



# Paediatric emergency nurses' perceptions of parents' understanding of discharge information: A qualitative study

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## ABSTRACT

**Purpose:** To identify paediatric emergency department nurses' perceptions of factors influencing parents' understanding of discharge information.

**Procedures:** Content analysis was used to analyse data from three semi-structured focus groups with nurses from a paediatric ED.

**Findings:** Findings were interpreted within the three domains of *structure*, *process*, and *outcomes* from the Donabedian model. Within the structure domain, barriers to effective provision of discharge information included inexperienced emergency department staff and time policies. Enablers included availability of interpreter services. Process-related barriers included parents' health related behaviour and health literacy, while enablers included ensuring parents understood discharge information. Nurses' perceptions of ineffective outcomes involved the risk of parents receiving incomplete or inappropriate information. Nurses perceived effective outcomes in quality of care were related to their professional experience and competence in being able to provide useful information to parents.

**Conclusion:** This study investigated ED nurses' perceptions of factors that influence parents' understanding of discharge information. Interpreting findings within the Donabedian model provided important directions for future improvements to structure, processes and outcomes for provision of discharge information to parents leaving a paediatric ED. Ultimately, the findings from this study could inform future research to maximise the role of ED nurses in providing a high quality of discharge care for children discharged from the ED.

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## 1. Background

Emergency department (ED) nurses provide the first line of healthcare contact when they triage the patient. In paediatric EDs, they have multiple opportunities to engage with and support children and parents; including the provision of discharge information. Arguably, discharge information is comprised of both education and advice [1,2]. A number of factors have been identified that may limit a parent's understanding of discharge information: parents' level of education [3–5]; health literacy [6–8], language skills [9]; parents' anxiety [10]; parental concern that their child is in pain [5] and inadequate communication between ED staff and parents at discharge [10].

Effective discharge information can ensure continued quality of care for a child following discharge, minimise parents' potential confusion, and reduce possible readmissions and associated family and financial burdens [2]. Providers of discharge information are recommended to avoid the use of over medicalised words, for example using phrases such as “infection in the eyes” instead of “conjunctivitis” to explain the diagnosis; provide practical advice about caring for the child; and being sensitive of the family's cultural context [3]. Therefore, communication between ED staff and parents may act as both an enabler and a barrier that affect the quality of discharge information provided in paediatric ED [6,10,11], and experienced ED nurses are well placed to comment on factors that influence parents' understanding of information provided to them about their child's care at home following discharge.

The Donabedian Model applied in this study, is typically used for evaluating the quality of care in clinical practice [12,13], which can lead to enhancements in the structure (such as the physical

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setting and policies), processes (such as the practices and routines) and outcomes (including patient health and satisfaction). Using the model can lead to improvements in patients' total health care experiences [13].

## 2. Procedures

### 2.1. Design

This qualitative study used focus groups to identify ED nurses' perceptions of factors that influence parents' understanding of discharge information. The study adhered to the National Statement on the Conduct of Human Research in Australia and was approved by the relevant university and hospital human research ethics committees.

### 2.2. Setting and sample

The study setting was the paediatric ED of a tertiary general hospital in south east Queensland, Australia, which treats around 20,000 child presentations annually. ED nurses were recruited using purposive sampling [14] with the support of the ED nurse unit manager. The inclusion criteria were being a Registered Nurse and working in the paediatric ED for at least three months. Participants had a diversity of experiences; providing differing perspectives, providing rich sources of data [15].

### 2.3. Data collection

Data were collected in August 2015. A researcher and a research assistant (RA) first contacted the ED nurse manager to explain the purpose, timeframe, and general procedures of the focus groups. The ED nurse manager then provided confidential advice about which nurses met the criteria for inclusion. Three focus groups, each with two participants, were conducted between the morning and afternoon shifts. Although it would have been ideal to have more nurses in each group, no more than two nurses were available to participate at any given time from this very busy ED. Arguably, one group of six participants [16] would have provided richer data but limited availability of ED nurses made it impractical. One to two interviews were considered, but the richness of interactions between participants, even with small numbers was deemed preferable.

During the semi-structured focus groups, pre-planned, open-ended questions drawn from the research questions triggered discussion (Table 1). The researcher took field notes, while an RA facilitated the discussion. Sessions were recorded digitally and transcribed verbatim by the researcher within one week and confirmed by the research team. All identifying information, was removed from the transcripts.

### 2.4. Data analysis

Qualitative content analysis was used for organising and interpreting the data to identify factors that influence parents'

understanding of discharge information. The structure, process, and outcome domains of the Donabedian Model of Quality of Care [17] guided the approach taken to identification and coding of categories. Nineteen categories or factors related to parents' understanding of discharge information. The categories were further identified as barriers and/or enablers in the structure and/or process domains, or effective or ineffective outcomes in the outcome domain.

## 3. Findings

Two themes of enablers and barriers were identified in the structure and process domains of the Donabedian Model with nine categories identified as barriers and five as enablers. Two themes were also identified under the outcome domain reflecting ineffective outcomes in parental understanding of discharge information (Table 2). Some factors could be both an enabler or a barrier depending on the situation. Some factors impacted in more than one domain. Categories collectively related to resources (six), ED staff (seven), and the children's parents (six) (Table 3). The findings are described and explained under the three domains and supported by verbatim quotes.

### 3.1. Structure

The *structure* domain of the Donabedian model [17] refers to relatively static characteristics of the settings in which the health care is delivered, which in this study, was a paediatric ED. The focus group participants identified four barriers and two enablers to parents' understanding of discharge information in the structural features of the ED, which relate to ED staff, and resources.

#### 3.2. Barriers

Four structural barriers in the provision of discharge information were identified: inexperienced staff; time policies; lack of locally developed web-based discharge resources; and limited availability of interpreter services. These are discussed below.

##### 3.2.1. Inexperienced staff

Focus group participants commented on the inexperience of some staff in a children's ED setting, particularly when inadequate and/or inappropriate information was provided for parents to care for their child after discharge, as reflected in this comment.

Yeah, I mean even ... um ... some of the doctors who have not worked with children before, will be keen to give them a Panadol, Nurofen ... If they've got a fever just for the sake of getting the fever down and then we have ... (to say to parents) ... you don't have to do that. That's fine (not giving medication) if they've got a fever and they are looking happy. (Focus group 2)

Thus, a lack of specific staff experience was seen to be a potential barrier to parents' understanding and following discharge information provided in the ED.

##### 3.2.2. Time policies

Some participants commented on how time-related pressures such as the four-hour rule imposed by the National Emergency Access Target (NEAT) policy [8] were a significant impediment to their work; specifically, in providing discharge information to parents in the paediatric ED. For example, one participant stated:

Time ... is a big one (barrier) because having the time ... to explain, um ... we work against the clock because we have a four-hour limit. (Focus group 3)

**Table 1**

Focus group trigger questions.

Trigger questions
1. What are your views on the provision of discharge information to parents in the ED that works well?
2. What are your views on the resources provided to parents?
3. What happens when parents do not seem to understand?
4. What challenges are there in the provision of discharge information to parents in the ED?
5. Is there anything else you would like to share with us on this topic?

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