

## Review Article

# Readiness for Hospital Discharge and Its Influencing Factors: A Review

Uwera Aliane<sup>1\*</sup>, Emmanuel Maveere Maonga<sup>1</sup>, Dushimimana Esperance<sup>1</sup>, Aimable Niringiyimana<sup>2</sup>

<sup>1</sup>Specialist Nurse, Xiangya School of Nursing of Central South University, China

<sup>2</sup>Registered Nurse, Kibagabaga Teaching Hospital, Rwanda

### Article History

Received: 07.06.2024

Accepted: 11.07.2024

Published: 17.07.2024

### Journal homepage:

<https://www.easpublisher.com>

### Quick Response Code



**Abstract:** Readiness for hospital discharge is a multidimensional concept involving needs assessment, collaborative patient-centered care, resource management, and care coordination. It begins with admission assessment and treatment planning and then predicts patient readmission and continuity of care. Different studies have revealed moderate readiness for hospital discharge in various patient groups, with a focus on somatic diseases and less on mental disorders. Low readiness for hospital discharge leads to hospital readmissions, as well as financial and psychosocial burdens on patients and their families. As a result, patients, families, healthcare professionals, and community workers must work together to ensure readiness for hospital discharge. Despite the fact that these procedures are currently performed by nurses, nurses' heavy workloads may have an impact on patients' preparation for hospital discharge. Additionally, various social demographic factors, illness-related variables, and psychological support have an impact on readiness for hospital discharge. Younger age, urban residence, higher level of education, and better financial status are positively correlated with increased readiness for hospital discharge, but disease severity, long duration of hospital stay, and limited continuity of care are negatively correlated with readiness for hospital discharge. In conclusion, readiness for hospital discharge is crucial for safe transitions; thus, addressing its influencing factors through teamwork and patient-centered methods may enhance understanding and meeting the unique needs of patients, particularly those with chronic and mental illnesses, allowing a successful transition from the hospital to the community.

**Keywords:** Readiness for hospital discharge, somatic illness, mental illness, influencing factors.

**Copyright © 2024 The Author(s):** This is an open-access article distributed under the terms of the Creative Commons Attribution **4.0 International License (CC BY-NC 4.0)** which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

## 1. INTRODUCTION

Fenwick first defined "readiness for hospital discharge" in 1976 as the patient's sense of readiness to confront reality, whether a patient has physical stability, enough support, psychological ability, information and knowledge, and ability to make decisions (Kolarczyk *et al.*, 2023). Readiness for hospital discharge (RHD) and discharge planning go hand in hand, and they are critical components of hospital-to-home transfer (Mabire C *et al.*, 2019). According to a recent concept analysis of readiness for hospital discharge, readiness for hospital discharge is defined as a complex, multidimensional concept with six defining attributes, namely, comprehensive needs assessment, collaborative, patient-centered care, resource availability management, care and service coordination. This concept begins with the initial rapid assessment and symptom stabilization of a patient upon admission, coincides with treatment planning, and assesses the probability of hospital

readmissions and the accessibility of continuity of care (Xiao *et al.*, 2019). Being ready for discharge has become increasingly important for patients' safe transition from hospital to home as well as for patient satisfaction and positive outcomes. Patients who are unready for discharge might fail to deal with difficulties at home, which leads to a high risk of adverse events, such as reoccurrence or aggravation of disease, unplanned readmission, and poor drug adherence (Xiong *et al.*, 2021). Patients' preparation for hospital discharge should begin prior to admission and involves a multidisciplinary team in the hospital, patients and patients' family members; however, nurses most often bear the majority responsibility for patient and caregiver discharge preparation, which may not be performed well due to nurses' heavy workload and is time consuming; hence, discharge preparation is rushed, which affects patients' readiness for hospital discharge (Galvin *et al.*, 2017; Luther *et al.*, 2019).

\*Corresponding Author: Uwera Aliane

Specialist Nurse, Xiangya School of Nursing of Central South University, China

Different studies on RHD have revealed a moderate level of readiness for discharge, and most of them have focused on somatic diseases, with a few focused on patients with mental disorders (Lau *et al.*, 2023; Li Meng *et al.*, 2022; Nurhayati *et al.*, 2019; Jingyu Qian *et al.*, 2021; J. Qian *et al.*, 2021; Yang *et al.*, 2020; You *et al.*, 2022). Readiness for hospital discharge has been identified as an outcome indicator whereby poor discharge readiness results in hospital readmission, which incurs both financial and psychosocial burdens to patients and their families at large (Galvin *et al.*, 2017). In addition, low readiness for hospital discharge is more likely to result in death. Therefore, it is crucial to ensure that patients are adequately prepared for the transition from inpatient care to the community to improve long-term outcomes and reduce healthcare costs and that a collaborative approach among patients, their families, health care professionals and community health workers is required (Zhang Rong *et al.*, 2023).

