Meleis' Theory of Transition

and

Readiness of Older People for Discharge from Hospital to Home

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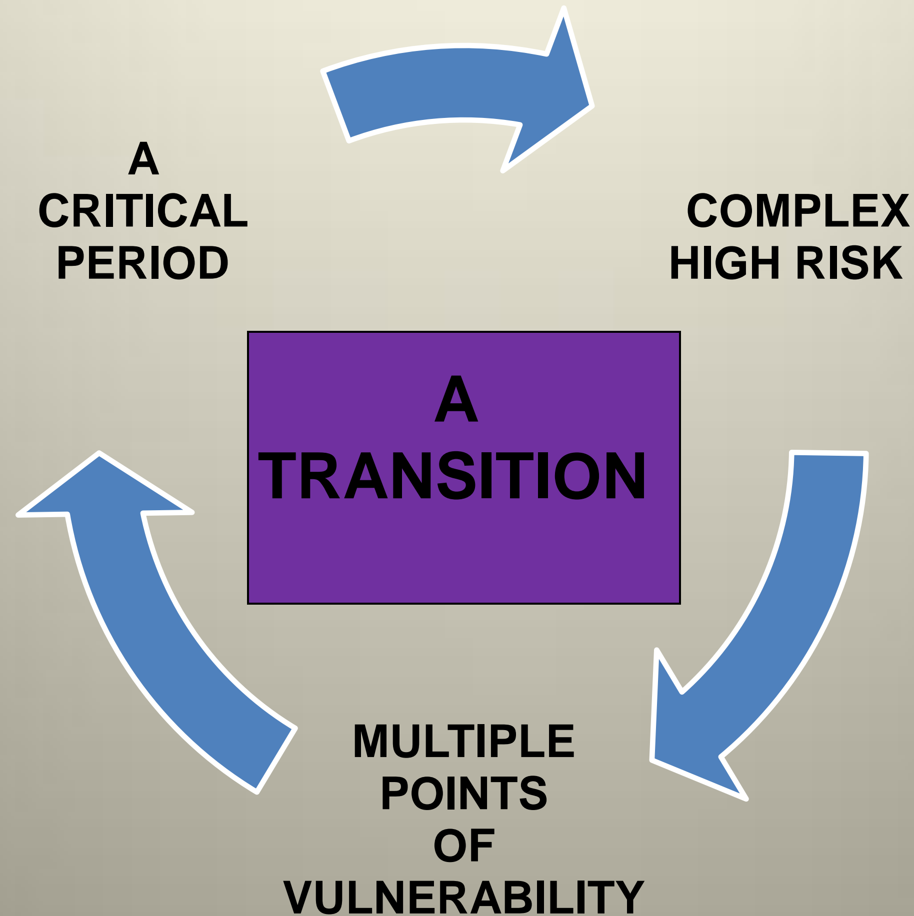
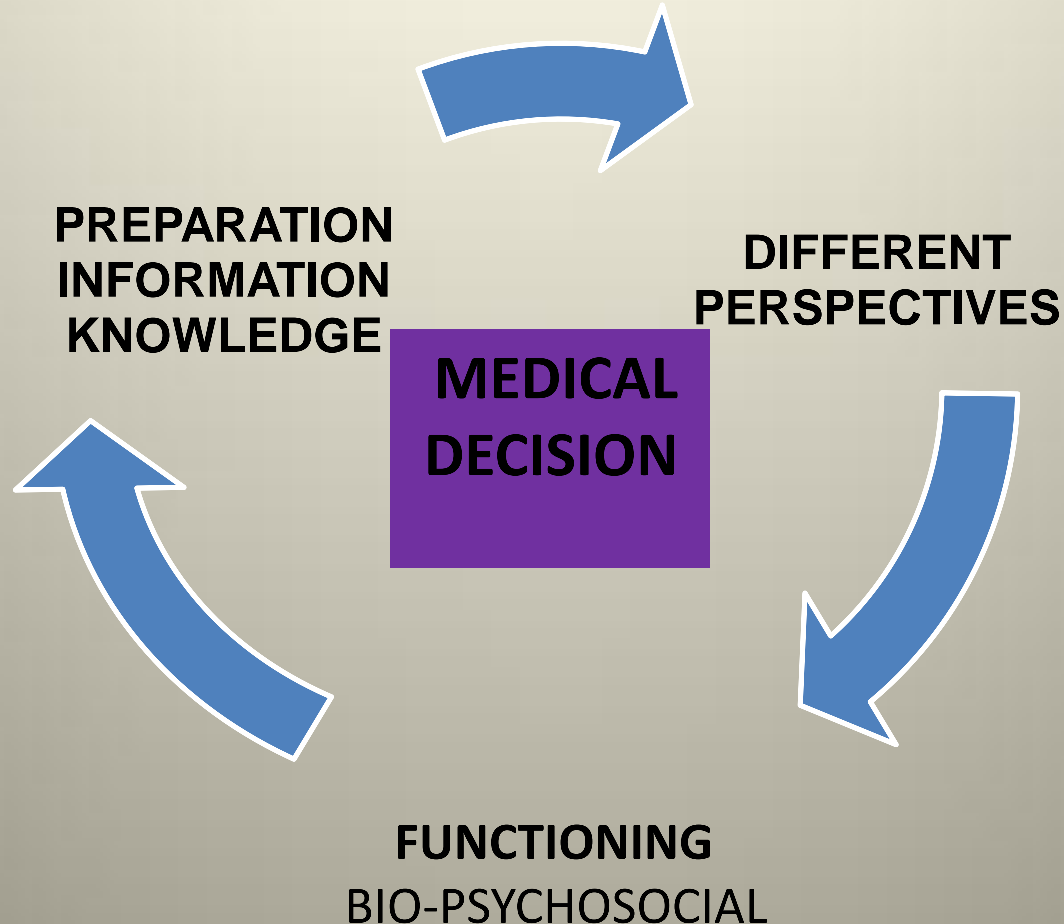
DISCHARGE



