A descriptive study of patient and family satisfaction with discharge plans, and their perceptions of social workers at Grady Health System

Terri Michelle Sims
Clark Atlanta University

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# TABLE OF CONTENTS

ACKNOWLEDGEMENTS ........................................................... ii

LIST OF TABLES ................................................................. iv

GLOSSARY ............................................................................... v

CHAPTER

I. INTRODUCTION ................................................................. 1
   Statement of the Problem .................................................. 2
   Purpose of the Study ....................................................... 4

II. REVIEW OF LITERATURE .................................................. 6
   Theoretical Framework .................................................... 13
   Statement of Hypothesis .................................................. 18
   Definition of Terms ....................................................... 18

III. METHODOLOGY ............................................................. 20
   Research Design ........................................................... 20
   Participants and Setting .................................................. 20
   Procedure ....................................................................... 21
   Questionnaire .................................................................. 21

IV. PRESENTATION OF RESULTS ........................................... 23

V. SUMMARY AND CONCLUSIONS ....................................... 31
   Limitations of the Study .................................................. 32
   Suggested Reasearch Directions ....................................... 33

VI. IMPLICATIONS FOR SOCIAL WORK PRACTICE ............... 34

APPENDIECS ....................................................................... 38

BIBLIOGRAPHY .................................................................... 53

iii
# LIST OF TABLES

<table>
<thead>
<tr>
<th>TABLE</th>
<th>DESCRIPTION</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>FREQUENCIES AND PERCENTAGES OF PATIENT DEMOGRAPHIC DATA</td>
<td>23</td>
</tr>
<tr>
<td>2</td>
<td>FREQUENCIES AND PERCENTAGES OF FAMILY DEMOGRAPHIC DATA</td>
<td>25</td>
</tr>
<tr>
<td>3</td>
<td>FREQUENCIES, PERCENTAGES AND PEARSONS R OF PATIENT SATISFACTION</td>
<td>27</td>
</tr>
<tr>
<td>4</td>
<td>FREQUENCIES, PERCENTAGES AND PEARSONS R OF PATIENT PERCEPTIONS</td>
<td>27</td>
</tr>
<tr>
<td>5</td>
<td>FREQUENCIES, PERCENTAGES AND PEARSONS R OF FAMILY PERCEPTIONS</td>
<td>29</td>
</tr>
</tbody>
</table>
GLOSSARY

**Discharge Plans** - The provision of services that help patients and families cope with the impact of illness and which link them with necessary supports for the patient's return to the community.

**Social Workers** - Persons who have Master's of Social Work degrees and are employees of Grady Health Systems Department of Social Services.

**Patients** - Individuals who are inpatients and participated in the discharge planning process at Grady Health System. These individuals are between the ages of 21 and 72.

**Families** - Individuals whose family member was an inpatient at Grady Health System. These individuals also participated in the discharge planning process.

**Perceptions** - Patient's and family member's attitudes and feelings regarding discharge plans and the social worker who assisted them.

**Satisfaction** - Patient's and family member's fulfillment of gratification with discharge plans.
CHAPTER ONE
INTRODUCTION

Consumer satisfaction is a growing concern to hospitals. As hospitals increase marketing efforts to compete for consumers, patient satisfaction has gained importance as an outcome.¹ Evidence that people increasingly select hospitals based on recommendations of friends and relatives further confirms the importance of the consumer perspective.²

Most studies of patient satisfaction have addressed medical care in general, focusing on the effects of physicians' interpersonal behaviors, physician competence, accessibility, or cost.³ Less attention has been directed toward patient satisfaction with ancillary services and the way they perceive social workers. This study addresses the relationship between patient and family satisfaction with discharge plans and their perceptions of social workers, an

¹Enola Proctor et. al., "Patient and Family Satisfaction with Discharge Plans," Medical Care, 30 (March 1992): 262.


outcome of discharge planning provided by the Grady Health Systems Department of Social Work.

**STATEMENT OF PROBLEM**

The investigation of consumer satisfaction should be extended to discharge planning for several reasons. First, the importance of discharge planning to the fiscal health of hospitals is clear since the introduction of Medicare's prospective payment system. The "quicker but sicker" syndrome has made it difficult for the hospital social worker to promote patient autonomy.4 Second, deficient discharge plans can result in an inadequate linkage to community service, with consequences that result in high recidivism rates. Documented from A Report on the "Worst" State Hospital Recidivists in the United States; North Carolina ranked first with a hospital readmission rate of 60%; Connecticut second averaging 54%, and North Dakota third with 52%. Georgia ranked fourth along with Washington, D.C. with a rate of 49%.5 Third, reasonable efforts were made to develop discharge plans have become an important part of the medical record for legal protection.6 Patient and family views of


6Barbara F. Andrews and Joan Ward Mullaney, "Legal Problems and Principles in Discharge Planning: Implications
the discharge plans with which they leave the hospital may better reflect their perspectives as hospital consumers than would measures taken at a later point. Finally, hospital social workers have close contact with patients and families and thus may be key figures in consumers' evaluations of their hospital experience. The patient or key family member may spend as much time with the social worker as with the physician. Yet, evaluations of discharge planning typically focus on the efficiency of discharge or on the timely initiation of planning, with little attention directed toward consumers satisfaction with the product of discharge planning, the discharge plan itself, and the consumers perceptions of the social worker who assisted them.

