find out if the patient is going to stay alone or will be staying with a relative who will help him with the recovery process at home, such as taking his medication, eating and other things. (DSD)

Participants asserted that, assessment of patients has to do with the identification of problems that would prevent the patients from attaining full recovery and resume normal daily lifestyle whilst on admission and when discharged home.

“I do assessment, I identify the patient problem that will not be helpful to patient's condition and it will make the patient not to recover well. We talk to patients and their relatives so that they let us know how to help patient to recover well.” (BKI)

“We assess the patient during discharge planning on the conditions that will make them not to recover fast whilst they are under our care and when they leave the hospital setting. In assessment we talk to patients and their relatives to tell us the things that they think that it will not be favourable to the present condition of the patient, especially when they go home.” (AN)

Other participants indicated similarly, that, assessment is done on patient’s social life. The nurse ask questions about the patient’s normal daily lifestyle. The nurse then identifies the aspect of the social life such as work, eating and drinking habits that would hinder the progress of healing for the patient.

“We do assessment of the patient on his lifestyle, such as drinking and smoking and other things that will be detrimental to his health and his present state of health. So we get those information from the patient and their relatives.” (FKH)

“We talk to patient to find out the work they do, to know if it will have any impact on their health and their wellbeing” (ROC)

“We start by asking them of their social information... where they stay, current job that they are doing.” (ATB)

4.4.2 Plan Care for the Patient

Participants explained that, another aspect of the discharge planning practice was to plan the care for the patients. Plan of care is developed for the patients whilst on the ward to help them recover and for the patient to follow when discharged home to help in achieving complete or full recovery. Nurses set goals and plan the care of patients according to the order of priority of needs. That is, the most threatening problem is tackled first, and the rest follow accordingly. Participants were of the view that planning the care of patients help nurses to strategize how care would be rendered to achieve maximum satisfaction among the nurse, patient and relatives. Participants indicated that, planning care of patient is of utmost importance as it helps the nurse to adequately plan discharge of the patient, without going contrary to patient’s consent. The patient on the other hand becomes aware of his/her contribution in the planning process to aid in recovery.

Participants explicated that, a plan is made about the care that will be rendered to the patient whilst on admission. This plan is based on the treatment regimen. Patients and relatives are informed about the plan of treatment and all the procedures that would be accomplished to help patient recover as well as the role relatives would play towards the recovery. Patients and their relatives were also informed about their financial obligations to enable them to prepare towards treatment of patient. This foster smooth management of patient's condition and enhances recovery. Based on the assessment of conditions that would hinder the appropriate recuperation patients at home, a discussion is made with patients and relatives, about how best to help the patient. This allow the patient to overcome those unfavourable conditions and help in the restorative process of the patient, when finally discharged home.

“A plan is made on the things that will be done for the patient to recover whilst he is on admission and under our care. Such as how often we will dress their wound, how often we will turn the patient to prevent bedsore and the rest.” (EH)

“When it's comes to how we plan discharge of a patient, after we have been able to find out the condition in their house that will not help with the patients' recovery, we have a discussion with them on the best ways that will help the patient to recover well when they go home. ”. (JI)

“We plan the care of patient by talking to relatives on the best ways to assist the patient at home” (MD)

“As part of the plan of care, Patients are made known on the financial aspect of the care so as to prepare themselves.” (GLC)

4.5 Discharge Coordination (DC) Practices

Discharge coordination is a practice of collaboration between the healthcare team members in the care of patients. This forms part of the discharge preparation practices of nurses. This is accomplished by engaging various members of the healthcare team and stake holders in the care of patients to assist in the recovery process. Three (3) subthemes emerged from the study under discharge coordination and these are giving referrals, involving patient and

relatives in the plan of care and handing over of patient to colleagues. Participants gave accounts of how discharge coordination is done in their various units.

4.5.1 Giving Referrals

Giving referrals is part of discharge coordination, that is, the care of patients involves a multidisciplinary team. In coordinating the discharge of patients, there may be the need to refer the patient to other teams within the hospital to assist with the management of care. Giving referrals therefore is part of the discharge coordination to ensure that patients receives the needed care. Giving referral to other departments is done through writing a referral note to the receiving department, making a call to the receiving department, writing requests (for laboratory and radiological investigations) and prescribing of medications.

A Staff Nurse at the male ward, revealed that referral is done by writing referral notes and making phone calls to the receiving departments, depending on the needs of the patient. This is to invite them to come on board, attend to the patients and help patients to achieved proper recovery. Participants further stated that giving referrals, as part of DC, helps the healthcare team members to have adequate knowledge about the patient's progress and to plan the care to be given, which aids in early recovery of patient, thereby, shortening their length of stay in the hospital.

“In this unit, we give referral to other departments like physiotherapy, depending on the needs that were assessed. If a patient needs a diet modification, we call the dietician to come on board. If it is a problem with speech, a referral is given to the speech therapist and so on.” (AN)

Another participant expounded that giving referrals is done to bring on board other healthcare team members to care for patients, by writing a request or making a phone call, depending on the patient's current state of health.

“...it involves bringing on-board other healthcare team by calling them on phone or writing a request to them. Once the person is on admission... depending on the condition, example, if the person is a diabetic, you need to bring on board a dietician by calling them. You need to do some labs to get to know the person’s blood sugar level, so you bring the lab technician on board by writing a lab request for the patient. The same applies to other conditions. So, bringing all these people on board, helps to give good treatment to the patient”. (ATB)

BKI, who is a Nursing Officer at the paediatric unit, explicated that referral is done to bring healthcare members on board by writing a referral or making a call them. Other members of the healthcare team, such as the physician, physiotherapist, clinical psychologist, nurses, dietician, and social welfare are contacted to come in at the appointed time to help in their own ways so that the patient can recover successfully.

“Upon assessment of patient need, if a physiotherapy is needed, a referral is sent to them. For a dietician, we call them on phone to come to the ward to assess the patient and give the way forward for management. For the psychologist too, in few occasions, we call them to come and talk to patient and their relatives where the need be and we also reinforce on what the doctors and the psychologist are saying by reassuring the patient and relatives”.

DSD a Nursing Officer at the male ward, also explicated that referral involves bringing all the members of health network who can be called upon for assistance with the care of the patient. Such persons are brought on board using the referral system.

“So, in discharge coordination, you bring other staff on board by making the necessary referrals.”(DSD)

Other participants also reported that depending on the needs of the patient identified any other health personnel whose assistance is needed is contacted to attend to patient through referrals.

“This unit, we give referrals to the other departments like the physiotherapy to come and attend to patient when the need be. With the dietician, we call them on phone to attend to patient. (EH)

If there's a need for a doctor to come, we alert the doctors. Maybe a patient is supposed to have a physiotherapist, a referral letter is written to the department and they come to see the patient. (GLC)

Discharge coordination is done mainly by referral, where we refer to other specialties to also come and also assess the patient when the need arise". (MKH)

4.5.2 Involving the Patient and Relatives in Plan of Care

Relatives of patients are brought on board to ensure that the needs of the patients are met. The study result revealed that, in coordinating the discharge of patients, nurses collaborate with relatives of patients to ensure that medications, food and daily personal needs of the patients are met. By involving relatives in the plan of care of patients, the relatives learn how to effectively care for patient when they finally leave the hospital setting.

Participants were of the view that, in order for free flow of communication and for other needs of the patient to be accomplished easily, collaboration with patients' relatives is done by nurses.

"...We also involve the patient relatives to be on board so that communication and other things can be done with ease". (AN)

"We involve the relatives to help us to get the medicines for the patient whenever it is prescribed. If surgery is needed, relatives do the payments and get the items needed for the surgery". (ATB)

"This facility does not provide food for patient, the family members are then involved, so that whoever cooks the food will know the kind of food to bring and how to prepare it". (BKI)

"We involve the patient relatives to be on board for them to know how to manage patient when they go home". (EH)

4.5.3 Handing Over of Patient to Colleagues

The study result reported that, discharge coordination is also accomplished through the appropriate handing over of patients to other colleagues. For patients to recover as early as possible, care must be continuous, therefore, handing over of patients to other colleagues is accomplished through documentation and verbal communication of the progress of patient's condition and what ought to be performed for the patient, to ensure that care is continuous during various shifts.

DSD stated that information is orally shared among nurses about the state of patients' condition so that, any needed assistance could be accomplished in time to aid recovery.

“We talk to other nurses on the ward to also let them know the progress of the patient. For instance when you come for a particular shift and then you have to hand over, you have to let them know how the patient is progressing, so that, if there is anything they have to do, you let them know so that they do it early to help the patient to recover”. (DSD)

FKH also explained that handing over of patients to other colleagues is done through documentation of progress of patients' condition in the changes book, to ensure that nurses would always be well-informed about the patients' condition, such that, the patient's needs would be easily addressed to enhance recovery.

“... We do this by documenting the progress in the changes book and hand over to those on the next shift. We document all in the changes book so that our colleagues that we are working with, will also get an information on the patient. ”. (FKH)

4.6 Discharge Teaching (DT) Practices

Discharge Teaching (DT) practices is an ongoing process that focused on what is accomplished during patient education. This forms part of discharge preparation by giving instructions to patients and their relatives on the things that should be performed for the patient to stay safe and prevent relapse of condition. Discharge teaching is done to prepare the patient about how to integrate back into the community. Two (2) subthemes emerged from the study under discharge teaching and these are continuous education of patient and relatives and teach back technique.

