

Hospital Professionals' Perceptions of Older People's Participation in the Discharge Process: A Phenomenographic Study



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BACKGROUND

Acute hospitals are increasingly required to plan for the long-term care needs of older people, beyond the acute phase of their illness.

Central to the discharge process is the freeing up of acute hospital beds. Older people's participation in this process is essential if their right to autonomy is to be protected and if appropriate care is to be arranged following hospital discharge.

The first part of this study reported here, investigates hospital professionals' perceptions of older people's participation in the discharge process.

This is important as it is only by knowing how those involved make sense of their experience of older people's participation in the discharge process, that the concept of participation can be articulated and the best ways of achieving it planned.

OBJECTIVE

To explore hospital professionals' conceptions of the phenomenon, 'older people's participation in the discharge process'.

METHODS

- A qualitative phenomenographic approach to data collection and analysis was chosen as it focuses on how people perceive phenomena.
 - Data was collected through recorded semi-structured interviews with 14 hospital professionals within a large urban hospital.
 - To attain a variety of different experiences, informants included consultants, nurses, social workers, a physiotherapist, an occupational therapist, a speech and language therapist and a dietician; 5 respondents were based in a specialist age-related care unit, and 9 worked in various wards throughout the hospital.
 - Informants were invited to reflect on their experiences of older people's participation in the discharge process using concrete examples.
- Phenomenographic approach to analysis (Marton, 1988)
- Interviews were read several times and statements concerning participation selected and coded.
 - Similarities and differences between statements were identified and grouped according to common characteristics.
 - This resulted in 9 qualitatively distinct conceptions
 - Based on the interaction between conceptions, 3 categories of description were identified.

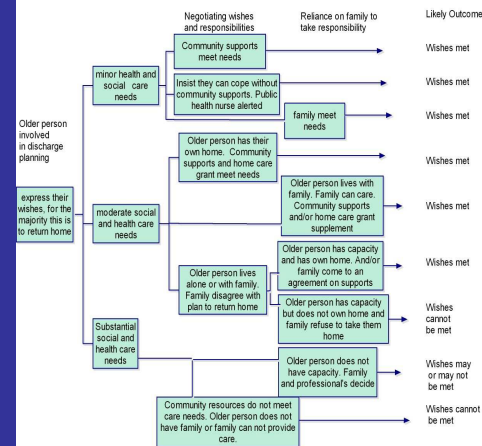
RESULTS

A. 'Meeting wishes and responsibilities'

Conceptions

1. Assumption older people are involved and express wishes
 "my experience is that most people want to be involved and certainly we invite everybody to be involved"
 "all his greatest wish was to go home"
 "If they're not cognitively impaired, it's their wish that comes first"
 "[dependency level] is an important barrier in fulfilling what people actually want to do themselves"
2. Negotiating wishes and responsibilities
 "I mean you will try and negotiate with them and say look we think you could do with some help, but some people just don't want anybody in"
 "I found I was advocating for the patient and her family because they weren't able to do so"
3. Relying on family to take responsibility for care
 "a lot is put on family to facilitate discharge... At the end of the day there's very limited options... I think it is taken for granted, expected that family will take responsibility for their relatives"
 "a patient may come under pressure from their family, it can be quite sad that somebody might want to go home to their family, but if their family won't take them home, they'll say ok I'll have to go [into nursing home]" (interview 11)

Figure 1. Meeting Wishes and Responsibilities.

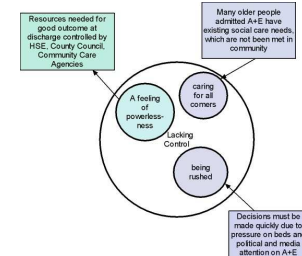


B. 'Lacking Control'

Conceptions

1. A feeling of powerlessness
 "matching the needs of the patient with the availability of services which we don't have control over, so sometimes a decision is made then based on lack of availability or access to services that without that it is long term care"
 "the HSE gave us this bed, we just highlighted the patient for the bed"
 "things had been difficult at home before his admission, his wife was very elderly too"
 "Families or patients themselves say I can't cope anymore, so they're purely in here for a social reason, while we try and find them a nursing home bed"
2. Caring for all comers.
 "sometimes discharging people to nursing homes for expediency, may be more about that rather than being for the benefit of the patient"
3. Being rushed through

Figure 2. Lacking Control



C. 'Balancing aspirations'

Conceptions

1. Meeting the organisational goal of efficient discharge in a person-centred way.
 "we're under constant pressure to get people out of the hospital, so it's a balance between trying to get things done quickly and not sending people home too early"
 "Teams vary in how much support they give you and how much they are willing to facilitate a good outcome"
2. Protecting the older person while respecting their autonomy.
 "at the end of the day the discharge process is not about there is no risk, the discharge process is about limiting risk as far as possible, but more importantly facilitating what patients want for themselves"
 "when you are talking about discharge planning, it's very important for elderly people, the mind set of people, we're in turnover mind set because we are dealing with acute beds and acute problems, short lived things"

Figure 3. Balancing Aspirations.

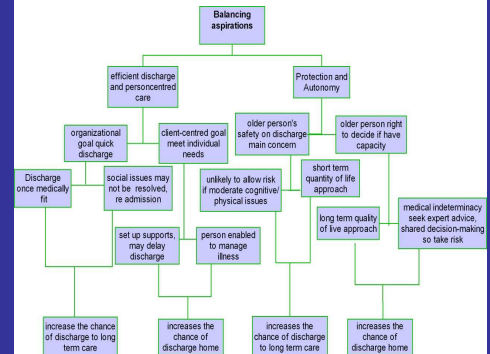


Table 1. Categorization of the informants' perceptions

Description categories	Conceptions
A. Meeting wishes and responsibilities	<ol style="list-style-type: none"> 1. Assumption older people are involved and express their wishes. 2. Negotiating wishes and responsibility. 3. Relying on family to take responsibility for care.
B. Lacking control	<ol style="list-style-type: none"> 1. A feeling of powerlessness. 2. Caring for all comers. 3. Being rushed through.
C. Balancing Aspiration	<ol style="list-style-type: none"> 1. Meeting the organisational goal of efficient discharge in a person-centred way. 2. Protecting the older person while respecting their autonomy.

CONCLUSION

These understandings illustrate the complexity of the concept 'participation' by older people in the discharge process. Policy espouses patient participation, however empowering older people to get what they want at discharge seems to be an altruistic exercise on the part of individuals. It is dependent on

- hospital professionals' degree of power within the institution,
- their interpretation of 'duty of care'
- the community resources available to them.

So if the discharge process is to serve older people and not just expediency and organisational goals, discharge policy and procedures must ensure

1. older people's wishes are sought
2. older people are fully rehabilitated and have time to make their decisions
3. where there are issues, older people have access to expert opinion and representation.