In this study, consumers include both patients and family members because families have critical roles as both caregivers and decision makers. If the patient and other members of the family participate actively in the family sessions, discharge plans are likely to be suitable and effective. An important factor to the success of effective discharge is involving the patient, other members of their


7Enola Proctor et. al., "Patient and Family Satisfaction with Discharge Plans," Medical Care, 30 (March 1992): 263.

8Ibid.
families, and persons in the resource system in planning and decision making processes to assure that their unique perspectives are included. Patient and family satisfaction with discharge plans and the way they perceive social workers can provide a foundation for criteria to guide continuous quality improvement efforts in planning discharge for inpatients. This information can be used by hospitals to design quality improvement programs grounded in the values of recipients as well as providers of care.

**PURPOSE OF STUDY**

The purpose of this study was to investigate the relationship between patient and family satisfaction with discharge plans, and their perceptions of social workers at Grady Health System. Such investigation can assist social workers in interpreting and using the results of evaluations to improve their own practice and the practices of others in the health care system. It can also help them recognize influences of patients' attitudes and behaviors that they might otherwise overlook. For example, patient satisfaction is associated with subsequent compliance with medical recommendations; that is, a patient who is satisfied with his or her discharge plans is more likely to comply

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10 Ibid.
with the medical regimen once they have been discharged. Social workers who recognize this relationship may be better able to overcome noncompliance, a problem that not only increases the cost of health care, but also jeopardizes the life and health of the patient.

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CHAPTER TWO

LITERATURE REVIEW

Discharge planning is a process of transition that prepares a family unit, including the patient, for securing adequate home care, community services, or arranging transfer of the patient from one residential setting to another.\(^1\) Discharge planning is driven by a value system that upholds the following principles: (1) assurance or enhancement of social, emotional, and physical functions, (2) consideration of the patient's and family's rights to self-determination, (3) assurance that the patient and family have received adequate and appropriate information about diagnosis, prognosis, and management, (4) assurance that the patient and family have been provided with an alternative for care that respects the human right of patients to a choice and, (5) recognition that continuity of care planning has the achievement of the highest quality of life possible in the least restrictive environment.\(^2\)

Despite the growing tendency of others to assume this


responsibility, discharge planning in hospitals is still performed primarily by social workers. The social worker's first task is to complete a psychosocial assessment. The social worker then engages the patient and family in a decision making process to formulate a discharge plan. The social worker also acts as a coordinator, helping the medical team understand the patient's psychosocial needs, and helping the patient understand the medical care plan. Finally, the social worker links the patient and family with the appropriate community resources.

In an effort to explore factors affecting patient and family satisfaction with discharge plans, Proctor and associates report that patient ratings of discharge plans were related to their degree of involvement in decision making, social support networks (sex and marital status), and physical condition (diagnosis and functional ability). Three types of factors were important to family members: (1) factors related to the discharge planning process, (2) the patient's discharge destination, and (3) length of patient hospital stay.

Aucoin and Wegmann obtained patient feedback about

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nursing services related to discharge planning through telephone follow-up after hospital discharge. Telephone surveyors contacted each discharged patient in two to seven days to ascertain if discharge needs were met adequately. The telephone questionnaire allowed the nursing and social service departments the opportunity to retrieve information about their discharge plan, as well as on patient perceptions regarding their hospital stay.\textsuperscript{5}

Patients' perceptions appear to affect their behavior in three areas: (1) care seeking, (2) adherence to medical advice and (3) action against a provider. Patients who have high perceptions of health care professionals are more likely to schedule routine checkups and seek care when they are ill. They are also more likely to meet appointments, follow physicians instructions, and take prescribed medications. Finally, patients who have high perceptions are less apt to change providers, disenroll from their health plans, or take punitive action.\textsuperscript{6}

Since the family has the potential for being the primary support and/or care group for the patient, professional involvement can be positively associated with


family perceptions. To families, discharge planning appears to require a high level of professional activity, more than mere service arrangement and/or "body moving". Family perceptions also can be associated with the number of options for posthospital care considered by the social worker with the family.7

Patient and family perceptions regarding the behavior of persons providing services to them is an emerging area of interest. In an effort to measure parents' perceptions of professional behavior, Cournoyer and Johnson developed the Helping Behavior Checklist (HBCL). Development of this instrument required three tasks. First, behaviors of interest were specified. Second, among all behaviors of interest, behaviors that parents were able to observe and report were selected. Third, questions were written and tested for validity and reliability. Although most parents reported positive and helpful behaviors in critical areas. Some problem areas included sharing information, teaching coping skills, involving parents in treatment decisions, attribution of blame, and valuing parents' expertise about their own children.8

Providing successful discharge planning and follow-up

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is a means of assessing patient satisfaction, as each hospital must meet the expectations of the patient in order to be the patient's hospital of choice. Dunkle and Coulton report a qualitative study in which patients with higher levels of involvement were more satisfied with the care plan at discharge, while negative consequences were associated with lack of patient involvement. Active participation enhances the likelihood of compliance with successful implementation of plans independence and avoidance of needless institutionalization.⁹