4.6.1 Continuous Education of the Patient and Relatives

Patient and relatives are constantly informed about the things that are favourable and things that are not favourable to the patient's condition. Continuous education of patients and

relatives as part of discharge teaching, is accomplished at a level that is comprehensible. Nurses continuously educate patients and relatives, whenever caring for them in their line of duty. Nurses interact and chat with patients about their condition and mode of treatment. Nurses also continuously educate patient and relatives about how care of patient must be performed to help the patient achieve maximum recovery. Participants also indicated that continuous education is accomplished by showing pictures which are relevant to patient's present condition to help patient know what to do to achieve and maintain maximum health even after discharged home. During education of patients and relatives, the nurse identifies the level of knowledge of patients and relatives about the condition, build on it and educate them accordingly. Questions are allowed and answered accordingly to clear any misconception that patients may harbour regarding the condition.

Participants indicated that, educating patients and relatives is done by finding out the level of knowledge of patient and relatives about the condition and building on it, for them to understand but not just debunking what the patient and relatives knows.

“First we ask the patient on his knowledge on the condition. We explain further for the patient and relatives to understand. So whatsoever the patient tells you, you build on it. Even if what they said is not true, you just find a beautiful way to clear up things. And explain things better to them”. (AN)

“Try as much as possible to find out what the patient knows about the topic you are going treat and based on what the patient tells you, you educate the patient”. (DSD)

“First of all, we ask them what they know about their conditions or they should tell us a little about the child's condition. So, the mother tells us about any information she has been told so far”. (BKI)

“In this unit, we ask the patient what they know about the condition then based on what the patient knows we educate”. (EH)

Again, participants explained that information about patients' condition is given to patients and relatives at a level that they would comprehend and this is accomplished daily as care continues.

“Discharge teaching is basically teaching the patient and relatives or giving information to the patient and instructing the patient and relatives about certain things or their role in care. So you have to bring everything to their level of understanding, trying to eliminate all technical terms or medical terms making the patient understand enough to be able to help or be involved in his or her care. We do it, as care goes on or as care continues. We don't do it at one sitting, so each and every day we nurse our patients; we give them the teachings on what they are supposed to do to help in their recovery”. (BNC)

“Discharge teaching done in my ward is a daily routine thing, it is an ongoing process of educating patient and relatives on patient's condition” (BKI)

“Discharge teaching in this unit is always on-going because, when the patient comes and the patient has questions about his condition, we will attend to the patient and explain to the patient what he is going through”.(MD)

ATB, a Senior Nursing Officer at the paediatric unit, reiterated that continuous education is done by showing pictures and leaflets to patients to give adequate information about the condition.

“... when we have pictures or even leaflets around on the ward, we show it to them so that they will get to know.

4.6.2 Teach-back Technique.

According to Yen and Leasure (2019), the Agency for Healthcare Research and Quality specified that, Patient Teach-back is a patient-provider communication strategy whereby providers ask patients to reproduce information back to them. This allows providers to evaluate how well they have conveyed healthcare information to the patients.

Participants indicated that teach-back is used for patients and relatives to tell the nurse whatever they have learnt during their discussions about the health and well-being of the patient EH, a Staff Nurse at the paediatric unit, described that teach-back technique is done during discharge teaching by asking the patient and relatives to tell the nurse what they have learnt.

“After the education, or after each education, we ask the patient what they have learnt. So when the patient is able to say what they have been taught, it helps us the nurses to know that the patient is learning or has learnt and they are understanding the kind of education we are giving”. (EH)

DSD also stated that teach-back is accomplished when you ask patient and relatives questions based on the education given to them.

“You ask the patient and relatives whether what you told them, they have been able to understand everything you told them. So you ask questions and then you look for the appropriate answers”. (DSD)

4.7 Challenges Associated with Discharge Preparation

Challenges associated with DP looked at the difficulties and problems nurses face in the preparation of patients towards discharge. The study result revealed these challenges under two (2) subthemes namely: financial problems of patients and dealing with non-compliant patient and relatives.

4.7.1 Financial Problems of Patients

Financial problems in this context are about the patients’ financial status which hinders discharge preparation. Participants indicated that, financial problems or financial difficulties of patients is a great impediment to the preparation of patient towards discharge. Nurses articulated that, inability of patients and relatives to financially cater for the needs of the patient such as purchase of medication, carry out laboratory and radiological investigations, and even pay for surgery where necessary, can cause a delay in the management of patients. This impedes the preparation of the patient towards discharge, as patients are prematurely discharged by the doctors or patients requesting to be discharged against medical advice. Participants further stated that some of the patients at some point abscond from the facility. This distorts the preparation being made towards teaching the patient about how to take better care of himself and enhance recovery, when discharged home.

JJD, a Nursing Officer at the female ward, opined that the main problem that is encountered during discharge preparation is financial difficulties on the part of patients and their relatives. This makes it difficult for relatives to support the patient, by buying the things

the patient needs to achieve appropriate recovery. This therefore prematurely distorts the preparation of the patient towards discharge and attainment of maximum health.

“Financial problems is the main problem we face during the discharge. Patients come to hospital and they do not have money to do anything. Whether labs or even buy medication. And some of them, we even have to buy food for them from our own pocket.” (JJD)

Participants reiterated that, some patients who come to the hospital without the National Health Insurance have to pay for every service rendered. This makes it difficult for some patients and their families to bear the cost of healthcare. The patients thereby, abscond from the hospital and this makes the preparation towards discharge challenging because the patient leaves without being adequately prepared for discharge.

“The challenge we face is the financial status of our patients especially those who come without health insurance. This impedes the free flow of treatment. We need to do labs, we need to take x-rays, and we need to give medications. All these require money. Because of these financial issues, some mothers even abscond with their children. So when they come and we are having this kind of challenge, it really impedes the mode of treatment”. (ATB)

“Financial constraint is a huge challenge. When you tell the patient to buy certain things and they are not able to buy, it becomes a problem in the management of the patient then before you realise, the patient has even absconded.” (ROC)

DSD, a Nursing Officer at the male ward, was also of the view that patients bring a letter to be discharged against medical advice due to the inability of relatives to afford the cost of treatment for patients. This makes discharge preparation problematic because it ends all the preparations that needs to be accomplished to aid the patient's recovery.

“There are times patient has to buy drugs, go for anaesthesia, buy stuff for wound dressing but because relatives don't show up over here, we don't get money to cater for all these things. You will be there and then they will bring a letter that they want the patient to be discharged home because they do not have money to continue with the treatment”.

4.7.2 Dealing with Non-Compliant Patients and Relatives

Dealing with non-compliant patients and relatives was described as another challenge that confronts the preparation of patient towards discharge. Participants explained that, some patients and relatives who are admitted are so difficult to deal with. They do not adhere to instructions. This causes delay in the recovery of patient thereby prolonging their stay on the ward, and in some instances, it distorts the preparations being made towards the patient's discharge.

Participants indicated that non-compliance on the part of patients and relatives during the preparation toward discharge is a challenge. Participants explained that some patients do not adhere to medical instructions. This makes the preparation that ought to be accomplished towards patients' recovery quiet difficult, and this interferes with the discharge preparation process.

“Non-compliance on part of the patient is one of the major challenges we face in this facility. Some religions frown against certain things and this compromise our treatment and teaching because when you try to tell the patient on what to do, then the patient will also be telling you different thing. It becomes difficult to educate them on some of the stuffs. (FKH)

“Sometimes the patients have their own perception so in even trying to tell them the right things becomes very difficult and it interferes with the preparations we are putting in place to help the patient to recover and go home” (AN).

“Well the only challenge I can identify so far has to do with patient who are adamant to instructions. You can go out of your way to really educate the patient on the ‘pros’ and ‘cons’ but you will find out that the patient is just doing the ‘cons’. Which you will just not understand. So, the only challenge here is when the patient just doesn't listen to instructions, and this slows the preparation of patient towards discharge because we always come back to square one”. (JI)

“So, some of them, is difficult to accept what you are teaching them. Some also don't show any interest in whatever you are teaching them and this hinders the progress of the preparations towards discharge”. (BNC)

4.8 Strategies to Enhance Discharge Preparation

Strategies to enhance discharge preparation, is an emerged theme from the data gathered. The data analysed revealed some strategies that the nurses used to enhance the discharge preparation process. Two (2) subthemes namely: Communicating with patient and relatives and donations to underprivileged patients emerged from this theme.

4.8.1 Communicating with the Patient and Relatives

Communication is the exchange of information between people. Participants explained that, when patients are admitted, the strategy that is used to gain their cooperation throughout the discharge preparation process is communication. Through communication, patients are educated about the condition and mode of treatment as well as their financial obligations. Patients and relatives are also taught about how to care for patients when discharged home. Patients and their relatives are orientated to the protocols of the ward for them to know what is ahead of them and the need to comply with the healthcare team to achieve optimum recovery. These participants believed aid the patients' adherence to the treatment regimen to enable the success of discharge preparation.

FKH a Nursing Officer at the male ward recounted that when patients are admitted, thorough education is given to them and their relatives for comprehension and adherence to the treatment regimen.

“Okay, so with the compliance, we make sure that we give them a thorough education on the condition. So, once we educate them, we assume that, well they understand the processes that we take them through, which will aid in the adhering to medical instructions”.

Jl, a Senior Nursing Officer at the paediatric unit also opined that continuous communication is done to inform the patient and their relatives about the significance of adequate monitoring of the patient.

“'Errm' ... the best we actually do is to continuously talk to patient and relatives more especially, the carer. That is the one who takes care of patients to always ensure that the patient always stays in check”.

BNC, a Senior Staff Nurse at the female ward was of the view that, patients and relatives must be orientated to the ward and its policies during admission. This ensures that patients and relatives become informed about the ward routines and explicated the expectations in terms of their care and their preparation towards recovery and discharge.