Discharge planning sets the foundation for effective changes in patients as they move from hospitals to their homes. Individuals and their families are prepared for independent self-care by providing them with enough knowledge, appropriate support and resources in their community (Hayajneh *et al.*, 2020). This reduces patient readmission rates, which further reduces the financial burden incurred for frequent medical bills and improves quality of life for patients and their families at large. Therefore, this review aims to explore factors affecting readiness for hospital discharge among patients transitioning from acute health care to the community to supplement the existing research and provide a reference for clinical practice.

## 2. Research Status of Readiness for Hospital Discharge

Globally, different studies have been carried out on readiness for hospital discharge for different health conditions. This finding is supported by a systematic review on defining discharge readiness from subacute care from all stakeholders' perspectives that retrieved 3516 studies (Gledhill *et al.*, 2021), and a systematic review on the analysis of research hotspots and trends about readiness for hospital discharge readiness retrieved 626 articles about readiness for hospital discharge conducted in China, most of which focused on enhanced recovery after surgery (Zhang Rong *et al.*, 2023); therefore, these figures suggest a need for more studies on hospital discharge readiness, especially in different fields, including mental disorders.

Various studies conducted in different regions of the world have explored discharge readiness among diverse patient groups and revealed different levels of readiness for hospital discharge. For instance, a study conducted among gynecological patients who underwent surgery revealed 98.8% readiness for hospital discharge (You *et al.*, 2022). Additionally, a cross-sectional survey conducted at West China Hospital demonstrated 80%

readiness among colorectal patients following an enhanced recovery after surgery pathway (Yang *et al.*, 2020). Furthermore, a cross-sectional study conducted in China on readiness for hospital discharge and influencing factors among patients discharged with tubes from the Department of Hepatobiliary Surgery revealed a discharge readiness of 70.2% (J. Qian *et al.*, 2021). On the other hand, a study focused on assessing readiness for hospital discharge among patients with rheumatoid arthritis identified a moderate readiness for discharge, with a mean value of 7.78 and a standard deviation of  $\pm 1.18$  (Du Yujuan *et al.*, 2022). Similarly, a study among patients with spinal cord fractures and spinal cord injuries revealed moderate hospital discharge readiness, with an overall score of  $79.81 \pm 11.48$  (Jin Jiajia *et al.*, 2019). However, a study among patients with osteomyelitis also indicated a low readiness for hospital discharge, with an average item score of  $6.58 \pm 1.61$  (Tang Tingting *et al.*, 2020). Moreover, in a cross-sectional study conducted among people living with HIV in Hunan Province focusing on patients' discharge readiness, 27.6% of patients were unprepared for discharge (Zhang *et al.*, 2021).

Readiness for hospital discharge was also assessed in some developing countries, although it is still at an early stage, and a study in Ghana aimed at assessing discharge readiness among postpartum women revealed relatively high readiness, with a mean score of 177.57 on the RHDS (Lau *et al.*, 2023). Additionally, a study among parents of premature infants revealed greater hospital discharge readiness, with a mean value and standard deviation of  $8.05 \pm 1.11$  (L. Meng *et al.*, 2022). Alternatively, the readiness for hospital discharge was reported to be at a moderate level (Nurhayati *et al.*, 2019), as was a cross-sectional study assessing patient readiness among 1755 participants; less than half (47.8%) of the participants reported not being ready for hospital discharge (Mabire *et al.*, 2019). However, a cohort study that focused on hospitalized patients' reported discharge readiness and the 30-day risk of readmission or death revealed that 23% of patients reported being unprepared for discharge (Lau *et al.*, 2016).

On the other hand, studies on the discharge readiness of patients with mental disorders are still in their early stages, yet mental disorders are major contributors to global health issues and are continuously becoming a substantial global burden (Liang *et al.*, 2018). Among the studies conducted on mental disorders in a cross-sectional study conducted in China among 230 patients with major depressive disorder, the overall RHD level was moderate, with 36.2% not ready for discharge (Xiong *et al.*, 2021). Another study conducted among parents of adolescent patients with bipolar disorder revealed moderate readiness for hospital discharge, with overall mean values of 7.41 and  $\pm 1.33$  standard deviations (LI Weiming *et al.*, 2023). Another study conducted on patients who reported readiness for

hospital discharge revealed moderate readiness for RHD ( $7.70 \pm 1.52$ ), and more than a quarter of people with depression, accounting for 28.9%, had low RDH levels (Wang *et al.*, 2021).

In summary, numerous studies have been conducted worldwide to evaluate hospital discharge readiness under different health conditions. The authors reported varying degrees of readiness for hospital discharge among different patient groups. Nonetheless, despite the wide range of research undertaken, there is still a gap in understanding the level of readiness for discharge among people with mental illnesses, which is a significant and growing concern in the field of global health. Additional research, particularly in this field, is required to more effectively address the unique needs and challenges faced by this group of patients and to ensure optimal transitions from hospital to home care.