Discharge planning has high priority in assuring quality of care in hospital social work departments. The quality of the helping relationship has consistently shown to have a large bearing on patient satisfaction with discharge plans.¹⁰ When health care professionals are supportive, devoted, concerned, communicate openly, meet client expectations, and provide high quality psychosocial care, clients tend to be satisfied.¹¹

Bull found that variables such as communication, access to resources, management of daily activities, and


¹¹Ibid.
satisfaction with care were indicators of quality identified by patients and health care professionals. In studying quality improvement in discharge planning, Anderson and Helmes report an assessment of communication in discharge planning between hospitals and home health agencies. Their findings suggest several procedural improvements with immediate benefit for improving the quality of discharge planning. These include employing standardized, written referral forms; assigning responsibility for communication by requiring a signature for each referral; and instituting an information feedback system for receiving agencies to obtain additional patient information.\textsuperscript{12}

Since the implementation of a prospective payment system based on diagnostic related groups (DRGs), practitioners face pressures of time limits in expediting the earliest possible discharge.\textsuperscript{13}

Under this system hospitals are reimbursed for patient's hospital stays at a predetermined fixed amount for various diagnostic categories rather than on the basis of length of stay. If health care professionals respond to increased administrative pressures to shorten hospital stays, they


\textsuperscript{13}Judith Dobrof, "DRGs and the Social Worker’s Role in Discharge Planning," \textit{Social Work in Health Care}, 16 (Fall 1991): 37.
must also provide posthospital health supportive services for a needier and more dependent patient population.\textsuperscript{14}

The work of Dobrof suggest strategies to enhance social workers' ability to effectively provide comprehensive, coordinated psychosocial services to patients within a cost containment climate. These strategies include: (1) expert advocating to promote both an increase in posthospital health care resources and to develop mechanisms for financing this care, and (2) case managing in the hospital and community in order to follow the patient along the continuum of the health care delivery system and to ensure that patients are receiving necessary medical treatment and home care services.\textsuperscript{15}

In a study of the experiences of 144 elderly patients, Monk and Steun found that the respondents were generally satisfied with the services they received in the hospital and with the discharge plan coordinated for them despite DRG regulations. These researchers found that many of the patients who were satisfied with the discharge plan were receiving home care services four to five weeks after hospitalization.\textsuperscript{16} The authors conclude that despite DRGs,

\textsuperscript{14}Ibid.

\textsuperscript{15}Ibid, 41.

most patients were satisfied with the hospital services and post-hospital care they received.

Satisfaction has also been linked to patient's knowledge of medication at hospital discharge. Clary, Dever, and Schweizer administered a nine-question patient satisfaction questionnaire to psychiatric inpatients on the day of discharge from an acute hospitalization. Of the 253 participants; 72% of patient were extremely or very satisfied with discharge plans and reported that they had some understanding of why they were prescribed their medications, 15% of patients gave negative ratings, and 13% reported that they were unsure.

Theoretical Framework

An ecological perspective of discharge planning can be used to conceptualize the social worker within various systems that constitute the environment of social work practice. These systems include: (1) the patient; (2) family members; (3) health care providers; (4) the institution; (5) reimbursement sources; and (6) referral resources. It is not enough to look at people and/or

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17 Catheryn Clary, Alex Dever, and Edward Schweizer, "Psychiatric Inpatients' knowledge of Medication at Hospital Discharge", Hospital and Community Psychiatry, 43 (February 1992): 140.

18 Ibid, 141.

environments. The theory emphasizes the necessary lifeline between the two, at which boundary point most stress or problems occur.\textsuperscript{20}

**The Patient**

Preparing the patient for coping with the circumstances of posthospital life is a means for supporting their autonomy. A patient who knows what to expect from a new setting and who is emotionally prepared to deal with the impending changes is more likely to feel a sense of control over the environment. For example, as social workers engage patients in a consideration of alternatives for care after discharge, the review of possible negative consequences can help patients in developing cognitive strategies to assist them with future difficulties in their "impinging environments". It is also important to be clear about the effects of age, gender, race, ethnicity, and marital status on the planning process. These characteristics help to determine the fit between the person and the living environments into he or she might move.

**Family Members**

Discharge plans are apt to be suitable and effective if the patient and other members of the family participate

actively the family sessions. One important key to the success of effective discharge is involving the patient and other members of their families in planning and decision-making processes to assure that their unique "ecological perspectives" are involved. Active participation enhances the likelihood of compliance with the successful implementation of plans and makes more possible retention or restoration of maximum independence and avoidance of needless institutionalization. Careful attention needs to be given to the proposed residence itself in order to assure a good fit of the patient/family with the new environment.

**Health Care Providers**

Social workers can also help patients by involving other health care providers. Physicians, nurses, recreational and occupational therapists can help prepare patients for the everyday realities of the new setting. They can utilize intervention strategies such as orienting and reorienting patients to the new setting through use of photos, menus and schedules. Recreational therapists can take photos of the new environment if no others are available. The occupational therapists can be involved in gathering information about frequently used facilities for a department file. Nurses can implement strategies worked out with the patient their medical regimen after discharge. It

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may be possible through teamwork efforts to create a patient care climate that can significantly influence post discharge adjustment for many patients.  