“All the strategies we put in place is to educate patients and their relatives by orientating them on our ward policies. For instance, when the patient comes in, we have the ward policies. The ward policies also helps in the care because everyone knows that things are done in a particular way in this ward. I think that it is education on the ward policy so far”.

AN, a participant from the male ward also stated that, patients and relatives are educated with the intention of making them understand patient's condition and give in to treatment for patient to be able to recover and be discharged.

“With those who have their own preconceived mind, the best we can do is to educate them. We talk to the patient and their relatives, trying to convince them on the treatment modalities and the need for us to come together and care for the patient to gain recovery and prepare him adequately on how to care for himself when they leave the ward”.

4.8.2 Donations to Underprivileged Patients

Participants stated that when a patient has difficulty buying medication, donations from people or other patients on the ward are used to support the patients during treatment for recovery to be attained. Participants stated that, nurses at some point donate some of the ward stock and some money to support the patients.

Participants indicated that nurses on the ward sometimes help the patients out by donating ward stock, money and food. Donations from other patients are also used to support the patient.

“With the financial constraint, try to find some left over medications from other patients and donate to the patient who has financial difficulties. Sometimes we use our own money to buy food and even drugs for patients who don’t have any relatives or do not have any money.”(ROC)

“Sometimes some patients who are on the ward donate their left over medications to patients who do not have money.” (BKI)

“Sometimes if we have some medications in our cupboard which the patient will need, we just give them out to the patient.”(JJD)

“Those who cannot afford medications, we sometimes have some left over drugs on the ward, so we give them to the patient with financial difficulties.” (MKH)

ATB, a participant from the paediatric unit also pointed out that, philanthropists at times come and help the patients with their bills.

“Once in a while, we get people to come in and help.” (ATB)

4.9 Key Findings

The key findings in the study are:

1. Discharge preparation is the total care given to patients and getting the patient involved in their care. Total care has to do with the measures that are being taken to help a patient recover and be discharged home. Getting patients involved in the care has to do with preparing the patient and relatives, to be able to cater for patient whilst on admission and when they are finally discharged home.
2. Discharge planning practices are assessment of patient and planning of patient’s care. Assessment of patients has to do with screening of patients, collecting of information from patients and then using the information to identify the factors that will hinder the patients’ recovery both at the hospital and when they are discharged home. Plan of care is made for the patients whilst they are on the ward to help them recover and for patient to follow when he/she is discharged home to help in achieving a complete or full recovery.

3. Discharge coordination is bringing on board all the members of the healthcare team to care for patient, depending on the needs of the patient. The study result revealed that, discharge coordination is done by giving referrals, involving patients and relatives in the plan of care and through handing over of patient to colleagues.
4. Discharge teaching is educating patient and their family on the condition that the patient has and its management. Discharge teaching is an ongoing process which focus on continuous education of patient and relatives and using teach-back technique.
5. The challenges encountered by nurses in the preparation of patient toward discharge include, financial problems of patients and dealing with non-compliance of patient and relatives.
6. Strategies that are used to make discharge preparation a success, according to the study findings include communicating with patients and relatives and donations to underprivileged patients from nurses, other patients and philanthropist.

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.0 Introduction

This chapter discusses the major findings of the study in connection with the related literature reviewed. The purpose of this study is to explore the discharge preparation practices of nurses in the hospital. The study inquired into; 1) Knowledge on discharge preparation, 2) Discharge planning practices 3) Discharge coordination practices 4) Discharge teaching practices 5) Challenges associated with discharge preparation. Additional theme that emerged was: Strategies used to enhance discharge preparation.

5.1 Knowledge of Nurses about Discharge Preparation (DP)

Discharge preparation is a process of preparing a patient to recover as quickly as possible and be able to maintain an optimum health when discharged home. Discharge preparation of patient starts from the day patient is admitted, through to when patient is discharged home. To be able to comprehensively prepare patients towards discharge, nurses need to plan, coordinate with other members of the healthcare team to give adequate care to patients and also to teach patients about their condition and its management both at the hospital and at home (Weiss et al., 2015). In exploring the knowledge of nurses about discharge preparation, the findings suggest that nurses have knowledge about discharge preparation.

The study found that, the knowledge of nurses about discharge preparation is centred on two subthemes, which are total care given to patients and getting patients involved in their care. Some participants expressed that, DP is associated with the total care given to patients. Total care given to patients was explained by participants to include planning care for patients and ensuring that patients get the required treatment. This findings is similar to a study on readiness for hospital discharge by Galvin et al. (2017), which indicated that,

planning and ensuring adequate patient care is the optimum when preparing patient for discharge.

For patients to fully recover and be discharged home, all their needs identified during the assessment of patients' needs must be met. The care given to patients based on the needs of the patients improves patients' satisfaction. Planning care for patient, as discharge preparation, is also in line with a study conducted by Ulin et al. (2016), to bring out an approach that improves discharge process. Their study asserted that, the major component of DP is the care given to patients. Thus, to improve on the preparation of patients towards discharge, the care given to patients plays a paramount role, to help the patient to attain maximum recovery. Care for patients, as discharge preparation are similar to other studies conducted to explore discharge preparation (Rochefort et al., 2016; Stanley et al., 2018; Stelfox et al., 2015). Care given patients is thence the central theme in DP as indicated by participants. Total care given to patient forms most of the various descriptions of DP in literature and this goes to support the knowledge of nurses about DP.

Another theme that nurses linked to DP is getting patient involved in their care. Participants opined that getting patients involved in their care prepares the patient and relatives, to be able to cater for patient's needs whilst on admission and when they are finally discharged home. This findings is in line with that of Fålnun et al. (2016), on patient reflections at hospital discharge, which agreed to the fact that involving patients in their care is linked with preparation of patients towards discharge and it helps them cope with their everyday life and experiences after discharge. In preparing patients towards discharge, patients and relatives are involved in the care of patients. This serves as a means for patients and relatives to acquire knowledge and skills which would help them to care for themselves efficiently whilst they are on admission and when they are discharged home. A study conducted in by Dyrstad et al. (2015) on patients' participation in transitions, also asserted

that, involving patients in decision making and incorporating patients participation with care are concepts of preparing patients towards discharge. Decision making concerning patients are critical in preparation of patients towards discharge. Patients and their relatives are therefore, to be involved in making decisions concerning patients' care to prepare them for procedures and other things that needs to be done to aid patients' recovery. Allen et al. (2018) in their study on transitioning from hospital to home, concluded that, patients need to be independent at home after discharge, therefore, learning to "self-care" by involving patients in their care is the focus for quality discharge preparation of patients. Preparing patients towards discharge, by helping them to learn how to take care of themselves positively affect their social life.

In this study, the participants indicated that, to be able to involve patients in their care, education is done to make patients aware of their condition and its management. This is consistent with study findings by Vaismoradi et al. (2015) and Pomey et al. (2015) who indicated that for patients to participate in their care, they need to have knowledge about condition and care management to influence their decisions. Patients are informed of the dos and don'ts in relation to their condition. However, an earlier study by Ekdahl, Andersson, and Friedrichsen (2010), on patients' participation in their care during hospitalisation, contradicted that patients' knowledge on their condition does not significantly improve involvement of patients in their care. They explained that patients view the hospital system as a powerful institution which they cannot argue. Therefore patients leave their care in the hands of the care team to do what is best but not to participate in decisions about medical treatments. This implies that, patients' understanding of their condition and its management is important to help them to adjust their lifestyle to prevent relapse of condition and to help them make some decisions regarding their health. Thus, planning care the care of patients and ensuring that patients get the required treatment enable

nurses to adequately care for the patients, which aids in the patients gaining maximum recovery and be discharged home. Educating patients on their condition helps the patients to be able to take care of themselves when they are discharged to attain maximum health.

5.2 Discharge Planning Practices

Discharge planning practices in this study is defined as how nurses plan the discharge of the patients under their care. The study revealed assessment of patients and planning of patients' care as the approaches used by nurses to plan the discharge of patients. The study revealed that two practices are carried out during assessment of patients. The first practice has to do with screening of patients and the second practice is collection of information from patients.

Screening, is an approach used to look for unrecognised conditions or risk indicators (Raffle & Gray, 2019). Screening of patients is the first practice of assessing patients, family, and carers who may be at risk of social circumstances which will hinder the healing of patients. Screening of patient is done when assessing patients during discharge planning. This is consistent with a study, on the components of comprehensive and effective transitional care by Shaid et al. (2016). Their study reported that, nurses initially screen patients during assessment to identify patients at risk of poor outcomes when they are discharged home.

Screening of patients as a practice in discharge planning is also in agreement with a study by Rochester-Eyeguokan et al. (2016) on transitional care practices, which indicated that, the best practice in discharge planning is assessment of patients. This is done to identify vulnerable patients that may be at risk with fragmented systems, which will compromise their health and safety. The findings from this study is also supported by some studies, which recounted that nurses routinely enquire from patients about problems that appear to be associated with their wellbeing during hospitalisation and discharge (Chan et al., 2018;

Fraze et al., 2019; Hoyer et al., 2019; Zurlo & Zuliani, 2018). This study found screening as the first action undertaken during assessment to search for conditions that will hinder the healing progress of the patients whilst on admission and when they are discharged home. This implies that, screening of patients is not a diagnostic exercise, but it is intended to pave way for further assessments and for possible solutions to be made. Thus, nurses look out for factors that will pose as risks to the recovery of patient. Such risk factors are the social life of patients which is detrimental to patients' condition. Such social life includes the kind of work they do, where they live and the people that the patients stay with. Patients who are engaged in strenuous physical work are advised to take up moderate work which will not negatively impact their health. Patients who have the habit of smoking and drinking of alcohol are advised to reduce their intake or possibly stop, as it negatively affects the health of individuals. In cases where patients have other relatives around, there is the guarantee that patients will receive the needed help and care at home. The discussion needs to include the family members of the patients. Details on type of care that will be needed and information on medications and diet is also explained to them. The nurse screens patients on their cognitive status. That is, their ability to think and make decisions. The nurse does this by engaging the patients in discussions in relation to their health and how they intend to manage themselves when they are discharged home. Screening is done on the motto functions of the patients. The nurse assesses the ability of patients to move about on their own and perform some basic activities for themselves. Depending on the patients' condition, advice is given to patient to seek external help especially, when it is identified that the patient stays alone. The nurse then plans with patients on the possibility to get help with the activities such as the use of additional equipment to aid in movement, handling of meal preparation and performing of household chores. This enables the nurse to plan with the patients on ways to overcome the risk before the patient is discharged home.