READINESS FOR DISCHARGE



Older people's experiences of Discharge

- Options for supports at home not fully explored (Congdon, 1994, Proctor et al, 2001).
- Life at home after discharge more difficult than envisaged (Le Clerc et al 2004).
- Lack of confidence, uncertainty re: medical conditions and use of medications (Miller et al, 2009, Grimmer et al, 2004, Bull et al, 2000).

FEELING READY FOR DISCHARGE..

- Satisfaction with the discharge planning process (Bull et al, 2000).
- Emotional comfort (Driscoll, 2000).
- Increased knowledge and understanding of medical conditions (Mc Murray et al, 2007, Worth et al, 2000, Rowe et al, 2000).
- Improved confidence and ability to solve problems (Weiss et al, 2007, Driscoll 2000).

RESEARCH QUESTION

- *Is there is a relationship between older patients' readiness for discharge and their use of community supports and services at six weeks post-discharge?*

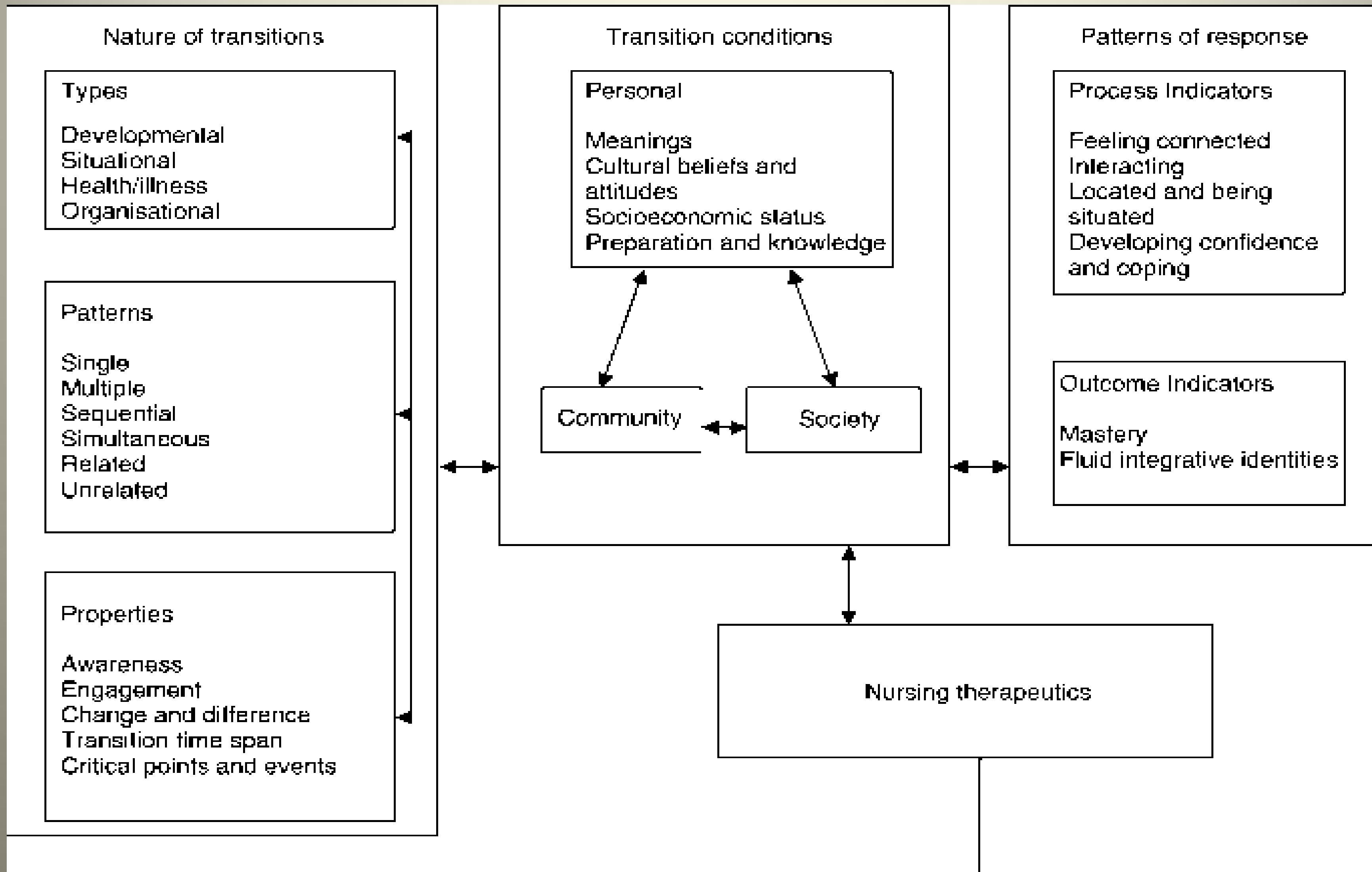
Theoretical Basis

MELEIS MIDDLE RANGE
THEORY OF TRANSITION

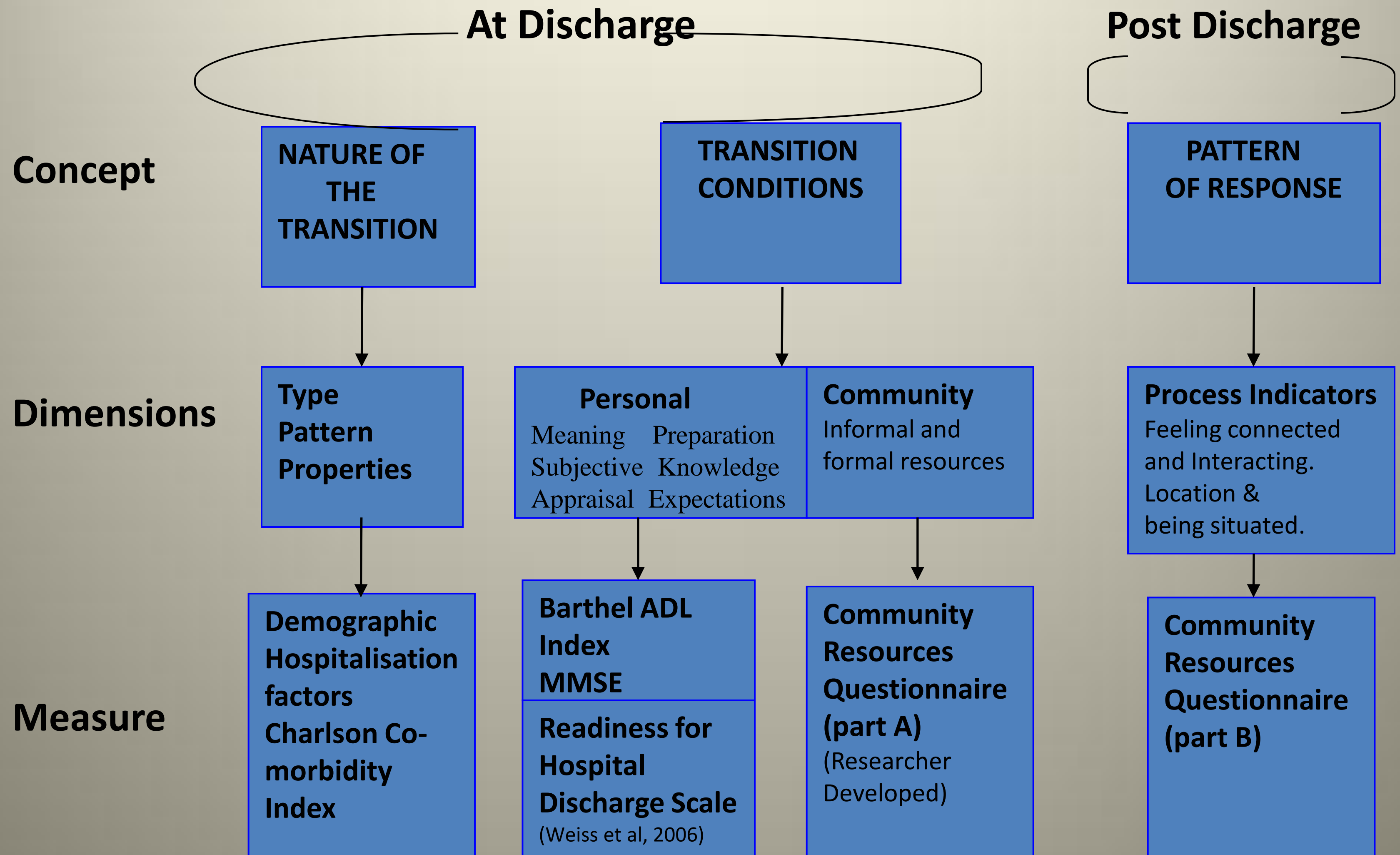
- A conceptualisation of transition that reveals a holistic understanding of the conditions that influence the transition experience for patients

(Shumacher and Meleis, 1994).

MELEIS THEORY



NEO-THEORETICAL FRAMEWORK



PERCEPTION OF READINESS FOR DISCHARGE SCALE(4 subscales)

(Weiss et al, 2007)

1. **Personal status** : pain or discomfort, strength and energy
2. **Knowledge:** about medications, restrictions, follow-up, and information about services available
3. **Coping ability**: to perform medical treatments, rehabilitation, medication management and personal care and to handle the demands of life at home
4. **Expected support:** emotional, help with personal care, household activities and medical treatments

RESEARCH METHODOLOGY

Design: Quantitative descriptive co relational

Sample: **N= 335** people >65 years

Two time periods:

- At discharge from medical wards
- At home 6 weeks later

Data Collection:

Researcher administered questionnaire (in hospital) and telephone interview (at home x 6 weeks)

Response N= 227 (telephone at home)

Findings : Nature of Transition

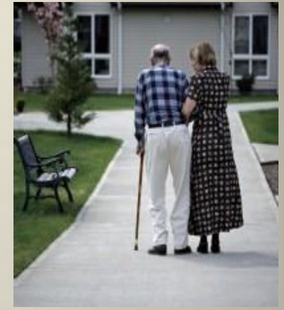
Demographics: 63% > 75 yrs. 34% > 80 yrs.
56% female
52% no partner (widow / single)
32% lived alone

Hospitalisation: 75% Emergency admission
Length of Stay: Mean =10.87 days (SD 10.13).