**The Institution**

Despite the difficulties generated by the initial medical problem and subsequent treatment, the hospital remains essentially a secure, protected environment for the patient and family; one in which daily needs are met by a trained staff in a structured, reassuring atmosphere. Discharge can represent the first crisis in which the patient and significant others must face the reality of the effect of the medical condition on its functioning outside the hospital and into the environment. Rather than viewing the discharge crisis solely as an unfortunate event with the dire consequences for those involved, social workers can understand it to be a unique opportunity to effect therapeutic intervention that may be long-term beneficial effects for their clients.

**Reimbursement Sources**

The shift to a prospective payment reimbursement structure for acute care hospitalizations (DRSs) had reduced length of stay and therefore affected the process of

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22Ibid.

engaging patients and families in discharge planning. The financial penalty aspects of this policy have contributed to increasing pressures to discharge patient quickly. Consequently, patients must begin to consider alternative post discharge plans while still adapting to the impact of their illness. Social worker who assist patients with decisions about post discharge care can overcome the constraints of shorter hospital stays by developing practice patterns that enhance patient control over their environments.

**Referral Resources**

Such planning requires skillful use of referrals and activation of existing social community resources in order to complete the process of reintegration and adaptation for the "person-in-environment". Referrals for both "concrete" and "interpersonal services" are rich in symbolic meaning for the patient and for the family. Such referrals can be significant factors in addressing the social and emotional needs triggered by the illness and should be made with awareness of how each particular referral will influence these needs. Good post discharge planning should be an extension of activities initiated during the period of acute care and should reflect the worker's assessment of role changes and the emotional and environmental status of the

Judith Dobrof, "DRGs and the Social Worker's Role in Discharge Planning," *Social Work in Health Care*, 16 (Fall 1991):38.
individuals affected.

As emphasized by Carl Germain, whether a worker is working directly with a person or with an institution, a social worker is consistently aware of the influence and interdependence of one with the other. The practitioner engaged in policy and discharge planning brings a commitment to the reality and potential of interactions between the person and the environment. A social worker of high quality is expected to become involved and to demonstrate leadership in society and in the profession.

Statement of Hypotheses

1. There is a relationship between patient satisfaction with discharge plans and their perceptions of social workers at Grady Health System.

2. There is a relationship between family satisfaction with discharge plans and their perceptions of social workers at Grady Health System.

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CHAPTER THREE

METHODOLOGY

Research Design

This study used a quantitative descriptive design. It was designed to explore factors that contribute to patient and family satisfaction with discharge plans, and their perceptions of social workers at Grady Health System.

Participants and Setting

Participants of this study consisted of fifty patients who were discharged from Grady Health System and fifty family members who participated in the discharge planning process. Ages of the participants range from twenty to seventy-seven.

Grady Health System exist primarily to meet the health care needs of medically indigent residents of Fulton and Dekalb Counties, to assure provision of emergency care to any person requiring it in the Counties, and to meet the health care needs of other patients who are the Counties responsibility.\(^1\) Grady admits approximately 43,000 patients per year, and handles over 75,000 clinic visits.

\(^1\) The Fulton-Dekalb Hospital Authority, Strategic Plan, Grady Health System (Winter 1994): 1.
After patients have been admitted and received treatment, they are discharged back into the community.

**Procedure**

Questionnaires were administered by the researcher and research assistant. A convenience sampling was utilized where subjects were patients and family members who were available for a personal interview within twenty four hours of their hospital discharge. Patients were interviewed face-to-face, whereas most family members were contacted by telephone.

**Questionnaires**

Two questionnaire packages were administered. First, The Patient Satisfaction and Perception Questionnaire consisted of a 3-part, 30 item individualized rating scale constructed on the basis of existing literature regarding variables associated with patient satisfaction with services and their perceptions of health care professionals. Second, The Family Satisfaction and Perception Questionnaire consisted of a 3-part, 26 item individualized rating scale constructed on the basis of existing literature regarding variables associated with family satisfaction with services and their perceptions of health care professionals. Both instruments were pilot-tested on a sample of patients and family members for item clarity and instrument length. The final revised questionnaires took approximately 15 minutes for participants to complete.
The first part of the questionnaire packages consisted of 8 items designed to measure satisfaction with the discharge planning process and the discharge plan itself. An eleven item Part II was constructed to measure perceptions of the social workers who assisted participants during the discharge planning process. Part III was designed to collect demographic data where patients are asked questions regarding age, gender, ethnicity, income, diagnosis, medical coverage, and discharge destination. On the other hand, family members were asked questions regarding age, gender, ethnicity, relationship to patient, and family member involvement in the discharge planning process. See Appendix C and D for questionnaire package.
CHAPTER FOUR

PRESENTATION OF RESULTS

This chapter is a summary of the data collected from the participants of this study. The data presented indicates patient and family members responses to the discharge planning process, the discharge plan itself and their personal attitudes and feelings toward the social worker who assisted. Section 1 consist of demographic data of patients. Section 2 consist of demographic data of family members. Patient satisfaction with discharge plans and perceptions of social workers is discussed in section 4. Section 5 discusses family satisfaction with discharge plans and their perceptions of social workers.

Table 1 represents frequencies and percentages of patient demographic data, while Table 2 represents demographic data of family members. Table 3 and 4 consist also of frequencies and percentages where 3 shows patient satisfaction with discharge plans and 4 displays patient perceptions of social workers. Table 5 displays family members perceptions of social workers.