Assessment process involves collecting detailed information from patients on the nature of their problem and the risk that it possess on their health (Lewis et al., 2016). Collection of information is done when assessing patients during discharge planning. Information is collected on the financial abilities of patient, convenience of home environment (if there are stairs in situations where patient uses walking aids and exposure to hazards) and the ability of patient relatives to care for patient at home. Participants further indicated that collection of information is done by talking with patients and their relatives. This finding is in accordance with discharge planning practices in which nurses collect information from patients and relatives through verbal exchange and writing out the information from the patients during assessment (Hagedoorn et al., 2017; Mabire et al., 2015; Nakanishi et al., 2015; Toye et al., 2016). The nurse discusses the financial obligations during the course of treatment with patients and relatives to help them prepare to help patient to recover. Based on the information gathered in response to the convenience of home environment, the best decision is made. Training of patients and relatives on some techniques is done by nurses. Training on self-injection, movement in and out of bed, changing of colostomy bag and usage of special equipment is done to equip patients and relative in acquiring certain skills to help them at home. Screening of patients and collection of information from patients, by nurses is interrelated. These practices are not undertaken in isolation. These aid nurses to comprehensively plan the discharge of the patients. Thus, to understand the patients, nurses use person-centred approach to communicate with patients and collect information from them. The nurse views the patient as a holistic individual, to aid the nurse in understanding personal factors of patients that might put them at risk of poor recovery.

Studies by Goldman et al. (2016) and Leepalao et al. (2020) reported that nurses collect information from patients when assessing them during discharge planning by

observing the patient whilst on admission. However, this was not reported by the participants in this study. The study identified that collection of information from patients and their relatives is done by nurses, verbally or through the written form to help them plan the discharge of patients based on their needs. This implies that collection of information during assessment of patients is done by verbally interacting with patients, writing down the needs identified and also observing patients whilst they are on admission.

Nurses consistently assess patients and collect information from them as a mechanism to take action tailored to mitigate risks and improve patients' outcome. Participants stated also that the information collected from patients and their relatives are used to identify the factors that would hinder patients' recovery both at the hospital and when they are discharged home. This is consistent with a study conducted by Krupic et al. (2020) on assessment of patients, which concluded that, to improve assessment of patients, more information about the patients are needed to plan the discharge regarding the patients' recovery. Other studies such as that of Garin (2020), and Glorney, Raymont, Lawson, and Allen (2019) reported that information collected from patients during their admission is used to plan their discharge and to enhance recovery. This means that, assessment of patients is very important as it aids the nurses to know the patients' needs and how best the patients can be helped whilst on admission and when they leave the hospital, to attain complete recovery.

Furthermore, the study also revealed that, another practice of discharge planning is to plan the care of patients. Participants indicated that, planning the care of patients whilst on the ward is done as part of discharge planning. This is to help patients to follow instructions and to recover when discharged home to enable complete recovery. This denotes however that, assessment of patients results in the development of a plan of care, which meets patients' individual needs and goals. This revelation is consistent with a study

on discharge planning, by Gonçalves-Bradley et al. (2016), who reported that, in discharge planning, a patient centred plan of care is made to help patients recover early. Participants stated that nurses set goals and prioritise their plan of care. That is, the most threatening problems are tackled first, and the rest follow accordingly. This finding is consistent with studies by Skirbekk et al. (2018) and Statile et al. (2016). This indicates that, to effectively plan the care of patients, there should be thoughtful exchange of information between nurses, patients and relatives to identify psychosocial stress and family concerns. Based on that, patient centred plan is developed by nurses. Patients are also informed about their roles to play for full recovery to be achieved.

Through nurses' continuous communication with patients to identify problems that could hinder the recovery process, the nurse, at the same time collects information by writing them down. Nurses then use their clinical judgement to make decisions and plan the care that the patient require and such that imminent interventions can promptly be made.

5.3 Discharge Coordination (DC) Practices

Discharge coordination is a practice of collaboration between healthcare team members in the care of patients. Discharge coordination is a practice of discharge preparation in which nurses collaborate with other members of the healthcare team, depending on the state of health of the patients. This is done by bringing on board various members of the healthcare team and stake-holders in the care of patients to help with the recovery. According to the findings of this study, collaboration with other members of the healthcare team is done through the giving of referrals, involving patients and relatives in the plan of care and handing over of patients to colleagues for continuity of care.

Referrals during discharge coordination is practiced by writing of referral notes, making a call, writing a request (for laboratory and radiological investigations) and/or

prescribing of medication. Writing a referral note to other departments is done by the physician, who is in-charge of the patient's care. This referral note is to invite other members of the healthcare team, within the same facility or in another facility, whose attention is needed, to attend to the patient. It is however, the duty of nurses to ensure that the members of the team, whose attention is needed, get the referral note, and attend to the patient accordingly. Participants stated that referral notes are written, as a way of collaborating with other members of the healthcare team, to aid patients' recovery. This is consistent with a study in South Africa on hospital home-care coordination. The study reported that, to properly prepare patients towards discharge, an effective patient care-coordination practice, involving writing of referral note, which consist of rich informed plans to a clinically led interprofessional team (Hugo et al., 2020). Another study by Purdy et al. (2015) on discharge planning also reported that discharge coordination team writes a referral to other supportive care providers to emotionally and psychologically prepare the patients towards discharge. The practice of giving referrals in discharge coordination, brings together patients and healthcare providers and aid in rapid information exchange and better care of patient. Similarly, Wilberforce et al. (2017), in their study, reported that, for coordination of discharge, referrals are sent to the requisite clinicians to integrate them into the care of patients. The same study also reported that the formal referral to other teams serve as a link-to-care service. However, a cross-sectional study, using a quantitative approach to analyse healthcare management and referrals indicated that, sometimes patients show some unwillingness when they are referred to other members of the healthcare team. This is due to travelling long distances to have diagnostic tests done which can be dangerous to their health (David, 2019). This implies that, giving of referral forms part of the discharge coordination to ensure that patient receives the needed care.

Another way to invite and work with other members of the healthcare team, according to this study, is to call them on phone. When it is eminent that the attention of a particular member of the healthcare team is needed, a call is made to invite them to come on board and attend to the patients. This finding is consistent with findings of a study, which reported that, in discharge coordination, referrals are initiated through phone calls (Gorichky, 2015). A study on protocols of referrals, also indicated that, text messages and phone calls are used as means of referrals during discharge coordination (Varma et al., 2016). Since nurses are always with the patients on the ward, the use of phone calls to bring the attention of members of the healthcare team is mostly done. In cases where there is a change in the condition of a patient, nurses make a phone call through to the doctors to draw their attention to come over and attend to patient for the needed interventions to be made. This implies that coordinating with other members of the healthcare team, through phone call is an effective way of coordinating discharge for patients. Although the above studies indicated that phone calls are used as a means of referrals, Li et al. (2015), however, indicated in their study on improving discharge coordination, phone calls are not the main means of referrals but they are made by nurses as a follow-up to referrals made to invite other members of the healthcare team, to care for patients. This indicates that, phone calls are used either as an initial means of inviting other members of the healthcare team or as a follow-up to an earlier referral made. There is therefore, a clear indication that, phone calls are used as a practice in discharge coordination to link healthcare team members to attend to the needs of patients.

Aside from sending referral notes to other departments and making a call to other departments, within the hospital, another form of referral, per this study is the writing of requests and prescribing of medication. Participants stated that writing of prescription is a way of collaborating with the pharmacists to provide the medications needed by patients to

help them recover and be discharged home. Studies by Ragavan et al. (2017) and Schoenbaum and Seckman (2019) similarly reported that, in care coordination of patients' hospital discharge, prescriptions are written for pharmacist to supply the needed medication for patients. This indicates that writing of prescription is a form of referral. Cameron (2018) also reported that collaboration with the pharmacists is done during discharge coordination to enhance drug therapy modifications made during the patients' in-hospital stay. Thus, writing of requests and prescriptions are done to draw the attention of healthcare team members about the needs of patients and this is a discharge coordination practice.

Participants also acknowledged that involving relatives of patients in the plan of care is a discharge coordination practice. This is consistent with a study conducted on care giving among nurses and family by Hagedoorn et al. (2017) which reported that, an aspect of involving family and caregivers in the care needs of patients is discharge coordination. Participants revealed that in coordinating of discharge for patient, nurses involve relatives of patients to ensure that the needs of the patients are met. Another study, similarly, reported that nurses focus on patients' care needs during discharge coordination (Otero et al., 2015). Patients and their families are therefore, involved in the coordination of care, to coordinate with nurses in order to accomplish a successful recovery of patient. Baker et al. (2015) reported that, in coordinating discharge, patients and families are involved in decisions regarding how to prepare them towards discharge. Coordinating with patients and relatives in the care of patients ensures that the patient is well taken care of when finally discharged home. Coordinating of discharge, by involving patients and relatives is a practice which guarantees the safety of patients whilst on admission and when they are discharged home.

