



The patient's experience of early discharge following total hip replacement

Penelope A. Reay MSc, Post Grad Dip Health Counselling, BAppSc, RN (Pre-operative Assessment) ^{a,*}, Barbara Horner PhD, MEd, BAppSc, RN (A/Professor) ^b, Ravani Duggan PhD, RN, RM (Senior Lecturer) ^c

^a Royal Perth Hospital (Shenton Park Campus), Western Australia, Australia

^b Faculty of Health Services, Curtin University, Perth, Western Australia, Australia

^c School of Nursing and Midwifery, Health Sciences, Curtin University, Perth, Western Australia, Australia

KEYWORDS

Giorgi;
Phenomenology;
Total hip replacement;
Discharge;
Meaning units;
An inadequate assessment of suitable adaptive aids and personal needs;
Personal frustration;
Coping with the physical and mobility;
Limited social interaction

Abstract Background: Strategies within the public health system to curtail costs, increase efficiency and service utilisation have resulted in reduced hospital stays following elective orthopaedic procedures. Although there are advantages that support the concept of early discharge from hospital, very little is known about how patients manage the transition from hospital to home.

Aim: The aim of this qualitative study was to describe the post-discharge experience of elderly patients following primary total hip replacement (THR).

Methods: Ten patients, six women and four men, provided descriptions of their experience. Data were collected by face-to-face interviews and the analysis process was based on Giorgi's phenomenological scientific methodology (Giorgi, 1994, 1997, 2000).

Results: The analysis of the data resulted in four themes, namely; an inadequate assessment of suitable adaptive aids and personal needs; personal frustration; coping with the physical and mobility and limited social interaction.

Conclusion: Findings from this study demonstrated a need to review the discharge process and implement strategies to prepare patients for the stressors that the participants in this study encountered as a result of their early discharge.

© 2015 Elsevier Ltd. All rights reserved.

* Corresponding author. Royal Perth Hospital (Shenton Park Campus), Western Australia, Australia. Tel.: +61 8 9382 7595; fax: +61 8 9382 7302.

E-mail address: penny.reay@health.wa.gov.au (P.A. Reay).

Editor's comments

There is little doubt that patients recovering from orthopaedic surgery benefit from being at home as soon as they no longer need hospital care. Carefully thought through discharge processes are an important factor in the quality of patient care and also in post-discharge outcomes. The earlier patients are discharged the greater the need to make certain patients and those caring for them at home are both educated and supported. The better we understand the patient's experience of early discharge, what difficulties they have and how they cope the better we can prepare future patients. Phenomenological studies, in particular, provide valuable information about the lived experience of phenomenon from the individual's perspective. This study provides important information for the practitioner to consider when developing and improving practice for discharge planning.

JS-T

Introduction

An ageing population, technological advances, pressure to reduce ever increasing waiting lists, limited clinical resources and escalating healthcare costs have contributed to reducing the length of hospital stay for surgical procedures (Bull et al., 2000; Clarke and Rosen, 2001). This reduction in length of stay has significantly affected orthopaedic patients, particularly those who have had THR surgery. While the main reason for reducing the length of stay is cost containment, there are other reasons that justify the implementation of this policy. Advances in technology and anaesthesia allow patients to recover more quickly, being in their own home increases patients' motivation and personal well-being and decreasing the length of the hospital stay reduces the risk of hospital-acquired infections (Clarke and Rosen, 2001; Grant et al., 2009; Palmer Hill et al., 2000; Williams et al., 2007). However, very little is known about how patients manage the early discharge or cope with the transition from hospital to home following primary THR. The recovery process is complex and there are unexpected stresses when personal coping is compromised because of surgery and fatigue.

To reduce waiting lists and decrease the length of the hospital stay for this cohort of patients an efficient admission and discharge process is essential and requires a multidisciplinary approach that includes effective patient education (Johansson Stark et al., 2014; Wainwright and Middleton, 2010). Effective education has been demonstrated in various studies to reduce anxiety, promote adherence to the plan of care and increase patient satisfaction (Hartley et al., 2012; Johansson et al., 2006; Sjoling et al., 2006). One of the aims of patient education is to empower patients and provide them with skills, knowledge, self-awareness and personal control of their health and care. Empowerment is especially important for THR patients as they need to be prepared for the surgical procedure, recovery,

rehabilitation and discharge in advance (Johansson et al., 2002). Effective discharge planning has assumed increased importance with the reduced length of hospital stay and there are numerous studies considering what constitutes effective discharge planning. According to the literature, a successful discharge plan involves a continuous reassessment of the patient's needs and readiness for discharge, physical and psychosocial aspects of recovery and competence, attitudes and goals, development of an appropriate plan for support services, treatments and equipment and appropriate education (Anthony and Hudson-Barr, 2004; Bauer et al., 2009; Bobay et al., 2010; Fitzgerald Miller et al., 2008; Heine et al., 2004). A consequence of the early discharge programmes is the limited time available for health professionals to provide patients with information and strategies on how to care for themselves at home and pre-empting the discharge needs for the elderly person can be difficult as often these patients have complex care issues related to the ageing process (Bobay et al., 2010). Unfortunately, the literature also highlights a number of deficiencies in preparing patients for the transition from hospital to home. Previous studies identified breakdown in communication as the major impediment to effective discharge planning (Bull and Roberts, 2001; Mistiaen et al., 1997; Montin et al., 2002; Slauenwhite and Simpson, 1998). Other studies have identified that discharge planning by hospital staff did not address the practical aspects of recovery such as pain, tiredness and loss of mobility, therefore patients had unrealistic expectations of the recovery process and were unprepared for various stressors such as getting in and out of bed and meeting hygiene needs (Fitzgerald Miller et al., 2008; Johansson et al., 2002). Patients and carers need to be provided with education that facilitates an understanding of the recovery process that includes biophysiological and functional issues and potential complications to foster confidence in their ability to manage at home following discharge (Grimmer et al., 2004; Showalter

Download English Version:

<https://daneshyari.com/en/article/2653172>

Download Persian Version:

<https://daneshyari.com/article/2653172>

[Daneshyari.com](https://daneshyari.com)