Demographic Data of Patients

There were a total of 50 patients respondents in this study. Males accounted for 58% and females represented 42%
of the sample. Ages of the patients ranged from 21 to 72. Twenty-four percent of patient respondents were between the ages of 20-39; 40% between 40-59, and 36% between 60-72 years of age. The ethnicity of patient respondents were 96% African American and 4% Caucasian. The household incomes of patient respondents were: 36% for incomes under 10,000, 46% for incomes between 10,000 - 19,999, 16% for incomes between 20,000 - 29,999, and 2% for an income of 30,000 and above.

There were twenty-four percent of patient respondents who stayed 1 week or less at Grady Health System, 36% stayed 2 to 3 weeks in the hospital, 22% stayed 3 to 4 weeks, 12% stayed 4 weeks to 1 month, and 6% stayed 1 month of more at Grady Health System. Patient respondents were hospitalized for several reasons: (1) congestive heart failure, 18%; (2) kidney failure, 8%; (3) stroke, 22%; (4) hepatitis B, 2%; (5) cirrhosis of the liver, 6%; (6) hypertension, 10%; (7) cancer, 7%; (8) pneumonia, 2%; (9) pulmonary disease, 4%; (10) cellulitis, 6%; (11) lymphoma, 2%; (12) urinary tract infection, 2%; and dementia, 14%.

Patient respondents who were covered by Medicaid represented 14% of the sample, 24% were covered by Medicare, 18% had both Medicaid and Medicare, 8% were covered by private insurance, and 36% of patient respondents had no medical coverage at all. Sixty-six percent of patient respondents were discharged to their own home, 14% went to
nursing homes, 12% were discharged to the home of a friend of relative, 6% went to a personal care home, and 2% went elsewhere.

TABLE 1

DEMOGRAPHIC DATA OF PATIENTS WHO PARTICIPATED IN THE DISCHARGE PLANNING PROCESS AT GRADY HEALTH SYSTEM (N = 50)

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Frequency</th>
<th>Percent</th>
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<tr>
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<td>58</td>
</tr>
<tr>
<td>Female</td>
<td>21</td>
<td>42</td>
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<tr>
<td>Age (years)</td>
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<td></td>
</tr>
<tr>
<td>20 - 39</td>
<td>12</td>
<td>24</td>
</tr>
<tr>
<td>40 - 59</td>
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<td>60 - 79</td>
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<td>10,000 - 19,999</td>
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<td>Under 10,000</td>
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<td>1 Month or More</td>
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<td>6</td>
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<td>Demographics</td>
<td>Frequency</td>
<td>Percent</td>
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<td>Stroke</td>
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<td>Dementia</td>
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<td>None</td>
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<td><strong>Discharge Destination</strong></td>
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<td>Nursing Home</td>
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<td>6</td>
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### Demographic Data of Family Members

There were 50 family members who participated in this study. Twenty-four percent were male, while seventy-six percent were female. Ages of family members ranged from 20 - 67. Twelve percent of the family respondents were between the ages of 20 - 39, 58% were between 40 - 59 and 30% between the ages of 60 - 79. Like patient respondents, African American family members covered 98% of the sample,
while Caucasians represented 2% the sample size. Spouses represented 26% of the family member population, 44% were parents, 18% were the children of patient respondents, and 12% represented other family members. Families who involved 1 - 3 of it's members represented 96% of the sample, while 4% of family member respondents involved 4 - 6 family members in the discharge planning process.

**TABLE 2**

DEMOGRAPHIC DATA OF FAMILY MEMBERS WHO PARTICIPATED IN THE DISCHARGE PLANNING PROCESS (N = 50)

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>Gender</td>
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<td></td>
</tr>
<tr>
<td>Male</td>
<td>12</td>
<td>24</td>
</tr>
<tr>
<td>Female</td>
<td>38</td>
<td>76</td>
</tr>
<tr>
<td>Age (years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 - 29</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>40 - 59</td>
<td>29</td>
<td>58</td>
</tr>
<tr>
<td>60 - 79</td>
<td>15</td>
<td>30</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>49</td>
<td>98</td>
</tr>
<tr>
<td>Caucasian</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Relationship to Patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse</td>
<td>13</td>
<td>26</td>
</tr>
<tr>
<td>Parent</td>
<td>22</td>
<td>44</td>
</tr>
<tr>
<td>Child</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>Other Relative</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Members Involved</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 - 3</td>
<td>48</td>
<td>96</td>
</tr>
<tr>
<td>4 - 6</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>
Patient Satisfaction With Discharge Planning and Perceptions of Social Workers

Part A of the Patient Satisfaction and Perceptions Questionnaire scores ranged from 0 - 40. Patients who scored 27 - 40 were satisfied with the discharge planning process and the discharge plan itself. Patients who scored 14 - 26 exhibited neutral satisfaction. There were no patients who scored between 0 - 13 which would have meant that they were unsatisfied. According to above intervals, 94% of patients reported satisfaction and 6% reported neutral satisfaction.

Part B of the Patient Satisfaction and Perceptions Questionnaire score ranged from 0 - 55. Patients who scored 38 -55 had positive perceptions of social workers. Patients who scored 19 - 37 had neutral perceptions of social workers. There were no patients who scored between 0 - 18 which would have meant that they had negative perceptions of social workers. According to above intervals, 98% of patients reported positive perceptions and 2% reported having neutral perceptions of social workers.