Another practice of discharge coordination reported in this study is proper handing over of patients to colleagues. This is consistent with a study by Calleja et al. (2016) which concluded that the best practice in coordinating of patients' discharge is to hand over a clear

concise, relevant and adequate information about patient to colleagues. Yatim et al. (2017) also reported in their study that, the main activities of nurses during discharge coordination, is handing over of unmet needs of patients to colleagues. Handing over of patients to colleagues is a practice of giving information about patients to colleagues. This study reported that handing over of patients is done verbally or in a written form to ensure that there is consistency in the continuity of care given to patients for better recovery to be achieved. This was similarly acknowledged by van Sluisveld et al. (2015) which stated that, effective communication during handing over of patients to colleagues, improves coordination of care of patient. Consequently, handing over of patients is a discharge coordination practice, which improves continuity of care and reduces discharge delays.

Literature indicates that, in coordinating of patients' discharge, hospital nurses collaborate with community healthcare providers for continuity of patients' care to be achieved when the patients are discharged home (Chenoweth et al., 2015; Miyamoto et al., 2019; Tyler et al., 2019). Participants did not however, mention that in the data collected. This clearly indicates that, the aspect of coordinating with the community healthcare providers is absent during coordination of discharge for patients. Continuity of care when patient is discharged home becomes the responsibility of the patients and their relatives. Monitoring of the recovery progress of patients is done only when the patients visit the hospital on the scheduled day for review. This implies that the preparation of patients towards discharge lacks some critical aspects which are is of great concern to patients.

Thus, referrals to coordinate with other healthcare team members is done through writing of referral notes, placing calls and writing of requests and prescription. Patients and their families are involved in the coordination of care, to achieve successful patients' recovery. The practice of handing over of patients to colleagues consist of crucial communication or interaction of patient's status which emerged from observation made.

Coordinating with community healthcare providers is an essential discharge coordinating practice, which promotes continuity of care of patients and must be encouraged.

5.4 Discharge Teaching (DT) Practices

Discharge teaching practices is an ongoing process of educating and giving instructions to patients and their relatives about the patient's condition and its management whilst on admission and when discharged home. Discharge teaching forms part of discharge preparation by giving instructions to patients and their relatives about what should be done for the patients to stay safe and prevent relapse of condition. The study found that, discharge teaching is a practice of discharge preparation, in which nurses continuously educate patients and relatives and using teach back technique to assess their understanding. This acknowledges the fact that, nurses constantly teach and provide guidelines to patients and relatives about patients' condition and the things that need to be done to aid in recovery. This is consistent with a study on patient education process by Seyedin et al. (2015) which reported that continuous education of patients is significant in the ability of nurses in delivering effective patient education to help prepare patients towards discharge. Sherman (2016) in her study on initiative to improve patient education, also reported that, providing continues education to patients and their relatives is a method by clinical nurses, in delivering patients' education, which can result in positive outcomes. Lee et al. (2018) in their study on hospital discharge preparedness, emphasised the need for continuous education for patients and family to prepare them towards discharge. In preparing patients towards discharge, nurses interact and talk to patients to educate them about their condition and mode of treatment. Thus nurses make sure that patients and relatives are consistently educated about the effects of good adventures and unfavourable adventures to patient's ailment. Discharge teaching is eminent in all components of discharge preparation. This is because every discussion between nurses, patients and relatives serves as a form of

education. It is through education of patients, that vital decisions pertaining to patients' health and recovery are made. Discharge teaching is however, an important component in the preparation of patients towards discharge which helps the patients to know how to manage themselves when they are discharged home.

Participants indicated that, nurses continuously educate patients and relatives, whenever they are caring for them in their line of duty. Nurses continuously educate patients and relatives on how care of patient must be done to help the patient achieve maximum recovery. Participants also indicated that continuous education is done by showing pictures which are relevant to patient's present state of health to help patient know what to do to achieve and maintain maximum health even after they have been discharged home. This is consistent with a study by Hersh et al. (2015), on health literacy practice, which indicated that in educating patients and relatives, visual aids such as pictures, enhance their understanding. Eltorai et al. (2015) and Patel et al. (2015) also reported in their studies that, addition of pictures during discharge teaching improves communication and better comprehension of information to patients and relatives. Thus, nurses recognize that many patients lack the ability to understand their health condition and what they need to do to achieve and maintain good health. Nurses therefore, should take on the responsibility for educating patients and aiding them to be in authority of their own health. For patients to take charge in their own care, they need to comprehend their condition and work towards preventing or minimizing complications. Patient teaching needs to be comprehensive, continuous, and comprehensible.

This study indicated that, during education of patients and relatives, the nurse finds the level of knowledge of patients and relatives about the condition of the patient, build on it and give details about condition of patients. Questions are allowed and answered accordingly, to clear any misconceptions that might influence the patient's condition.

Encouraging questions from patients and families was similarly reported in studies by Glick et al. (2019) and Weiss et al. (2017) as an approach to enhance discharge teaching or discussion. However, an earlier study on patients' knowledge and its association with anxiety, conducted by Selinger et al. (2013) asserted that better patients' knowledge on condition is associated with anxiety. Their study further stated that, though educating patients about their condition trigger anxiety, anxious patients might want to seek information to enhance better knowledge. This suggests that teaching of patients is an important aspect of nursing care and its successful aftermath depends mainly on the quality of instructions and support given to patients by nurses. The nurse ensures that patient specific and individualized concerns are considered and addressed. Including family members during patient teaching improves the chances of patients' adherence to instructions. In most instances, instructions are provided to family members since they play critical role in health-care and management of patients.

Furthermore, the study identified that, another practice of discharge teaching is the use of teach-back technique to ensure patients and their relatives understand and reproduce whatever they have been taught concerning patients' condition. This is consistent with a study on impact of teach-back on comprehension of discharge instructions by Griffey et al. (2015), who reported that teach-back technique is an effective practice during discharge teaching, as it improves comprehension of discharge instructions given during discharge education. Yen and Leasure (2019) in their study about the use and effectiveness of the teach-back method in patient education, concluded that, teach-back is a method which possess little risk, with respect to enhancing patients' knowledge and understanding of their education. Teach-back technique forms a positive part of patient teaching (Almkuist, 2017; Dinh, Bonner, Clark, Ramsbotham, & Hines, 2016; Porter et al., 2016). Most often patients and relatives nod their heads or even respond in affirmative during the course of education

without actually understanding what is been taught. In this regard, patients are asked by the nurse to explain the topic in their own words.

Teach-back technique allows providers to evaluate how well they have conveyed healthcare information to the patients. In using teach-back technique, participants indicated that, nurses throw specific questions to patients and relatives and allow them to answer based on their understanding. This is in agreement with a study by Hu et al. (2020) on discharge readiness, which indicated that, teach-back technique is done by asking the patient to repeat the information which has been given to them in their own words. Caplin and Saunders (2015) conducted a study on utilizing teach-back to reinforce patient education. Their study reported that, teach-back is a simple, and powerful tool which promotes effective communication of essential information to patients and family members, and validates whether the information was fully understood. A study by Yee et al. (2016) on health literacy, also reported similar findings which stated that nurses use teach-back technique during patient education to validate the understanding of patients. Teach-back is done by asking the patients to tell the nurse what they have learnt based on the condition of the patients to confirm their understanding. That is, patients are always asked to explain what they have been taught. This improves communication, helps patients and relatives to understand and retain the discharge teachings given to them and the nurse is also able to evaluate work done.

Nurses educate patients in preparing them towards discharge. Nurses also apply the teach-back technique to evaluate the level of comprehension of patients' education. Teaching patients and their families can be one of the most challenging responsibilities in nursing but it is also a fulfilling element in care. Education of patients is continuous as patients possess the risk of forgetting large amount of key medical information presented to them. Less amount of patient-centred health information given periodically is however,

ideal, and effective. The teach-back method of education is a great avenue to evaluate the learning outcomes of patients and ensures the success of teaching. The teach-back method is therefore an essential component of discharge teaching.

5.5 Challenges Associated with Discharge Preparation

Participants described the challenges they faced when preparing patients towards discharge as financial problems on the part of patients and dealing with non-compliant patients and relatives. Participants explained financial problems as patients' financial status which hinders discharge preparation. Participants indicated that financial problems on the part of patients is a great challenge that hinders the successful preparation of patient towards discharge. This is consistent with a study conducted on challenges in discharge planning, which reported that financing is the main challenge that affect effective discharge preparation (Gholizadeh et al., 2016). A study conducted by Lin et al. (2018) on hospital discharge planning similarly reported that financial constraint is a challenge in discharge preparation, which requires attention. Participants indicated that, financial problems or financial difficulties of patients is the most encountered challenge in the preparation of patients towards discharge. Nurses expressed that, due to financial constraint, there is inability of patients and relatives to financially provide the essential needs of the patient. This does not in any way help in the recovery of patients. Financial difficulties limits patients' access to medications (Farmer et al., 2016). This implies that, for patients to attain complete recovery, they should be financially capable to carry out all the needed investigations and be able to purchase all medications required.

The study found out that patients who cannot afford treatment are prematurely discharged from the hospital by doctors and some of the patients request to be discharged home due to their inability to afford treatment. Discharge preparation of patients comes to an end due to the request of patients, to be discharged against medical advice, of which

financial problems is the main cause (Somasetia et al., 2015). In Nigeria, the leading cause of cases of discharge against medical advice, that contribute to unsuccessful discharge preparation, is financial problems (Muftau Jimoh et al., 2015). The result of a study by Mohseni et al. (2015) on rate and causes of discharge against medical advice in Iranian hospital also reported that, financial problems is among other factors which cause patients to request to be discharged against medical advice and that prevent successful preparation of patients towards discharge. In Ghana, the issue of financing is also a major challenge in preparation of patients towards discharge as most patients find it difficult to patronise medical treatment due to financial constraints. This thereby, makes their preparation towards discharge a problem (Mohammed, Chris, Alem, & Linda, 2020).