### 3. Scales for Measuring Readiness for Hospital Discharge and Their Application

The Readiness for Hospital Discharge Scale (RHDS) is a universal tool for assessing hospital discharge readiness that measures 4 components of hospital discharge readiness: personal status (feelings/perception of a patient on discharge day), with 6 items ranging from 1 to 6, but item 2 should be reverse scored; knowledge (patient knowledge of continuity of care once arrives at home), with 8 items ranging from 7 to 14; perceived coping ability (patients' coping mechanisms after discharge), with 3 items ranging from 15 to 17; and expected support (availability and accessibility of help if needed at home after discharge), with 4 items ranging from 18 to 21. These components make up 21 items that are scored from 0-10 for each patient. The RHDS is calculated as the mean score (summary of all items divided by the total number) (Weiss *et al.*, 2007). The tool was proven to measure readiness for discharge in clinical settings with a Cronbach's alpha of 0.9. According to previous research, the RHDS is a reliable and valid tool for determining patients' perceived readiness for hospital discharge. It was translated into different languages and has been utilized in different parts of the world. It has been used to assess RHD among patients with chronic diseases in medical, surgical, and psychiatric departments (Braet *et al.*, 2016; L. Meng *et al.*, 2022; J. Qian *et al.*, 2021; Xiong *et al.*, 2021; Zhou Meng *et al.*, 2021). The scale was translated into different languages upon developer approval, some of the questions were removed, and others were modified depending on the culture of the people to which it was applied (Weiss *et al.*, 2015). There are also other disease-specific tools developed to assess readiness for hospital discharge, as discussed below.

The interdisciplinary tool for assessing readiness for discharge is primarily used to assess the readiness of rehabilitation patients for discharge. The tool is primarily evaluated based on five criteria:

preparation for the patient's medical condition, functional preparation, social-psychological preparation for the patient and family, communication capacity preparation for the patient, and future life preparation for the patient and family (He M *et al.*, 2018).

The post anesthesia discharge scoring system is used to evaluate and judge whether postoperative patients are ready to be discharged from the five items of vital signs, activity and mental state, pain, nausea or vomiting, surgical bleeding, intake and output. The Pearson correlation coefficient is 0.89, and the internal consistency coefficient (Cronbach's alpha) is 0.65 (He M *et al.*, 2018).

The Readiness for Discharge Questionnaire (RDQ) was created as a measure for assessing readiness for discharge in people with schizophrenia; it includes six items: suicidal/homicidal ideation, aggressive/impulsive behavior control, daily life, drug intake, and hallucinations/delusions. The RDQ is intended to be useful in facilitating discharge choices in ordinary clinical practice, and it has good validity, with a reliability of 0.74 (Steven G *et al.*, 2005).

The Post-Total Hip Replacement Discharge Scale was created to measure patients' readiness for hospital discharge after hip arthroplasty. The scale is divided into two parts: the first part comprises six criteria, primarily gait, everyday activities, overall hip prevention, independence in home exercise programs, and psychological and cognitive abilities. Patients were assessed based on their status; the second component was acute care placement, which included four items and scored patients based on patient features, social support, disease severity, and complications (He M *et al.*, 2018).

The Postpartum Discharge Readiness Scale was developed to assess hospital discharge readiness, primarily from the perspective of mothers and care givers. Maternal discharge status is assessed based on physiological stability, functional ability, availability of social support, access to the health care system and resources, and care givers are assessed based on their own psychological status, education level, interpersonal communication, and mastery of basic nursing care, and it has good reliability, with an alpha value of 0.8 (He M *et al.*, 2018).

The Post-Colon Surgery Discharge Scale was developed to measure patients' readiness for hospital discharge after clinical colon surgery. The main assessment form comprises 18 items in total, and patients should be examined following colon surgery in terms of oral intake, functional recovery of the lower gastrointestinal tract, pain control, activity and self-care abilities, and postoperative problems or difficulties (He M *et al.*, 2018).

#### 4. Factors Related to Readiness for Hospital Discharge

##### 4.1. Social Demographic Factors

In a cross-sectional study conducted among patients with myocardial infarction, age was found to have a negative correlation with discharge readiness, with younger patients having better readiness for hospital discharge (Paulina Hydzik *et al.*, 2021). In contrast, age had a statistically significant influence on preparation for hospital discharge. However, there was no significant difference between the subgroups; therefore, there is no decisive point about readiness for hospital discharge (J. Qian *et al.*, 2021). This inconsistency may be a result of the difference in age groups used by different studies because this difference may affect the learning and comprehension capacity between groups, thus demanding a specific and focused approach in terms of readiness for hospital discharge preparation (Xiong *et al.*, 2021).

