Meleis’ Theory of Transition

and

Readiness of Older People for Discharge from Hospital to Home

Alice Coffey PhD
DISCHARGE

A CRITICAL PERIOD

COMPLEX HIGH RISK

A TRANSITION

MULTIPLE POINTS OF VULNERABILITY
READINESS FOR DISCHARGE

PREPARATION
INFORMATION
KNOWLEDGE

DIFFERENT
PERSPECTIVES

MEDICAL
DECISION

FUNCTIONING
BIO-PSYCHOSOCIAL
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).

FEELING READY FOR DISCHARGE..

• Satisfaction with the discharge planning process (Bull et al, 2000).

• Emotional comfort (Driscoll, 2000).


• Improved confidence and ability to solve problems (Weiss et al, 2007, Driscoll 2000).
• 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).
NEO-THEORETICAL FRAMEWORK

At Discharge

Concept
- NATURE OF THE TRANSITION
  - Type Pattern Properties

Dimensions
- Demographic Hospitalisation factors
  - Charlson Co-morbidity Index
- Personal
  - Meaning
  - Preparation
  - Subjective Knowledge
  - Appraisal
  - Expectations

Measure
- Barthel ADL Index
- MMSE
- Readiness for Hospital Discharge Scale (Weiss et al, 2006)
- Community Resources Questionnaire (part A) (Researcher Developed)
- Community Resources Questionnaire (part B)

Post Discharge

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

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>No ADL support n (%)</th>
<th>ADL support n=77 n (%)</th>
<th>Chi - Square</th>
<th>p-value</th>
<th>OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Function</td>
<td></td>
<td></td>
<td>69.4</td>
<td>&lt;0.001</td>
<td></td>
</tr>
<tr>
<td>ADL dependence (65)</td>
<td>22 (11.0)</td>
<td>43 (55.9)</td>
<td></td>
<td></td>
<td>7.23 (3.70 – 14.14)</td>
</tr>
<tr>
<td>Cognitive function</td>
<td></td>
<td></td>
<td>26.04</td>
<td>&lt;0.001</td>
<td></td>
</tr>
<tr>
<td>MMSE &lt;24 (33)</td>
<td>11 (5.5)</td>
<td>22 (28.6)</td>
<td></td>
<td></td>
<td>6.87 (3.14 – 15.05)</td>
</tr>
</tbody>
</table>
Significant statistical relationships between both **physical and cognitive function** at discharge and **formal service use** e.g. **home help**

<table>
<thead>
<tr>
<th>Characteristic (n=277)</th>
<th>No Home Help used n=184 n (%)</th>
<th>Home Help used n=93 n (%)</th>
<th>Chi - Square</th>
<th>P-value</th>
<th>OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical Function</strong></td>
<td></td>
<td></td>
<td>23.116</td>
<td>&lt;0.001</td>
<td></td>
</tr>
<tr>
<td>Mod dependence (50)</td>
<td>24 (13.0)</td>
<td>26 (28.0)</td>
<td></td>
<td></td>
<td>3.02 (1.60 – 5.69)</td>
</tr>
<tr>
<td>Severe dependence (15)</td>
<td>4 (2.2)</td>
<td>11 (11.8)</td>
<td></td>
<td></td>
<td>7.66 (2.34 – 25.04)</td>
</tr>
<tr>
<td><strong>Cognitive function</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMSE &lt;24 (33)</td>
<td>13 (7.1)</td>
<td>20 (21.5)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.
REFERENCES


REFERENCES


REFERENCES