Participants further stated that some of the patients at some point abscond from the facility. This study found that financial problems is the leading challenge in the preparation of patients towards discharge. This prevents the patients from gaining optimum recovery. Financial difficulties of patients are the main barrier confronting nurses in the preparation of patients towards discharge. Thus, financial challenges of patients and relatives account for the inability to achieve desired goals and outcomes and are often threats to recovery. In as much as, nurses ensure that patients get the needed care and attention to aid in recovery, when patients and relatives are financially handicapped, all efforts made are in vain and all managements come to a halt. Progress in patients' care is distorted. In cases where patients are prematurely discharged home or patients request to be discharged against medical advice, preparation of patients towards discharge is stopped and patient leave the hospital with little or no idea about how to manage condition.

Dealing with non-compliant patients and relatives was described as another challenge that affects the preparation of patients towards discharge by some nurses. Participants explained that, some patients and relatives who are admitted are so difficult to

deal with. They do not adhere to instructions. This causes delay in the recovery of patients thereby, prolonging their stay on the ward, and in some instances, it distorts the preparations being made for the patient towards discharge. The result of a study by Davisson and Swanson (2020) on discharge planning and patients' behaviour pointed out that among other barriers to effective discharge preparation is patients' behaviour of not complying with treatment instructions. A similar result was reported in a study about patients' adherence to discharge plans by Proctor et al. (2017) that, non-adherence of patients to treatment regimen, is a challenge to their preparation towards discharge, as the quality of life of the patient is affected, coupled with readmission of patient, in the shortest possible time. Thus, dealing with non-compliant patients and relatives is a great impediment to the progress of discharge preparation. Patients for some reasons do not comply with treatment regimen. This makes discharge preparation difficult.

The study uncovered that, challenges confronting nurses in the preparation of patients toward discharge are financial difficulties of patients and dealing with non-compliant patients. Thus, financial difficulties greatly prevent discharge preparation. Patients are either prematurely discharged without adequate recovery, patients request to be discharged against medical advice or they abscond from the hospital. Non-compliant patients and relatives as well distort the progress of discharge preparation with reasons best known to patients and their relatives. Financial difficulties of patients and dealing with non-compliant patients, negatively affect discharge preparation of patients.

5.6 Strategies to Enhance Discharge Preparation

Strategies to enhance discharge preparation show how nurses manage to efficiently prepare patients towards discharge as well as helping them to achieve maximum recovery. Participants mentioned that, communicating with patients and relatives and donations to

underprivileged patients are the strategies that are used to effectively prepare patients towards discharge.

Participants were of the view that, communicating with patients and relatives is a strategy to enhance discharge preparation. The study found that, to gain the cooperation of patients and their relatives, orientation of patients and relatives to the protocols of the ward is done for them to know what is ahead of them and the need to prepare and comply with the healthcare team to achieve successful recovery. The nurses, therefore, explain the condition of the patient, its management, and the plan of care to them. This is consistent with the result of a study about factors influencing discharge planning by Al Reshidi and Long (2016), which indicated that, to successfully prepare a patient towards discharge, communicating and clarifying the roles of patients and their family is essential. During the course of the discharge preparation, nurses talk to patients and their relatives as a way to keep them updated about each stage of management and make them aware of their obligation to help the patient achieve a good recovery. Hall et al. (2018) similarly reported in their study on discharge plans to prevent hospital readmission, that, improved communication between nurses, patients, relatives, and other healthcare workers leads to a better preparation of patients towards discharge.

Communication between healthcare providers, patients and relatives in making discharge decisions is good strategy in discharge preparation (Bowers, 2020). Thus, communicating with patient and relatives is a very effective strategy that enhances the cooperation of patients and relatives. Communicating with patients and relatives by way of educating them and addressing their needs boost the confidence of patients and relatives in the care that is being rendered. Making patients to talk to other patients who presented with either the same or similar condition also help gain the trust of patients, which makes them cooperate with treatment regimen.

This study reported that, another strategy used by nurses to prepare patients towards recovery and discharge is to donate some items that would be beneficial to underprivileged patients, to support them to achieve the best recovery as possible. Participants stated that when a patient has difficulty buying medication, donations from people or other patients on the ward are used to support patients during treatment for recovery to be attained. Nurses at some point donate some of the ward stock and some money to support patients. Donations to underprivileged patients, however, has not been mentioned in any literature as a strategy to enhance discharge preparation. In Ghana, the practice of donating to underprivileged patients is common in many hospitals. Some items donated to such patients include medications, infusions, and items for wound dressing. These items are donated to support them to access some level of healthcare. Thus, donations are given to patients who are financially handicapped to help them at some point with their treatment. This goes a long way to help in the promotion of patients' recovery.

Strategies to enhance discharge preparation is very significant in the study. It brings to light how nurses manage to successfully execute the preparation of patients towards discharge. The study brought to light that effective communication between patients and nurses enhances a smooth preparation of patients towards discharge. Donations made to underprivileged patients also help them through the management of their condition, hence, recovery is easily achieved.

5.7 Summary

The study found that, the knowledge nurses have about discharge preparation is centred on; total care given to patients and getting patients involved in the care. Nurses were however of the view that, total care given include planning care of patients and ensuring that patients get the required treatment, which is consistent with literature

The study also identified assessment of patients and planning of patient's care as discharge planning practices. Literature supported the study findings. The study also identified giving referrals, involving patients and relatives in the plan of care and handing over of patients to colleagues as discharge coordination practices. Again, the study identified continuous education of patients and relatives and using teach back technique as discharge teaching practices.

The study again found that, the challenges associated with discharge preparation include financial problems on the part of patients and dealing with non-compliant patient and relatives. These findings were supported by literature.

The study additionally discovered that, strategies that can be used to enhance discharge preparation include communicating with patients and relatives and donations to underprivileged patients. Studies reviewed acknowledged that, communicating with patients and relatives can be used as a strategy to enhance discharge preparation. However, donations to underprivileged patients was found to be predominantly absent in literature as a strategy to enhance discharge preparation. Donations to underprivileged patients, to the best of the researcher's knowledge was not mentioned in literature as a strategy to discharge preparation. Hence, additional research in this area will be necessary to espouse the critical issue in discharge planning of patients.

CHAPTER SIX

SUMMARY, IMPLICATIONS, LIMITATIONS, CONCLUSION AND RECOMMENDATION

6.0 Introduction

This chapter presents the summary of the study, implication of the research findings to nursing policy and practice, research and education. The chapter further explains the lessons the researcher has gained from the study, limitations of the study, draws conclusions and offers recommendations.

6.1 Summary

Discharge preparation plays a notable roll in the healthcare delivery system to ensure that patients' and nurses' satisfaction are achieved. Discharge preparation also offers important benefits to patients and the healthcare sector at large. It improves the quality of life of patients whilst they are on admission and when they are finally discharged home. Discharge preparation helps bridge the gap between hospital and home, as patients learns how to take care of themselves when they are discharged home and community healthcare providers are contacted to also follow-up and continue with patients' care whilst discharged home. This helps reduce relapse of conditions, reduce avoidable readmissions, and reduce pressure on hospitals and their facilities.

In Ghana, patients are being discharged home from the hospital on regular bases, of which the discharge process is facilitated by the nurse. The ministry of health and its agencies particularly, the Ghana Health Service, do not have any discharge preparation policy. Information is shelved from patients and their relatives. Other information that are given to patients are done in such a way that comprehension of patient is almost impossible. Preparation of patients towards discharge is sub optimally executed as lapses and non-

compliance are identified in the process. The study, therefore, sought to explore the discharge preparation practices among Nurses at the TSHW. The conceptual framework for the study was the Conceptual Model for Hospital Discharge Preparation (Weiss et al., 2015), as it provided the constructs that addressed the questions of the study.

The exploratory descriptive research design was used to explore the discharge preparation practices among nurses at TSHW. Before the commencement of data collection, ethical clearance was obtained from Ethics Review Committee of the Ghana Health Service and a formal approval also sought from the management of TSHW. A purposive sampling technique was used to recruit thirteen (13) clinical nurses who have worked for at least two years. A semi-structured interview guide based on the objectives of the study and constructs of the conceptual model for hospital discharge preparation by Weiss et al. (2015), was designed to elicit responses from participants. The interview guide was pretested at the Korle-Bu teaching hospital. Participants gave their consent before the interview commenced.

Data was manually analysed using Braun and Clarke's six phases of thematic content analysis. The main themes for the study were derived from the objectives and conceptual framework of the study. Data collected were based on; knowledge about discharge preparation, discharge planning practices, discharge coordination practices, discharge teaching practices, and challenges associated with discharge preparation. Emerging theme that was discovered was the strategies to enhance discharge preparation. These six themes were broken down into a total of thirteen subthemes. The findings of the study revealed the lapses in relation to preparation of patients towards discharge.

The theme knowledge about discharge preparation, had the subthemes; total care given to patients and getting patients involved in their care. The general knowledge

explained by nurses about discharge preparation was that it is a process of preparing patients to recover as quickly as possible and be able to maintain optimum health when discharged home. Participants further explained that, to be able to comprehensively prepare the healthcare team to give adequate care to patients and also teach patients about their condition and its management both at the hospital and at home. Total care given to patient was explained by participants as discharge preparation, which consists of planning care of patients and ensuring that patients get the required treatments.