Additionally, place of residence was identified as an independent factor that influences readiness for hospital discharge (DU Yunyu *et al.*, 2023; J. Qian *et al.*, 2021). People in urban areas indicated a better degree of understanding and preparedness for discharge than did those in rural areas, and this was emphasized by a study among post surgery patients who revealed that urban residents, especially those near the hospital, were more prepared for discharge than were rural residents, as living in the city made it easier for patients to access medical care and follow-up visits, and they had better knowledge about discharge readiness. (DU Yunyu *et al.*, 2023). However, another study revealed that while urban residents generally had more knowledge and preparation for discharge, there was no significant difference between urban and rural participants in terms of hospital discharge readiness (P. Hydzik *et al.*, 2021).

Furthermore, the marital status of individuals was found to be another factor that influenced their readiness for hospital discharge (Cai *et al.*, 2022; Du Yujuan *et al.*, 2022; P. Hydzik *et al.*, 2021), which is supported by a study conducted among parents of hospitalized children, which revealed that taking care of the children after discharge affects RHD, whereby divorced parents might have limited time to provide care to their children alone, thus exerting greater pressure on the parent spending extended time with the child. (Cai *et al.*, 2022) Moreover, it was determined that patients who were in a committed relationship and lived with their spouses were prepared to be discharged because they would have access to greater support after leaving the healthcare facility. (Du Yujuan *et al.*, 2022) Similarly, it was also observed that a lack of support from loved individuals or their partner could discourage adhering to treatment guidelines after discharge (P. Hydzik *et al.*, 2021).

Moreover, the level of education influences patients' preparation for hospital discharge (Jin Jiajia *et al.*, 2019; J. Qian *et al.*, 2021). Studies have indicated

that a lower level of education leads to lower discharge preparedness due to the limited ability to use medical resources (Jin Jiajia *et al.*, 2019). Patients with high levels of education show a greater degree of discharge readiness because they are eager to know about their disease, which causes them to communicate with medical staff about their symptoms or independently search for related information about their illness from different platforms, including books, the internet, and actively listen to other people's guidance (Cai *et al.*, 2022; J. Qian *et al.*, 2021). The variation in discharge outcomes may be attributed to the implementation of a standardized discharge process. Therefore, it is important to take into account a patient's level of education and tailor discharge preparation accordingly. Likewise, it was shown that the monthly income per capita has an effect on the readiness of patients to be discharged from the hospital because patients with lower economic circumstances are less prepared for hospital discharge, which implies that chronic diseases impose a financial burden and stress due to the costs of medical expenses and frequent hospital visits for check-ups (Jin Jiajia *et al.*, 2019).

##### 4.2. Disease-Related Factors

A previous study showed that non-adherence to treatment has an influence on the health of patients with schizophrenia. This study provides insight into participants who comply with therapy and maintain a decent health status after being discharged from the hospital, which improves community transition (Smithnaraseth *et al.*, 2020). In addition, the course of disease is considered a crucial factor influencing patient readiness for hospital discharge (Kaya *et al.*, 2018; Tang Tingting *et al.*, 2020). As highlighted in different studies, there was a significant correlation between a patient's perception of control over the progression of illness ( $\rho = 0.17$ ;  $p < 0.05$ ) and a greater decrease in the impact of the patient's attitude ( $\rho = 0.23$ ,  $p < 0.05$ ) regarding readiness for discharge (Kolarczyk *et al.*, 2023). In contrast, research suggests that those who have been sick for a shorter period of time are less prepared for hospital discharge. This could be due to a lack of understanding of their illness, such as knowledge of the disease and how to treat its symptoms (Tang Tingting *et al.*, 2020). In addition, the length of hospital stay has been demonstrated to have an impact on patients' preparedness for discharge, with hospitalization lasting more than 20 days being regarded as a prolonged hospital stay that negatively affects readiness for hospital discharge (Wang *et al.*, 2021). Conversely, research has revealed that the length of hospital stay and rehabilitation are significantly connected with sickness acceptance and patient transition in the community. The longer a patient stays in the medical unit, the lower their level of acceptance of illness, limiting their readiness for hospital discharge. This could be attributed to difficulty accepting chronic disease, as well as increased medical expenditures

associated with a prolonged hospital stay (Paulina Hydzik *et al.*, 2021; Nurhayati *et al.*, 2019).