Pearsons r was used to determine whether or not there was a statistical relationship between patient satisfaction with discharge plans and their perceptions of social workers. Pearsons r indicated that r = -.146, p > .05. There was no statistical relationship between patient satisfaction with discharge plans and their perceptions of social workers.
### TABLE 3

**PATIENT SATISFACTION WITH DISCHARGE PLANS (N = 50)**

<table>
<thead>
<tr>
<th>Satisfaction</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfied</td>
<td>27 - 40</td>
<td>46</td>
</tr>
<tr>
<td>Neutral</td>
<td>14 - 26</td>
<td>4</td>
</tr>
</tbody>
</table>

### TABLE 4

**PATIENT PERCEPTIONS OF SOCIAL WORKERS AT GRADY HEALTH SYSTEM (N = 50)**

<table>
<thead>
<tr>
<th>Perceptions</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>38 - 55</td>
<td>49</td>
</tr>
<tr>
<td>Neutral</td>
<td>19 - 37</td>
<td>1</td>
</tr>
</tbody>
</table>

**Family Satisfaction With Discharge Plans and Perceptions of Social Workers**

Part A of the Family Satisfaction and Perceptions Scale scores ranged from 0 - 40. Family members who scored 27 - 40 were satisfied with the discharge planning process and the discharge plan itself. There were no family members who scored 14 - 26 which would have meant that they exhibited neutral satisfaction. No family members who scored between 0 - 13 which would have meant that they were unsatisfied. According to above intervals, all family members were satisfied with discharge plans.
Part B of the Family Satisfaction and Perceptions Scale scores ranged from 0 - 55. Family members who scored 0 - 18 had positive perceptions of social workers. Family members who scored 19 - 37 had neutral perceptions of social workers. There were no family members who scored between 1 - 18 which would have meant that they had negative perceptions of social workers. According to above intervals, 94% of family members reported having positive perceptions and 6% reported having neutral perceptions of social workers.

Pearson's r correlation coefficient was used to determine whether or not there was a statistical relationship between family satisfaction with discharge plans and their perceptions of social workers. Pearson's r indicated that $r = .214$, $p > .05$. There was no statistical relationship between family satisfaction with discharge plans and their perceptions of social workers.
TABLE 5

FAMILY PERCEPTIONS OF SOCIAL WORKERS AT GRADY HEALTH SYSTEM  
(N = 50)

<table>
<thead>
<tr>
<th>Perceptions</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>38 - 55</td>
<td>46</td>
</tr>
<tr>
<td>Neutral</td>
<td>19 - 47</td>
<td>4</td>
</tr>
</tbody>
</table>
CHAPTER FIVE
SUMMARY AND CONCLUSIONS

The findings of this study are important because of their potential to reveal how two important consumer groups, patients and their families, evaluate discharge plans and hospital social workers. Since the introduction of prospective payment systems, hospitals have been more explicit with patients about the importance of expeditious discharge. As a result, patients and families are more familiar with the concept of "discharge plans" and the "hospital social worker" is an increasingly familiar member of the medical team.

Two factors were associated with the satisfaction and perceptions of both patients and family members: (1) decision making variables and (2) discharge destination variables. The patient's role in making discharge plans was important to both patients and family members. Further, both patients and families rated discharge plans as less adequate to meet social and emotional needs when the discharge destination was a nursing home. Consistent with the assertion found in the literature that most older adults prefer home care,
patients in this study gave more positive ratings to discharge plans when they were discharged to their home.

Although patients and family members were satisfied with discharge plans and had positive perceptions of social workers, there was no statistical relationship between the two variables. Discharge coordination at Grady Health System utilized a multidisciplinary approach which involved social workers, physicians, nurses, physical therapist, dietary and other departments that seemed to reflect the administrative arm of the facility, such as the utilization review and transportation departments.

LIMITATIONS OF THE STUDY

A variety of factors prevented research staff from accomplishing predischarge face-to-face interviews with all 100 participants. Some patients were in other parts of the hospital when research staff attempted to interview them. Some patients did not wish to interrupt family visits to speak to the research assistant and others were too incoherent, sick, or frail to participate. Family interviews could not be accomplished when patients had no family and when family could not be reached despite multiple attempts. Therefore, only 44% from the pool of subjects were patients and family members who were related. Also,
despite assurances of confidentiality, patient and family ratings of satisfaction and perceptions may be inflated because of social desirability. Finally, patient and family referrals from social workers may have been those who did not require complicated work.

SUGGESTED RESEARCH DIRECTIONS

Future research should address the interaction between family influence and patient satisfaction, particularly for those patients who seem able to make their own decisions but do not. The social work role in balancing competing needs and interests of patients and families also requires further examination. Finally, data about the relationship of patient and family perception of health care professionals postdischarge outcome could be useful.
CHAPTER SIX

IMPLICATIONS OF THE STUDY FOR SOCIAL WORK PRACTICE

Consumer satisfaction and perceptions may be enhanced by direct efforts to involve patients and families in planning. Some of the practice patterns that support patient autonomy include: (1) involving the patient when working with families, (2) reaching for underlying conflicts, (3) providing a sense of choice within existing parameters, (4) preparing patients for discharge, and (5) enlisting families and hospital caretakers to assist in the process.¹ Work loads should provide social workers with adequate time for discharge planning, including the time-consuming processes required for satisfactory decision making. Social workers may also enhance consumer perceptions by making their efforts on the patient’s behalf more visible. Because much of the activity is "behind the scenes," such as telephoning and arranging for services, social workers need to inform families of actions undertaken on the patient’s behalf.