Primary Diagnosis : 36% Chronic conditions
(27% Respiratory , 35 % Cardiovascular)

Co-morbidity: 60% (1) 26% (2)

THEORY PROPOSITION



Meleis' proposes that the '**nature of the transition**' can **facilitate or hinder** the persons '**pattern of response**' (Meleis, 2010).

This is supported by the results of this study:

Patterns and properties of the discharge transition i.e. **admission type, length of stay, diagnosis and co-morbidity, along with demographic characteristics** of older patients **were statistically related to interaction with use of post discharge supports.**

Characteristic (n=277)	No ADL support n=200 n (%)	ADL support n=77 n (%)	Chi -Square	p-value	OR (95% CI)
Gender			4.325	0.038	
Male (134)	105 (52.5)	29 (37.7)			0.55 (0.32 – 0.94)
Age			6.275	0.043	
75-79 (79)	51 (25.5)	28 (36.4)			2.22 (1.15 – 4.28)
80+ (87)	60 (30.0)	27 (35.1)			1.82 (0.95 – 3.49)
Live Alone (85)	68 (34.0)	17 (22.1)			0.55 (0.30 – 1.02)
Admission type			0.213	0.644	
Emergency admission (130)	130 (65.0)	53 (68.8)			1.19 (0.68 – 2.09)
Length of Stay			8.376	0.015	
11-20 days (65)	38 (19.0)	27 (35.1)			2.41 (1.32 – 4.41)
Co-morbidity			20.424	<0.001	
1 (102)	83 (41.5)	19 (24.7)			3.32 (0.73 – 15.13)
2 (91)	57 (28.5)	34 (44.2)			8.65 (1.94 – 38.55)
3 or over (53)	31 (15.5)	22 (28.6)			10.29 (2.22 - 47.69)

THEORY PROPOSITION

- **Personal and Environmental 'transition conditions'** influenced the pattern of response for older people post discharge.

was supported

e.g. **Perception of readiness** at discharge was **significantly related to use of supports and services** post discharge

PERCEPTION OF READINESS

- Q1. Are you ready to go home as planned?

  93.7% answered yes

- RHDS total score patients were

  reasonably ready (Mean 7.31, SD 1.18).

FINDINGS: RHDS SUBSCALE SCORES

- **Highest** with regard to ‘personal status’
- Lower ‘coping ability’.
- Lower with regard to ‘expected support’
- **Lowest** with regard to ‘knowledge’.

Mean total RHDS score significantly lower in:

- Female (95% CI: 0.09 to 0.55) (*p*=0.002)
- Over 80 years (95% CI: -0.78 – 0.07) (*p*= 0.019)
- No partner (95% CI: -0.62 to 0.14 (*p*=0.002)
- Long hospital stay (95% CI: -0.83 – 0.15) (*p*= 0.007)
- ADL dependence (95% CI: 1.42 – 0.12) (p<0.001)
- MMSE <24 (95% CI: -0.85 to 0.14 (*p*=0.007)

SIGNIFICANT RELATIONSHIPS BETWEEN **READINESS** AND **INFORMAL SUPPORT**

Low total readiness score

Statistically more likely to receive informal support:

- ADL (t = 4.9, df = 125, $p<0.001$).
- Transport (t = 3.9, df = 275, $p<0.001$)
- Medication (t = 3.0, df = 275, $p=0.003$).

High readiness : expected support

- House hold support (t = -8, df = 188, $p<0.001$).

Statistically more likely

Significant Relationships between **the perception of readiness** and **use of formal services**

Respondents with a lower perception of their overall readiness at discharge were more likely to use all formal services.