The quality of discharge teaching was significantly correlated with readiness for hospital discharge (Cai *et al.*, 2022; J. Qian *et al.*, 2021; Tang Tingting *et al.*, 2020), and higher levels of subjective knowledge led to improved chronic illness functioning ( $\rho = 0.16$ ;  $p < 0.05$ ) and a decrease in the disease's impact on patients' attitudes ( $\rho = 0.23$ ,  $p < 0.05$ ) (Kolarczyk *et al.*, 2023). As a result, patients are more prepared for discharge from the hospital and have a smoother transition into the community (Chen *et al.*, 2019). Studies have suggested that the better the guidance skills and effectiveness of nursing staff are, the better the discharge teaching (Du Yujuan *et al.*, 2022). Therefore, nurses should focus on content delivery and how it is accepted by patients or family members of patients discharged from acute health institutions (J. Qian *et al.*, 2021). However, it should include a multidisciplinary team, and discharge teaching should be divided into sections and provided throughout the hospitalization, with an emphasis on retelling and asking questions to confirm whether the patients and family members master the provided education because high-quality discharge teaching enhances patients' and their families' ability to care, thus reducing the uncertainty of the disease, which further increases the level of discharge readiness for hospitalized patients (Cai *et al.*, 2022; Li Meng *et al.*, 2022).

Furthermore, continuity of care was found to influence RHD. A study conducted on readiness for hospital discharge among colorectal cancer patients revealed an association between rehabilitative institution accessibility and discharge readiness. They emphasized that health care providers should pay attention to patients transferred to rehabilitation centers if they are able to reach there on time and access continuity of care because it might enhance patients' readiness for hospital discharge since it can reduce the readmission rate (Kolarczyk *et al.*, 2023; Yang *et al.*, 2020).

#### 4. 3. Psychosocial Support

Social support, which is defined as informational, appraisal, emotional and practical support received by a patient from a family member, a friend or a loved one, has been shown to be associated with patients' readiness for discharge (You *et al.*, 2022). Various studies have revealed that social support is a predictor of discharge readiness among patients with both acute and chronic illnesses in which good family and social support can give patients a sense of security and self-confidence and provide patients with practical support outside the hospital, which will help improve patients' readiness for discharge (Jin Jiajia *et al.*, 2019), and inadequate support is associated with feeling unready for discharge (Rotvig *et al.*, 2021). Patients with chronic disease have a significant demand for medical resources, as well as care for work units, social

organizations, family members, relatives, and friends. As a result, nurses should focus on informing relatives of the patient's discharge care, mobilizing resources around the patient as much as possible, encouraging relatives to accompany the patient, participating in the patient's treatment process, and supervising the patient to complete medical treatment after returning home from discharge (Du Yujuan *et al.*, 2022). However, the support resources and coping ability available after discharge are insufficient; thus, society should consider discharged patients with chronic diseases and their families (Cai *et al.*, 2022).

The readiness for hospital discharge in patients with acute and chronic illnesses is a critical aspect that depends on various factors. These factors include age, marital status, monthly income, place of residence, availability of comprehensive rehabilitation centers, quality of education, level of education, personalized discharge plan, involvement of family members in the discharge planning process, social and family support, and nurse-led education and medication adherence. However, it is important to note that the factors influencing patients' readiness for hospital discharge have evolved over time, reflecting changes in healthcare practices and societal perceptions. Understanding the factors that contribute to patients' readiness for hospital discharge can greatly enhance the preparation for discharge and ensure appropriate transitional care.

## 5. CONCLUSION

Readiness for hospital discharge is crucial for a safe transition from hospital to home care, ensuring patient satisfaction and positive outcomes. Nurses play a key role in discharge preparation, but heavy workloads and time constraints can lead to excessive hospital discharge preparation, affecting patients' readiness for discharge. Various studies have revealed differences in RHD among different patient groups, with a focus on somatic diseases and limited studies on mental disorders. It is crucial to address this gap, given the significant burden of mental disorders globally. Further research, particularly in mental health, is needed to understand and meet the unique needs of these patients during the transition from hospital to community. In addition, several factors influence readiness for hospital discharge, including social demographics, disease-related factors, and psychosocial support. Thus, understanding and addressing the factors that influence preparation for hospital discharge through multidisciplinary collaboration, including patients, families, healthcare professionals, and community workers, is essential in this process, emphasizing the importance of a comprehensive and patient-centered approach to discharge planning to successfully improve discharge planning and provide a smooth transition for patients from the hospital to the community.