Family members are apt to come into the planning

session with considerable anxiety and uncertainty about the patient’s future and what is expected of them in dealing with the issues of relocation. Knowledge that the patient is no longer to remain in the hospital or other living place may arouse feeling about the illness or disability and its consequences for daily living; the nature and quality of care that has been given; and a spirit to hopefulness or despair about the prognosis. The social worker opens up discussion of these doubts and feelings through some appropriate comment to convey the information that preparing for discharge often seems difficult for the patient and other family members, that people often feel somewhat upset about the best plan for the patient and family. Through his or her own accepting behavior he or she encourages ventilation of feelings and comments on those that are shared and those that might be unique to a particular person. As anxiety and concerns become understandable, the members may be freed to engage in a problem-solving process to develop a post discharge plan for the patient and family members.²

Effective discharge planning is critical to the patient’s health and the family’s welfare. From the introduction of social work in hospitals in 1905, discharge planning has continued to be a primary focus of the

profession. Over the years this function has been exhibited by physicians, nurses and hospital administrators. Today discharge planning is a sophisticated process involving the patient, family, medical, and non-medical personnel and quite often, community agency staff who provide continuity of care in the best way possible. The employment by social work departments of nurses with expertise in continuing care is now a common phenomenon; social workers have assertively sought formal recognition as institutions' discharge planning coordinations; screening systems are rapidly developing to provide early patient access and great professional control.

These findings highlight the importance of the planning process in enhancing satisfaction of two important consumer groups, patients and their families. Thus understanding the factors that influence satisfaction and perceptions may assist social workers in contributing to their clients' health and quality of life as well as in influencing their organizations and other providers. Social workers can help patients and their families develop realistic and positive expectations of their health care, they can help patients

3Claudia Coulton and Salie Rossen, "Research Agenda for Discharge Planning," Social Work in Health Care, 10 (Summer 1985): 55.

4Ibid.

and families communicate their expectations to providers, and they can encourage health care providers to recognize and meet those expectations.
APPENDIX A
Dear Patient:

As a requirement for graduation from the School of Social Work at Clark Atlanta University, I am conducting a study of patient perceptions of social workers and satisfaction with discharge plans. Better understanding of patient satisfaction and the way they perceive social workers can assist social work clinicians in interpreting and using the results of evaluations to improve their own practice and the practices of others in the health care system.

I am therefore asking your cooperation in this study although participation is entirely voluntary. You are free to withdraw your consent to participate or discontinue participation at any time. Because you will be discharged from Grady, your experiences and opinions would be of much value. The interview will take approximately fifteen minutes to complete.

I assure you that the information requested in this interview will be treated confidentially. Your opinions will in no way be identified by name with any of your responses nor will your name appear on the questionnaire. Your information will be incorporated with that of other patients in the final research report. All questionnaires will be destroyed upon completion of this project.
Again, your participation is entirely voluntary. You are welcome to ask questions regarding the study and your participation in it. Thank you in advance for your assistance and cooperation.

__________________________ Investigator           ___________ Date
     Terri Sims

__________________________ Respondent           ___________ Date
Dear Family Members:

As a requirement for graduation from the School of Social Work at Clark Atlanta University, I am conducting a study of family perceptions of social workers and satisfaction with discharge plans. Better understanding of family satisfaction and the way the family perceives social workers can assist social work clinicians in interpreting and using the results of evaluations to improve their own practice and the practices of others in the health care system.

I am therefore asking your cooperation in this study although participation is entirely voluntary. You are free to withdraw your consent to participate or discontinue participation at any time. Because your family member will be discharged from Grady, your experiences and opinions would be of much value. The interview will take approximately fifteen minutes to complete.

I assure you that the information requested in this interview will be treated confidentially. Your opinions will in no way be identified by name with any of your responses nor will your name appear on the questionnaire. Your information will be incorporated with that of other families in the final research report. All questionnaire will be destroyed upon completion of this project.
Again, your participation is entirely voluntary. You are welcome to ask questions regarding the study and your participation in it. Thank you in advance for your assistance and cooperation.

---------------------- Investigator ----------------------
Terri Sims

---------------------- Respondent ----------------------

---------------------- Date ----------------------
I am going to read you some brief statements about the discharge planning process and the discharge plan itself. Please rate your satisfaction where 1 = Strongly Disagree; 2 = Disagree; 3 = Neither Agree nor Disagree; 4 = Agree; and 5 = Strongly Agree. After each statement I will reread the ratings to make sure we are on the right track.