- Home help (*t* = 3.4, *df* = 275, *p*=0.001)
- PHN services (*t* = 5.00, *df* = 274, *p*<0.001)
- Additional services (*t* = 2.0, *df* = 275, *p*=0.047)

Lower perception of readiness (personal status) existed in those who were subsequently readmitted

Results of multivariate regression analysis using RHDS subscales

- Lower perception of readiness (total) remained statistically significant (p<0.001) in relation to all informal support.

- Lower perception of readiness with regard to coping ability was statistically significant (p<0.001) in relation to Home Help, PHN and also additional community services.

EXTENDING THE THEORY….

- Results suggest that in further application of the theory should the **'personal'** dimension of the concept '**transition conditions**' should be extended to include **physical and cognitive** indicators.
- **Significant statistical relationships** existed between physical and cognitive function of older people at discharge and their interaction with post discharge support.

Significant statistical relationship between **informal support** with ADL and **physical** and **cognitive function** at discharge

Characteristic (n=277)	No ADL support n (%)	ADL support n=77 n (%)	Chi - Square	p-value	OR (95% CI)
Physical Function			69.4	<0.001	
ADL dependence (65)	22 (11.0)	43 (55.9)			**7.23 (3.70 – 14.14)**
Cognitive function			26.04	<0.001	
MMSE <24 (33)	11 (5.5)	22 (28.6)			**6.87 (3.14 – 15.05)**

Significant statistical relationships between both **physical and cognitive function** at discharge and **formal service use e.g. home help**

Characteristic (n=277)	No Home Help used n=184 n (%)	Home Help used n=93 n (%)	Chi - Square	P-value	OR (95% CI)
Physical Function			23.116	**<0.001**	
Mod dependence (50)	24 (13.0)	26 (28.0)			**3.02 (1.60 – 5.69)**
Severe dependence (15)	4 (2.2)	11 (11.8)			**7.66 (2.34 – 25.04)**
Cognitive function			10.938	**0.001**	
MMSE <24 (33)	13 (7.1)	20 (21.5)			

Theory Proposition

- **Specific nursing therapeutics** are necessary to facilitate a healthy transition process (Meleis, 2010)
- This study provides evidence to support the concept of ‘**nursing therapeutics**’ in which the **older persons perspective** is a priority.

Evidence of relationships between patients perception of their readiness and use of support post discharge…….

- Supports the development of **person centred** approaches to the management of discharge.

- Encourages nurses to **consider that priorities of older people can differ** from care providers (Themessl-Huber, Hubbard and Munroe, 2007).

- Provides further confirmation that **knowing and valuing the older person's perspective and knowledge is essential** for clinical judgement and effective therapeutic caring (Dewing, 2004; Armstrong and Mitchel, 2008; McCormack 2001).

READMISSION

- 24.8% were readmitted within six weeks.
- 53.9% readmitted more than once
- All readmissions were aged over 75 years

  Reason (62%) - relapse of former condition.

- Perception of readiness (Knowledge) was statistically related to higher likelihood of readmission

Low perception of readiness (knowledge) at discharge related to higher dependence on support post discharge and readmission

- This finding supports the important role of nursing in a healthy transition from hospital to home.

- The importance of facilitating new knowledge through **discharge teaching** and mobilisation of the older person's personal resources through **health promotion and advice** (Schumacher et al, 1999).

Summary

- There are significant relationships between the pattern and properties of the discharge transition and pattern of response i.e. interaction with supports.
- There are significant relationships between the patients transition conditions (personal and environmental) at discharge and pattern of response i.e. interaction with supports post discharge.
- Patients perception of their readiness for discharge is a significant determinant of post-discharge use of supports.
- Although a subjective measure this was the patient’s reality and patient’s perspective may differ from HCP and family.

CONCLUSION

- Meleis' theory of transition was supported by the findings of this research.
- This theory assists in understanding the complexity and multidimensional nature of the discharge transition.
- However the personal dimension of the concept 'transition conditions' should be extended to include:

1. Specific physical and cognitive indicators

   and

2. Patients' own perspectives.

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THANK YOU

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