## REFERENCES

- Braet, A., Weltens, C., & Sermeus, W. (2016). Effectiveness of discharge interventions from hospital to home on hospital readmissions: a systematic review. *JBIS Database System Rev Implement Rep*, 14(2), 106-173. <https://doi.org/10.11124/jbisrir-2016-2381>
- Cai, W., Zheng, X., Wang, R., Zhu, H., Xu, X., Shen, X., & Zhang, C. (2022). Factors of Parents-Reported Readiness for Hospital Discharge in Children with Acute Leukemia: A Cross-Sectional Study. *Journal of Healthcare Engineering*, 2022, 1-7. <https://doi.org/10.1155/2022/4082196>
- Chen, L., Zhao, Y., Tang, J., Jin, G., Liu, Y., Zhao, X., Chen, C., & Lu, X. (2019). The burden, support and needs of primary family caregivers of people experiencing schizophrenia in Beijing communities: a qualitative study. *BMC Psychiatry*, 19(1). <https://doi.org/10.1186/s12888-019-2052-4>
- Du Yujuan, Chen Huaying, Tian Xiaofang, Li Yuting, Yao Jingwen, Zhao Mingyue, & Lifen., Z. (2022). Current status and influencing factors of discharge readiness among patients with rheumatoid arthritis. *Journal of Kunming Medical University*, 43(6), 132-139. <https://doi.org/10.12259/j.issn.2095-610X.S20220603>
- DU Yunyu, YANG Zhen, YANG Lina, XIE Zhiqin, CHEN Shihan, & Xiuqiang., W. (2023). Progress in the application of readiness for hospital discharge assessment tools in adults. *Chinese Evidence Based Nursing*, 9(18). <https://doi.org/10.1016/j.issn.2095-8668.2023.18.012>
- Galvin, E. C., Wills, T., & Coffey, A. (2017). Readiness for hospital discharge: A concept analysis. *J Adv Nurs*, 73(11), 2547-2557. <https://doi.org/10.1111/jan.13324>
- Gledhill, K., Hanna, L., Nicks, R., & Lannin, N. A. (2021). Defining discharge-readiness from subacute care from all stakeholders' perspectives: a systematic review. *Disabil Rehabil*, 43(22), 3127-3134. <https://doi.org/10.1080/09638288.2020.1733107>
- Hayajneh, A. A., Hweidi, I. M., & Abu Dieh, M. W. (2020). Nurses' knowledge, perception and practice toward discharge planning in acute care settings: A systematic review. *Nurs Open*, 7(5), 1313-1320. <https://doi.org/10.1002/nop2.547>
- He . M, Zhou. M, Wang. W, Zhang. D, Tang. Y, Mengfan, & D., Z. (2018). Research progress on nursing assessment tools for discharge readiness. *Chinese Nursing Management*, 18, 09. <https://doi.org/10.3969/j.issn.1672-1756.2018.09.022>
- Hydzik, P., Kolarczyk, E., Kustrzycki, W., Kubiela, G., Kałużna-Oleksy, M., Szczepanowski, R., & Uchmanowicz, B. (2021). Readiness for Discharge from Hospital after Myocardial Infarction: A Cross-Sectional Study. *Int J Environ Res Public Health*, 18(13). <https://doi.org/10.3390/ijerph18136937>
- Hydzik, P., Kolarczyk, E., Kustrzycki, W., Kubiela, G., Kałużna-Oleksy, M., Szczepanowski, R., & Uchmanowicz, B. (2021). Readiness for Discharge from Hospital after Myocardial Infarction: A Cross-Sectional Study. *International Journal of Environmental Research and Public Health*, 18(13), 6937. <https://doi.org/10.3390/ijerph18136937>
- Jin Jiajia, Xu Xiao, Liu Xiaoli, & Yi., W. (2019). Analysis of the current status of discharge readiness of patients with spinal fractures and spinal cord injuries and its influencing factors. *Chinese Modern Nursing Magazine*, 9(25). <https://doi.org/10.3760/cma.j.issn.1674-2907.2019.09.014>
- Kaya, S., Sain Guven, G., Aydan, S., Kar, A., Teleş, M., Yıldız, A., Koca, G., Kartal, N., Korku, C., Ürek, D., Demir İ, B., & Toka, O. (2018). Patients' readiness for discharge: Predictors and effects on unplanned readmissions, emergency department visits and death. *J Nurs Manag*, 26(6), 707-716. <https://doi.org/10.1111/jonm.12605>
- Kolarczyk, E., Witkowska, A., Szymiczek, M., & Młynarska, A. (2023). The Variables of the Readiness for Discharge from Hospital in Patients after Myocardial Infarction. *International Journal of Environmental Research and Public Health*, 20(2), 1582. <https://doi.org/10.3390/ijerph20021582>
- Lau, D., Padwal, R. S., Majumdar, S. R., Pederson, J. L., Belga, S., Kahlon, S., Fradette, M., Boyko, D., & McAlister, F. A. (2016). Patient-Reported Discharge Readiness and 30-Day Risk of Readmission or Death: A Prospective Cohort Study. *Am J Med*, 129(1), 89-95. <https://doi.org/10.1016/j.amjmed.2015.08.018>
- Lau, E., Adams, Y. J., Ghiaseddin, R., Sobiech, K., & Ehla, E. E. (2023). Discharge Readiness and Associated Factors Among Postpartum Women in Tamale, Ghana. *West J Nurs Res*, 45(6), 539-546. <https://doi.org/10.1177/01939459231152122>
- Li Meng, Zhang Lingling , Zhang Haihong, Zhang Xiaobai, Huang Dandan, & Shaoyan., W. (2022). Readiness for Hospital Discharge and Its Correlation with the Quality of Discharge Teaching among the Parents of Premature Infants in NICU. *Applied Bionics and Biomechanics*. <https://doi.org/https://doi.org/10.1155/2022/4924021>
- LI Weiming, Zeng Junfang, Li Cuiyun, HE Yqui, & Hongtao., C. (2023). Study on the current situation and influencing factors of readiness for hospital discharge among parents of adolescent patients with bipolar disorder. *Chinese Evidence Based Nursing*, 9(16). <https://doi.org/10.12102/j.issn.2095-8668.2023.16.018>
- Liang, D., Mays, V. M., & Hwang, W. C. (2018). Integrated mental health services in China: challenges and planning for the future. *Health*

