# Acute Care Nurses' Attitudes, Behaviours and Perceived Barriers towards Discharge Risk Screening and Discharge Planning

Jane Graham Master of Nursing (Honours) 2010

#### CERTIFICATE OF AUTHORSHIP/ORIGINALITY

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

Signature of Student

#### ACKNOWLEGDEMENTS

I would like to acknowledge the support, encouragement, as well as the patience and belief that many have had in my ability to complete this work. I would especially like to express my sincere thanks to:

Associate Professor Robyn Gallagher, my principal supervisor, for her academic support, guidance and relentless encouragement and Dr Janine Bothe, my co-supervisor, for her support, guidance and constructive criticism.

The wonderful nurses and NUMs on the two study wards who agreed to take part in this study.

To my managers and work colleagues, who provided me with the support I needed to complete this journey.

To my exceptional husband Paul and our daughters, Hannah and Lucy, who have walked every bit of this journey with me, I say a special thank you.

To my family and close friends who have supported me and who are still here at the end of this long journey.

To my family and friends who are no longer here to share this moment

## TABLE OF CONTENTS

ACKNOWLEGDEMENTS	
TABLE OF CONTENTS	IV
LIST OF TABLES	IX
ABSTRACT	XI
INTRODUCTION	1
Introduction to the study	1
Dissertation structure	2
CHAPTER 1: DISCHARGE PLANNING	4
1.1 Introduction	4
1.2 Discharge planning	4
1.2.1 Overview of discharge planning	4
1.2.2 Essential elements	7
1.2.3 Patient safety	16
1.3 Nurses' role in discharge planning	17
1.4 Discharge planning performance	20
1.4.1 Completion of essential elements	21
1.4.2 Patient outcomes	23
1.5 Summary	25
CHAPTER 2: CHALLENGES TO EFFECTIVE DISCHARGE PLANNING	26
2.1 Introduction	26
2.2 Challenges to effective discharge planning	26
2.2.1 Imperatives to reduce length of stay	27
2.2.2 Insufficient growth in community services	28
2.2.3 Increasing demand for acute hospital care	29

2.2.4 Patient complexity	30
2.2.5 Decreasing family availability	32
2.3 Summary	32
CHAPTER 3: NURSES AND DISCHARGE PLANNING	34
3.1 Introduction	34
3.2 Nurses' performance of discharge planning	35
3.2.1 Admission assessment and referral	35
3.2.2 Communication and multidisciplinary team involvement	39
3.3 Knowledge deficit	42
3.3.1 Knowledge	42
3.3.2 Areas of lack of knowledge	45
3.3.3 Education, experience and skill mix	48
3.4 Challenges for nurses	50
3.4.1 Time	50
3.4.2 Continuity of patient care	52
3.4.3 Role clarity	54
3.4.4 The relationship between nurses and medical officers	56
3.5 Limitations in the literature	57
3.6 Measurable areas of discharge planning policy	59
3.7 Research questions	62
3.8 Summary	62
CHAPTER 4: METHOD	64
4.1 Introduction	64
4.2 Design	64
4.2.1 Setting	64
4.2.2 Sample	66
Audit	
Survey	66

4.3 Data collection instruments	66
Audit	66
Survey	67
4.4 Procedure	69
Audit	69
Survey	70
4.5 Ethical considerations	70
4.6 Data analysis	72
4.7 Summary	73
CHAPTER 5: RESULTS	74
5.1 Introduction	74
5.2 Sample Characteristics	75
5.2.1 Characteristics of patients in the audit	75
5.2.2 Characteristics of nurses surveyed	77
5.3 Nurses' Compliance with DRS Policy in the Audit and Survey	79
5.3.1 Nurses' compliance with DRS policy in the audit	79
5.3.2 Nurses' compliance with DRS policy in the survey	80
5.3.2 Nurses' accuracy of screening in the audit	85
5.4 Factors Influencing Nurses' Compliance with DRS Policy and Disc Planning	-
5.4.1 Motivation for DRS compliance and discharge planning	89
5.4.2 Nurses' attitudes towards discharge risk screening and discharg	e
planning	92
5.4.3 Perceived barriers to DRS and discharge planning	94
5.4 Summary	97
CHAPTER 6: DISCUSSION	98
6.1 Introduction	98
6.2 Discharge planning behaviour	99

6.2.1 Compliance with DRS policy	99
6.2.2 Factors influencing behaviours	101
6.2.3 Measuring compliance in the audit and the survey	104
6.3 Discharge planning attitudes and behaviours	104
6.4 Challenges to discharge planning for nurses	106
6.5 Nurses' understanding of discharge planning	108
6.6 Nurses' role in discharge planning	111
6.7 Limitations	113
6.8 Summary	114
CHAPTER 7: CONCLUSION	116
7.1 Introduction	116
7.2 Conclusion and recommendations	116
7.3 Implications for practice	120
7.4 Conclusion	121
APPENDICES	123
Appendix A Publication	123
Appendix B Discharge risk screen (DRS)	130
Appendix C Admission assessment form with DRS	131
Appendix D Measurement instrument: Audit pages 1 and 2	132
Appendix E Measurement instrument: Original survey tool, Moore a	
Appendix F Measurement instrument: Permission for use of origination to the second s	-
Appendix G Measurement instrument: Survey	139
Appendix H Study poster	143
Appendix I Information sheet	144