1. (Blank) The discharge plans that you received were of high quality.
2. (Blank) You received the kind of discharge plans you wanted.
3. (Blank) The discharge plans you received will adequately meet your needs once you are discharged.
4. (Blank) You are satisfied with the amount of help you received during the discharge planning process.
5. (Blank) If a friend were in need of similar help, you would recommend him or her to Grady Memorial Hospital.
6. (Blank) The discharge plans you received will help you deal more effectively with your difficulties.
7. (Blank) Overall, you are satisfied with the discharge plans you received.
8. (Blank) If you were to seek help again, you would come back to Grady Memorial Hospital.
PART B

Now, I am going to read you some brief statements about your personal attitudes and feelings toward the social worker that assisted you at Grady Memorial Hospital. Please rate your perceptions where 1 = Strongly Disagree; 2 = Disagree; 3 = Neither Agree nor Disagree; 4 = Agree; and 5 = Strongly Agree. After each statement I will reread the ratings to make sure we are on the right tack.

1 = Strongly Disagree
2 = Disagree
3 = Neither Agree nor Disagree
4 = Agree
5 = Strongly Agree

The Social Worker:

1. Was courteous ..........................................................
2. Explained clearly what you needed to do once you were discharged.............................
3. Understood what you had been going through... ....
4. Took time to answer your questions or listen to your ideas about discharge planning....... ...
5. Treated you like you were important............ 
6. Involved you in important decisions concerning your discharge plans......................
7. Was honest and up front with you..............
8. Provided services that helped you............... 
9. Seemed to know very much about your difficulties ........................................
10. Valued your opinions about your discharge plans.............................................
11. Cared about how you felt.................................
PART C

Demographic Information

1. What is your gender? (Circle one number below)
   1. Male
   2. Female

2. What is your age? (Place number on line below)
   ___________

3. What is your race? (Circle one number below)
   1. African American
   2. Caucasian
   3. Asian
   4. Native American
   5. Other (Please Specify)

4. What is your household income? (Circle one number below)
   1. Over 30,000
   2. 20,000 - 29,999
   3. 10,000 - 19,999
   4. Under 10,000

5. How many family members live with you? (Place number on line below)
   ___________

6. What was your reason for hospitalization? (Place response on line below)
   ___________________________________________________________________

7. How long was your stay at Grady Memorial Hospital? (Place response on line below)
   ___________________________________________________________________

8. What type of medical coverage do you have? (Circle one number below)
   1. Medicaid
   2. Medicare
   3. Both Medicaid and Medicare
   4. Private Insurance (Please Specify)
   ___________________________________________________________________
9. How would you describe your physical health? (Circle one number below)
   1. Poor
   2. Fair
   3. Good

10. Where will you reside once you are discharged? (Circle one number below)
    1. Home
    2. Nursing Home
    3. Home of friend or relative
    4. Other (Please Specify) ________________

11. What is the name of the social worker that assisted you? (Place name on line below)
    __________________________
PART A

I am going to read you some brief statements about the discharge planning process and the discharge plan itself. Please rate your satisfaction where 1 = Strongly Disagree; 2 = Disagree; 3 = Neither Agree nor Disagree; 4 = Agree; and 5 = Strongly Agree. After each statement I will reread the ratings to make sure we are on the right track.

1 = Strongly Disagree
2 = Disagree
3 = Neither Agree nor Disagree
4 = Agree
5 = Strongly Agree

1. ____ The discharge plans your family member received were of high quality.
2. ____ Your family member received the kind of discharge plans you wanted him or her to have.
3. ____ The discharge plans your family member received will adequately meet their needs once he or she is discharged.
4. ____ You are satisfied with the amount of help your family member received during the discharge planning process.
5. ____ If a friend were in need of similar help, you would recommend him or her to Grady Memorial Hospital.
6. ____ The discharge plans your family member received will help him or her deal more effectively with their difficulties.
7. ____ Overall, you are satisfied with the discharge plans your family member received.
8. ____ If your family member were to seek help again, you would encourage him or her to come back to Grady Memorial Hospital.
PART B

Now, I am going to read you some brief statements about your personal attitudes and feelings toward the social worker who assisted you at Grady Memorial Hospital. Please rate your perceptions where 1 = Strongly Disagree; 2 = Disagree; 3 = Neither Agree nor Disagree; 4 = Agree; and 5 = Strongly Agree. After each statement I will reread the ratings to make sure we are on the right tack.

1 = Strongly Disagree
2 = Disagree
3 = Neither Agree nor Disagree
4 = Agree
5 = Strongly Agree

The Social Worker:

1. Was courteous ..............................................

2. Explained clearly what you needed to do once your family member was discharged.......

3. Understood what you had been going through..

4. Took time to answer your questions or listen to your ideas about discharge planning.......

5. Treated you like you were important........

6. Involved you in important decisions concerning your family members discharge plans................................

7. Was honest and up front with you............

8. Provided services that helped your family member........................................

9. Seemed to know very much about your family members difficulties......................

10. Valued your opinions about your family members discharge plans............................

11. Cared about how you felt.........................
PART C
Demographic Information

1. What is your gender? (Circle one number below)
   1. Male
   2. Female

2. What is your age? (Place number on line below)
   ______

3. What is your race? (Circle one number below)
   1. African American
   2. Caucasian
   3. Asian
   4. Native American
   5. Other (Please Specify) ______

4. How are you related to the patient? (Place response on line below)
   __________________________

5. How many family members were involved in the discharge planning process? (Place number on line below)
   __________________________

6. Will your family member live with you once he or she is discharged? (Circle one number below)
   1. Yes
   2. No
   3. Other (Please Specify) __________________________

7. What is the name of the social worker that assisted you? (Place name on line below)
   __________________________
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