- Policy Plan*, 33(1), 107-122. <https://doi.org/10.1093/heapol/czx137>
- Luther, B., Wilson, R. D., Kranz, C., & Krahulec, M. (2019). Discharge Processes: What Evidence Tells Us Is Most Effective. *Orthop Nurs*, 38(5), 328-333. <https://doi.org/10.1097/nor.0000000000000601>
  - Mabire, C., Bachnick, S., Ausserhofer, D., & Simon, M. (2019). Patient readiness for hospital discharge and its relationship to discharge preparation and structural factors: A cross-sectional study. *Int J Nurs Stud*, 90, 13-20. <https://doi.org/10.1016/j.ijnurstu.2018.09.016>
  - Mabire, C., Bachnick, S., Ausserhofer, D., Simon, M., & Group., T. M. R. S. (2019). Patient readiness for hospital discharge and its relationship to discharge preparation and structural factors. *Int. J. Nurs. Stud*, 90, 13-20. <https://doi.org/https://doi.org/10.1016/j.ijnurstu.2018.09.016>
  - Meng, L., Lingling, Z., Haihong, Z., Xiaobai, Z., Dandan, H., & Shaoyan, W. (2022). Readiness for Hospital Discharge and Its Correlation with the Quality of Discharge Teaching among the Parents of Premature Infants in NICU. *Appl Bionics Biomech*, 2022, 4924021. <https://doi.org/10.1155/2022/4924021>
  - Meng, L., Lingling, Z., Haihong, Z., Xiaobai, Z., Dandan, H., & Shaoyan, W. (2022). Readiness for Hospital Discharge and Its Correlation with the Quality of Discharge Teaching among the Parents of Premature Infants in NICU. *Applied Bionics and Biomechanics*, 2022, 1-8. <https://doi.org/10.1155/2022/4924021>
  - Nurhayati, N., Songwathana, P., & Vachprasit, R. (2019). Surgical patients' experiences of readiness for hospital discharge and perceived quality of discharge teaching in acute care hospitals. *J Clin Nurs*, 28(9-10), 1728-1736. <https://doi.org/10.1111/jocn.14764>
  - Qian, J., Qian, M., Ren, Y., Ye, L., Qian, F., Jin, L., Chen, L., & Xu, H. (2021). Readiness for hospital discharge and influencing factors: a cross-sectional study on patients discharged with tubes from the department of hepatobiliary surgery. *BMC Surgery*, 21(1). <https://doi.org/10.1186/s12893-021-01119-0>
  - Qian, J., Qian, M., Ren, Y., Ye, L., Qian, F., Jin, L., Chen, L., & Xu, H. (2021). Readiness for hospital discharge and influencing factors: a cross-sectional study on patients discharged with tubes from the department of hepatobiliary surgery. *BMC Surg*, 21(1), 121. <https://doi.org/10.1186/s12893-021-01119-0>
  - Rotvig, C., Christensen, A. V., Rasmussen, T. B., Borregaard, B., Thrysoee, L., Juel, K., Thorup, C. B., Mols, R. E., & Berg, S. K. (2021). Unreadiness for hospital discharge predicts readmission among cardiac patients: results from the national DenHeart survey. *Eur J Cardiovasc Nurs*, 20(7), 667-675. <https://doi.org/10.1093/eurjcn/zvab017>
  - Smithnaraseth, A., Seeherunwong, A., Panitrat, R., & Tipayamongkholgul, M. (2020). Hospital and patient factors influencing the health status among patients with schizophrenia, thirty days after hospital discharge: multi-level analysis. *BMC Psychiatry*, 20(1). <https://doi.org/10.1186/s12888-020-03001-4>
  - Steven, G., Potkin, A., Georges, M., Gharabawi, B., Andrew, J., Greenspan, B., Marci, F.T., Rupnow, B., Colette Kosik-Gonzalez, B., Gary Remington, C., Charles Ruetsch, D., & D., D. R. (2005). Psychometric evaluation of the Readiness for Discharge Questionnaire. *Schizophrenia Research*, 80, 203-212. <https://doi.org/10.1016/j.schres.2005.06.021>
  - Tang Tingting, Yan Yu, A Ge, & Xiaoyan, L. (2020). Investigation on the current status of discharge readiness of patients with osteomyelitis and analysis of influencing factors. *Chinese Journal of Modern Nursing*, 26(01), 76-80. <https://doi.org/10.3760/cma.j.issn.1674-2907.2020.01.015>
  - Wang, M., Wang, Y., Meng, N., & Li, X. (2021). The factors of patient-reported readiness for hospital discharge in patients with depression: A cross-sectional study. *J Psychiatr Ment Health Nurs*, 28(3), 409-421. <https://doi.org/10.1111/jpm.12693>
  - Weiss, M. E., Bobay, K., Bahr, S. J., Costa, L. L., Hughes, R. G., Holland, D., & E. (2015). A Model for Hospital Discharge Preparation: From Case Management to Care Transition. *College of Nursing Faculty Research and Publications*, 409. [https://epublications.marquette.edu/nursing\\_fac/409](https://epublications.marquette.edu/nursing_fac/409)
  - Weiss, M. E., Piacentine, L. B., Lokken, L., Ancona, J., Archer, J., Gresser, S., Holmes, S. B., Toman, S., Toy, A., & Vega-Stromberg, T. (2007). Perceived readiness for hospital discharge in adult medical-surgical patients. *Clinical Nurse Specialist*, 21, 31-42. <https://www.marquette.edu/nursing/readiness-hospital-discharge-scale.php>
  - Xiao, S., Tourangeau, A., Widger, K., & Berta, W. (2019). Discharge planning in mental healthcare settings: A review and concept analysis. *Int J Ment Health Nurs*, 28(4), 816-832. <https://doi.org/10.1111/inm.12599>
  - Xiong, L., Liu, Y., Chen, Q., Tian, Y., & Yang, M. (2021). Readiness for Hospital Discharge of Adult Patients with Major Depressive Disorder in China: A Cross-Sectional Study. *Patient Preference Adherence*, 15, 1681-1692. <https://doi.org/10.2147/ppa.S319447>
  - Yang, J., He, Y., Jiang, L., & Li, K. (2020). Colorectal patients' readiness for hospital discharge following management of enhanced recovery after surgery pathway: A cross-sectional study from China. *Medicine (Baltimore)*, 99(8), e19219. <https://doi.org/10.1097/md.00000000000019219>
  - You, H., Lei, A., Li, X., Liao, X., & Chang, J. (2022). Discharge teaching, patient-reported discharge