The theme discharge planning practices had two subthemes. These are assessment of patients and planning care of patient. The study revealed two practices that are carried out during assessment as screening of patients and collection of information from patients. The study revealed that nurses initially screen patients during assessment to identify patients at risk for poor outcomes when discharged home. Collection of information from patients is done whilst assessing patient. The study also revealed another practice of discharge planning as planning the care of patients. That is, a patient-centred plan of care is made during discharge planning. This is to help patients to follow instructions whilst on the ward and when discharged home to enable complete recovery to be achieved. The plan of care is made in such a way that, the most threatening problems are managed first, with the rest of patients' needs also managed in order of importance.

The theme discharge coordination practice, had three subthemes. These are, giving referrals, involving the patients and relatives in the plan of care and handing over of patients to colleagues. Referrals are given in the form of writing referral notes and placing phone calls through to other members of the healthcare team whose attention are needed to help in the recovery of patients. Involving patients and relatives was considered as discharge coordination practice. Nurses coordinate with patients and relatives to ensure that decisions regarding patients' health are made and the needs of the patients are met. All these activities

embarked upon by the nurses guarantee the safety of the patients and successful recovery when discharged home. Handing over of patients to other colleagues is done to ensure continuity of care whilst the patients are on admission and when patients are discharged home.

The theme discharge teaching practice, had two subthemes, which were continuous education of patients and teach-back technique. The study revealed that, discharge teaching involved the continuously education of patients and relatives by nurses using teach back technique to assess their comprehension. Education of patients is a practice which helps patients and their relatives to learn about the disease condition and the management of patients. This is done by teaching and showing relevant pictures to patients and relatives. The teach-back technique is used by nurses to evaluate the comprehension of information given to patients and relatives during patients' education.

The study showed that, the challenges that nurses encounter during discharge preparation are financial difficulties of patients and dealing with non-compliant patients. The study found that, financial difficulties is the most unrelenting challenge encountered by patients in the preparation towards discharge. Financial difficulties distort the preparation of patients towards discharge since patients are prematurely discharged, patients request to be discharged against medical advice or patients absconding from the facility without attaining satisfactory state of health. Participants explained that, some patients and relatives who are admitted do not adhere to instructions. This causes delay in the recovery of patients thereby, prolonging their stay on the ward, and in some instances, it distorts the preparations been made for the patient towards discharge.

The theme, strategies to enhance discharge preparation, had two subthemes. These are communicating with the patients and relatives and donations to underprivileged patients. The study discovered that, to gain the cooperation of patients and their relatives,

communicating with patients about what needs to be done for patients to attain maximum recovery is accomplished. Nurses also communicate the roles of patients and their relatives to engage them in the discharge preparation. Underprivileged patients are donated items that would enhance their recovery and be discharged home.

6.2 Implications of the Study

The findings of the study have implications for Nursing Policy and Practice, Nursing Research and Nursing Education.

6.2.1 Implication to Nursing Policy and practice

Though the study showed that all the participants have knowledge about discharge preparation, nurses prepare patients in a manner that is convenient and comfortable to them. The work of nurses requires that, patients are prepared towards discharge so that they will recover and be able to take care of themselves when they are discharged home. It is, therefore, imperative for every nurse to comprehensively prepare patients towards discharge. This suggest that there is no available laid down process for nurses to follow when preparing a patient towards discharge. To achieve adequate preparation of patients towards discharge, the Ghana Health Service should develop policy and guidelines on discharge preparation and its implementation. It also significant for the policy to be disseminated to the hospitals and trainings organized to ensure its implementation. This will ensure that nurses adequately prepare patients towards discharge through the appropriate process. In view of this, appropriate strategies should be adopted by health facilities to also ensure that patients are adequately prepared towards discharge.

The study revealed that nurses sub optimally prepare patients. Assessment of patients on conditions that will hinder recovery is ignored. Patients are shown how to take their medications on the day of discharge with little or no education given. This shows that, patients are discharged home without consideration to the external environment of the

hospital setting which has the possibility of undermining the recovery progress of patients. This implies that, sensitization and education of nurses on the need to adequately prepare patients towards discharge is needed through in-service training to refresh nurses' knowledge about discharge preparation. This will help nurses to ensure that the care of patients is planned, coordination with the other members of the healthcare team and to ensure that patients get adequate education that will help in their recovery. Discharge preparation should be viewed as an important practice in the care of patients, which should be started soon after admission to facilitate recovery in the hospital and when discharged home.

The study further revealed that ward nurses do not collaborate with public health nurses to continue with follow-up care of patients when discharged home. This indicates that care of patients when discharged from the hospital, lies in the hand of patients and relatives. It is therefore significant that that ward nurses collaborate with public health nurses to continue with patients' care when discharged home. In this era of technological advancement, patients who visit the health facility requires to attain the best of satisfaction. Therefore, when client is adequately prepared on how to take care of themselves, both nurses' and clients' satisfaction are attained and this would lead to decrease in avoidable readmissions and reduction in the pressure on hospitals and their facilities.

6.2.2 Implication for Nursing Research

The study has brought out a number of knowledge gaps in the preparation of patients towards discharge which needs to be further delved into. This means that, for the achievement of better outcomes for patients, it is required that more research are conducted on discharge preparation of patients and measures to improve the process of preparation of patients towards discharge.

Additional research is needed to find out from patients' perspective of their preparation towards discharge by nurses and their level of satisfaction.

Furthermore, research is needed to explore different avenues to help nurses to educate patients during discharge preparation for continuity of care to be effective when patients are discharged home.

6.2.3 Implication for Nursing Education

Discharge preparation is considered collectively as a major responsibility of all nurses.

This denotes that Nurse Managers must ensure to emphasis and impart the culture of preparing patients towards discharge into student nurses when they are sent to the wards for their clinicals.

Creating a conducive environment during discharge education should be an important focus in training student nurses. Nursing staff should also be encouraged to engage students during the process of discharge preparation and to ensure that the culture is sustained in all hospitals with the development of discharge planning policy.

6.3 Insight Gained from the Study

Conducting the research entitled “discharge preparation practices among nurses” has been a great experience for the researcher. The researcher was privileged to research into how nurses prepare patients towards discharge. As a researcher, I was personally motivated to study how nurses prepare their patients toward discharge because I realised that, studies have been conducted on non-compliance of nurses in the implementation of discharge planning process, but there is paucity of literature on how preparation of patients towards discharge is actually executed.

The qualitative exploratory descriptive design allowed the researcher to explore and describe how nurses prepare their patients towards discharge. As a novice researcher, this study has helped me to acquire the technique of collecting information from participants

using open ended questions. Data collection has improved the researcher's communication skills. The researcher has also learnt and understand that, to carry out a study, the researcher needs to plan to manage the time and resources effectively. The researcher has also learnt that, it is important to obtain an ethics clearance from accredited review board to ensure that the rights and safety of participants are not compromised.

From the process of getting approval from the ethics review committee through to data collection has enhanced the communication skills and the confidence of the researcher. Furthermore, using the thematic content analysis was a great learning experience, which obliged that the researcher take time and read over and over the data collected, in order to categorise codes, themes and subthemes from the data. The researcher was however, captivated by the findings of the study which indicated that nurses have knowledge about discharge preparation but however, there is no laid down procedure or process to follow, thereby, every nurse prepare patients towards discharge in their own way. The discussion section of the study also aided the researcher to know how the study findings supported other studies conducted to explore the knowledge of nurses about discharge preparation, discharge planning practices, discharge coordination practices discharge teaching practices, challenges faced during discharge preparation and measures adopted by nurses to enhance discharge preparation in different countries.

In conclusion, this project work has shown the researcher the fundamental principles of conducting a research by considering a research area of interest and identifying researchable topic, writing of proposal and writing the thesis. The knowledge gained through this experience, will help the researcher in identifying problems in the area of work and apply the research skills which has been acquired through this study, to resolve them.

6.4 Limitation of the Study

The findings of the study disclosed that nurses have knowledge about discharge preparation, however, each nurse execute the process differently and there is no documentation from the nurses with regards to what has been done for patients as a way of preparing them towards discharge. Though the study identified very important findings of how nurses prepare their patients towards discharge, there are limitations to this study. The first limitation is the inability of the researcher to recruit participants from the maternity unit due to time constraints and outbreak of COVID 19. This hindered information about discharge preparation in the midwives' point of view, this may likely create some biases in the findings of the study. The researcher however ensured that paediatric unit is not left out. This is because both maternity and paediatric units deal with minors and the preparation of patients towards discharge in these units are presumed to follow the same concept. Secondly, the researcher has never been associated with protocols of trauma hospital and since there are also no documentation on how patients are prepared towards discharge, the researcher only depended on the information collected during the interview. In view of this, the researcher ensured to ask probing questions to verify what the participants say.

6.5 Conclusions

The findings of the study were consistent with the constructs of the conceptual model for hospital discharge preparation. Nurses know discharge preparation as the total care given to patients and involving patients in their care. Nurses plan the discharge of patients by assessing them on the things that will hinder their recovery and then plan the care of patients. Discharge is also coordinated by giving referral notes, involving patients and relatives in patients' care, and handing over of patients to colleagues. The challenges confronting nurses in the preparation of patients towards discharge are financial problems of patients and dealing with noncompliance patients and relatives. Strategies to enhance discharge

preparation emerged as a theme, with two subthemes, that is, communicating with the patients and relatives and donations to underprivileged patients. However, donations to underprivileged patients has not been considered in literature as a strategy to enhance discharge preparation. It emerged because the findings of the study indicated that, nurses and other people donate medications and other things to underprivileged patients to help them with their treatments. The construct of the model should be considered by management in developing a discharge preparation policy.