Appendix J	Consent form146
	Approval to conduct research from South eastern and Illawarra service (SESIAHS) ethics committee147
	Approval to conduct research from Central Network (SESIAHS) nittee
Appendix M	Approval to conduct research from UTS ethics committee150
REFERENC	ES151

## LIST OF TABLES

Table 1. Sociodemographic and Clinical Characteristics of Patient Charts Audited(n = 99)
Table 2. Admission Process Characteristics of Patient Charts Audited (n = 99)76
Table 3. Characteristics of Nurses Surveyed (n= 64)
Table 4. Compliance with DRS policy in the audit
Table 5. Significant Patient Predictors of DRS Compliance 80
Table 6. Nurses' Self-Reported Compliance with DRS Policy
Table 7. Nurses' Self-Reported Compliance with all Requirements of DRS Policy81
Table 8. Nurses' Actions in Response to a Positive DRS 82
Table 9. Timing of Nurse Involvement in Discharge Planning
Table 10. Timing of Nurses' Discussion with Patients about Discharge Planning83
Table 11. Comparison of DRS Compliance by the Timing of Patient and NurseInvolvement in Discharge Planning
Table 12. Comparison of Nurses' Compliance with DRS Policy Requirements by      Audit and Survey
Table 13. Comparison of DRS Compliance by Patient Characteristics      86
Table 14. Comparison of DRS Compliance by Patient Admission Process      Characteristics
Table 15. Comparison of DRS Compliance by Nurses' Characteristics      88
Table 16. Top Three Motivators Identified by Nurses for DRS Compliance and      Discharge Planning
Table 17. Comparison of DRS Compliance by Top Motivators for DRS Compliance    and Discharge Planning
Table 18. Nurses' Perceptions of Problems Patients' Experience Post-Discharge 91
Table 19. Comparison of Nurses' Attitudes towards DRS and Discharge Planningby Nurse Characteristics

Table 20. Comparison of DRS Compliance by Nurses' Attitudes	94
Table 21. Top Ranked Barriers to DRS Compliance and Discharge Planning fo      Nurses (Rank 1-3)	

#### ABSTRACT

**Background:** Patient safety and economic imperatives have made discharge planning for patients in acute care increasingly important in the last two decades. Indeed patients have more complex health care needs, shorter lengths of stay and longer recovery times. Discharge planning therefore must start early in the patient's admission to ensure there is enough time to manage each patient's discharge appropriately. Nurses have a pivotal role in discharge planning and early assessment for discharge. However, few studies have measured nurses' compliance with elements of discharge planning or their attitudes towards discharge planning.

**Aim:** The aim of this research was to identify nurses' discharge planning behaviours, in particular compliance with discharge risk screening (DRS) policy, their attitudes towards discharge planning and the factors influencing their behaviours.

**Methods:** A cross sectional descriptive design was used comprising two components, the first of which was an audit of one hundred patients' medical records for DRS compliance. The second component was a self-report survey, which was in part informed by the audit results, of 94% of nurses who worked in the setting.

**Results:** Nurses' compliance with DRS, as observed in the audit and self-report survey, was low (between 24.2% and 33%). Patients admitted with a medical diagnosis (OR = .1 95% Confidence Interval .03 - .37) or surgical diagnosis (OR = .13 95% CI .03 - .06) were significantly less likely to have their DRS completed than patients with a respiratory diagnosis and there was a trend for patients admitted on weekdays to be less likely to have DRS completed (OR = .31, 95% I

.08 - 1.2). Nurses had an overall positive attitude to the DRS and discharge planning and their screening was mostly accurate. Furthermore, nurses who complied with DRS policy had a more positive attitude (mean 37.14, SD 3.6) than those who did not (mean 34.77, SD 4.2) (P = .03) and were more likely to start discharge planning early. Nurses identified that the major barriers to DRS and discharge planning were the busyness of the ward on weekdays and patient characteristics. These factors hindered compliance with the DRS policy and discharge planning. Other findings suggest that nurses' discharge planning knowledge and behaviours were inconsistent, that they were uncertain of their role, and the relationship between medical officers and nurses may have influenced their behaviours.

**Conclusion:** This study determined that nurses do not often comply with DRS policy and therefore starting discharge planning early is hampered. The study suggests that there is a link between nurses' attitudes, DRS compliance and starting discharge planning early. The implications for nurses' practice include the need to develop clear guidelines, criteria or processes for discharge planning, which incorporate agreed upon roles for all members of the multidisciplinary team, in particular the nurses' role. There is also a need to investigate a systematic, methodical approach to discharge planning that includes early screening, using the DRS and involvement of nurses in the development of guidelines and implementation of the systematic approach. Further investigation of nurses' attitudes toward the DRS and discharge planning is recommended, as this was the only nurse characteristic in this study that was found to be linked to their behaviours.