readiness and postsurgical outcomes in gynecologic patients undergoing day surgery: a generalized estimating equation. *BMC Surgery*, 22(1). <https://doi.org/10.1186/s12893-022-01607-x>

- Zhang Rong, Zhang Jun, Wang Dongmei, Zhu Ling, & Jing., C. (2023). Research hot spots and trend analysis on discharge readiness based on VOSviewer. *Journal of Nursing*, 38(8), 106-110. <https://doi.org/10.3870/j.issn.1001-4152.2023.08.106>
- Zhang, X., Tang, C., Xiao, X., Sun, M., & Wang, H. (2021). Readiness for Hospital Discharge and Its Correlates Among People Living With HIV in

Hunan, China: A Cross-sectional Study. *J Assoc Nurses AIDS Care*, 32(5), 619-628. <https://doi.org/10.1097/jnc.0000000000000278>

- Zhou Meng, Yang Yabing, Zhen, L., & Xu Yan. (2021). . (06), -. (2021). A bibliometric analysis of the readiness of patients to be discharged from hospital in China. *Tianjin Nursing*, 06. [https://kns.cnki.net/kcms2/article/abstract?v=3uoqIhG8C44YLTlOaiTRKibYIV5Vjs7iJTKGjg9uTdeTsOI\\_ra5\\_XRNehOmJAYHUQnH2U0SXhuLHBwNKPP84munSyeNTKQpG&uniplatform=NZKPT](https://kns.cnki.net/kcms2/article/abstract?v=3uoqIhG8C44YLTlOaiTRKibYIV5Vjs7iJTKGjg9uTdeTsOI_ra5_XRNehOmJAYHUQnH2U0SXhuLHBwNKPP84munSyeNTKQpG&uniplatform=NZKPT)

---

**Cite This Article:** Uwera Aliane, Emmanuel Maveere Maonga, Dushimimana Esperance, Aimable Niringiyimana (2024). Readiness for Hospital Discharge and Its Influencing Factors: A Review. *EAS J Nurs Midwifery*, 6(3), 65-72.

---