The study has given nurses the opportunity to bring out how they prepare patients towards discharge, of which gaps have been identified. Participants also described the challenges that they face when preparing patients towards discharge. The study has therefore, brought to light, the discharge preparation practices among nurses which can inform the decisions of management and policy makers on the implementation of discharge preparation policy.

6.6 Recommendations of the Study

The following recommendations are made based on the findings of the study:

6.6.1 Policy Makers

Policy makers such as Ghana Health Service, Nurses and Midwives council of Ghana and management of healthcare facilities should:

- Collaborate and design appropriate strategies to promote discharge preparation process to address the lapses during the preparation of patients towards discharge.
- Develop the policy of discharge preparation, disseminate the policy widely with extensive training to ensure its implementation.

6.6.2 Trauma and Specialist Hospital, Winneba

The management of TSHW should:

- Create an organisational culture that addresses the issues of documentation of things which have been done for patient, in relation to the preparation of patients towards discharge.
- Ensure that stakeholders responsible for the welfare of patients, especially social welfare comes to the aid of underprivileged patients during their course of treatment to help them achieve the best of recovery.

6.6.3 Nurse Managers

Nurse Managers should:

- Ensure the effectiveness of collaboration between ward nurses and the community health nurses to aid in continuation of care of patients when discharged home.
- Ensure to emphasise and impart the culture of preparing patients towards discharge into student nurses when they are sent to the ward for their clinical.

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APPENDICES

Appendix A: Introductory Letter from School of Nursing and Midwifery, University of Ghana, Legon



UNIVERSITY OF GHANA
DEPARTMENT OF RESEARCH, EDUCATION
AND ADMINISTRATION
SCHOOL OF NURSING

Ref. No.: 10701884

25th November, 2019

The Chairperson
NMIMR - IRB
P.O. Box LG 581
Univ. of Ghana
Legon.

Dear Sir/Madam,

LETTER OF INTRODUCTION

I write to introduce to you **Gloria Amabema Orsán**, an MPhil second year student of the School of Nursing and Midwifery.

The Scientific Review Committee of the School has approved the thesis topic: "**Discharge Preparation Practices among Nurses: A study at Trauma and Specialist Hospital, Winneba**".

I hope that the board will consider the proposal and grant her ethical approval to enable her undertake the study.

Counting on your usual co-operation.

Thank you.

Yours faithfully,

A handwritten signature in blue ink, appearing to read 'A. Ansah Ofei'.

Dr. Adelaide M. Ansah Ofei
Head, Department of Research, Education and Administration

COLLEGE OF HEALTH SCIENCES

• P.O. Box LG 43, Legon, Accra, Ghana. • Telephone: +233 (0) 302 513 250 / 9289 631 213
• Email: res.san@chs.ug.edu.gh • Website: www.nursing.ug.edu.gh

Appendix B: Approval from Ethics Review Committee of Ghana Health Service**GHANA HEALTH SERVICE ETHICS REVIEW COMMITTEE**

*In case of reply the
number and date of this
Letter should be quoted.*



Research & Development Division
Ghana Health Service
P. O. Box MB 190
Accra.
GPS Address: GA-050-3303

MyRef. GHS/RDD/ERC/Admin/App/20/51
Your Ref. No.

Tel: +233-0302-960628
Fax + 233-0302-685424
Mob + 233-050-3539896
Email: ethics.research@ghsmai.org
21st January, 2020

Gloria Amoabema Ortsin
University of Ghana
School of Nursing and Midwifery
Legon, Accra

The Ghana Health Service Ethics Review Committee has reviewed and given approval for the implementation of your Study Protocol.

GHS-ERC Number	GHS-ERC030/12/19
Project Title	Discharge Preparation Practices among Nurses: A Study at the Trauma and Specialist Hospital, Winneba
Approval Date	21 st January, 2020
Expiry Date	20 th January, 2021
GHS-ERC Decision	Approved

This approval requires the following from the Principal Investigator

- Submission of yearly progress report of the study to the Ethics Review Committee (ERC)
- Renewal of ethical approval if the study lasts for more than 12 months,
- Reporting of all serious adverse events related to this study to the ERC within three days verbally and seven days in writing.
- Submission of a final report **after completion** of the study
- Informing ERC if study cannot be implemented or is discontinued and reasons why
- Informing the ERC and your sponsor (where applicable) before any publication of the research findings.

Please note that any modification of the study without ERC approval of the amendment is invalid.

The ERC may observe or cause to be observed procedures and records of the study during and after implementation.

Kindly quote the protocol identification number in all future correspondence in relation to this approved protocol

SIGNED.....
Dr. Cynthia Bannerman
(GHS-ERC Chairperson)

Cc: The Director, Research & Development Division, Ghana Health Service, Accra

Appendix C: Permission Letter to Trauma and Specialist Hospital, Winneba

School of Nursing and Midwifery
University of Ghana, Legon
Post Office LG 43
Legon, Accra.

The Medical Director
Trauma and Specialist Hospital,
Winneba.

12/3/2020

Dear Sir,

PERMISSION TO ACCESS PARTICIPANTS FOR A STUDY

I wish to apply for permission to access respondents (Nurses) from your hospital for academic study. I am an MPhil Nursing student, University of Ghana. The title of the study is “**Discharge Preparation Practices among Nurses: A Study at the Trauma and Specialist Hospital, Winneba.**” The study is in partial fulfilment for the award of masters’ degree certificate from the University.

I am counting on your kind consideration.

Thank you.

Yours faithfully,

Gloria Amoabema Ortsin
(glorbt6.0@gmail.com , 0243730437)

Appendix D: Approval Letter from Trauma and Specialist Hospital

**TRAUMA AND SPECIALIST HOSPITAL -WINNEBA
(CENTRAL REGIONAL HOSPITAL)**

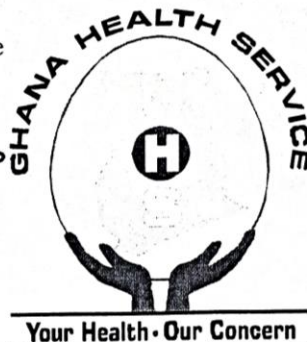
In case of the reply the number and the date of this letter should be quoted.

Our Ref. No. GHS/CR/T&SH-W/5423

Your Ref. No.

Tel: 0501550358

EMAIL:traumahospitalwba@gmail.com



GHANA HEALTH SERVICE
P. O. BOX 326
WINNEBA
CENTRAL REGION
GHANA.

20TH APRIL, 2020

**MS. GLORIA AMOABEMA ORTSIN
SCHOOL OF NURSING AND MIDWIFERY
UNIVERSITY OF GHANA, LEGON
LEGON, ACCRA**

RE: PERMISSION TO ACCESS PARTICIPANTS FOR A STUDY

Reference is made to your letter dated 12th March, 2020 requesting for permission to access respondents (Nurses) to conduct your research in this facility, having received ethical approval from the Ghana Health Service.

Accordingly, we write to inform you that your request has been granted approval. Your authorization is due to the fact that the study is purely for academic purposes.

Consequently, you are expected to treat every information that you are provided by the facility confidential.

Please be guided accordingly.

Thank you.



**DR. PRAH GEORGE KWAME
MEDICAL DIRECTOR**

Appendix E: Consent Form

STUDY TITLE: DISCHARGE PREPARATION PRACTICES AMONG NURSES: A STUDY AT THE TRAUMA AND SPECIALIST HOSPITAL, WINNEBA.

PARTICIPANTS' STATEMENT

I acknowledge that I have read or have had the purpose and contents of the Participants' Information Sheet read and satisfactorily explained to me in a language I understand (Fante[], English[]). I fully understand the contents and any potential implications as well as my right to change my mind (i.e. withdraw from the research) even after I have signed this form.

I voluntarily agree to be part of this research.

Name or Initials of Participant..... ID Code

Participants' Signature OR Thumb Print.....

Date:.....

INTERPRETERS' STATEMENT

I interpreted the purpose and contents of the Participants' Information Sheet to the forenamed participant to the best of my ability in the (Fante [] English []) language to his proper understanding.

All questions, appropriate clarifications sort by the participant and answers were also duly interpreted to his/her satisfaction.

Name of Interpreter.....

Signature of Interpreter.....

Date:.....

Contact Details

Appendix F: Interview Guide

DATA COLLECTION INSTRUMENT

A. Demographic Information

1. Participants Initials
2. Age of participant
3. Gender of participants.....
4. Marital status of participants.....
5. Nationality.....
6. Religious affiliation.....
7. Number of working years.....
8. Rank of participants.....

INTERVIEW GUIDE

1. Please explain what is discharge preparation?

Probe:

- a) What do you think goes into discharge preparation?
 - b) Please, what do you think are the purpose of discharge preparation?
 - c) Please, in your opinion, when do you think discharge preparation should start?
 - d) Please, why do you think discharge preparation should start at (the period stated in b)?
 - e) Please, how is discharge preparation done in your facility?
-
2. Please, explain what you understand by discharge planning?

Probe:

- a) Please, how important is discharge planning in your opinion?

b) Please, describe how you plan the discharge of your patients?

3. Please, explain what is discharge coordination?

Probes:

a) Please, describe how important discharge coordination is to the discharge preparation process?

b) Please can you describe how discharge coordination is done in this facility?

4. Please, explain what discharge teaching is all about?

Probe:

a) Please, how important is discharge teaching in your opinion?

b) Please, how is discharge teaching done in your facility?

5. Please, what challenges do you face in preparation of patient for discharge?

Probe:

a) Please, with respect to the challenges faced, what strategies do you use to make the preparation of your patient towards discharge a success?

6. Any other thing that you need to share with me?