

RECOMMENDATION 1.3:

Assess the client for physical and psychological readiness for a care transition.

Level of Evidence = III

Discussion of Evidence:

Preparation of a client for a care transition must include assessing their readiness for change, both physical and psychological, and their own perceptions of their ability to cope with the transition. The nurse should observe, ask and listen for information on indicators of readiness for change including:

- Physical: mobility, pain, energy level, appetite, and difficulties with sleeping, swallowing and eating;
- Psychological: anxiety, fear, disturbances in sleep, hallucinations, amnesia, depression and post-traumatic stress;
- Cognitive: memory impairments or deficits, impaired judgment and executive functioning;
- Goals: health or recovery targets related to level of independence;
- Knowledge: skills required to manage their own health (such as knowledge of medication and side effects); and
- Environment: can they manage safely after transition.

(AMDA, 2010; Joint Commission, 2010; SIGN, 2010).

Clients need support from their families or caregivers during care transitions. The client, their family and caregivers will together experience a care transition (Ellis, 2010). Anxiety and stress can affect the client and the ability of their family or caregiver's to absorb information. Everyone (including health-care providers, organizations, and community services) has a role in supporting them through the transition. Sneath (2009) reviewed studies on parents' perceptions of their readiness for their infants' discharge and found they had many unanswered questions and felt unprepared for the discharge. Health-care providers should encourage clients and families to talk about their perceptions of their ability to manage a care transition. Ellis (2010) suggested health-care providers use the theoretical framework shown in Table 1 to understand the psychological stages individuals may go through as they adapt to a transition. Clients and their family members or caregivers may not necessarily experience every stage, or go through them in a linear order.

Table 1. Fisher's Process of Transition

STAGES	
Anxiety	The person experiences uncertainty about the future, and a lack of control.
Happiness	There is a feeling of relief that there will be a change, and a feeling of excitement that perhaps there will be a general improvement. The person also experiences satisfaction knowing that their previously held thoughts to some degree were true. Fisher describes this phase for the client as "thank goodness something at last has happened". One of the dangers in this phase is that the individual may perceive there is more to be gained from the change.
Fear	As a result of imminent change in their life, they will behave differently, which will affect not only how they see themselves, but how others see them as well.
Threat	Due to an imminent lifestyle change, they experience uncertainty regarding how to behave the "new" environment where the old rules no longer apply and new rules will be established.

STAGES	
Guilt	Re-evaluation of self occurs with self-examination of their core beliefs. Guilt can result as the person realizes that previous actions were inappropriate.
Depression	Lack of motivation and confusion. The person experiences uncertainty about their future and where they “fit-in”. Loss of identity.
Disillusionment	The awareness that the person’s values, goals and beliefs are not compatible with others. The person becomes disengaged and unmotivated.
Hostility	The person continues to use processes that repeatedly fail and do not result in positive outcomes.
Denial	Lack of acceptance of any change. The person behaves as though change has not happened, and operates in the old system of thinking.

From “Psychological transition into a residential care facility: older people’s experiences,” by J. M. Ellis, 2010, *Journal of Advanced Nursing*, 66, p. 1159. Copyright 2010 The Author. Journal compilation © 2010 Blackwell Publishing Ltd. Adapted with permission.

Psychological and physical readiness is equally important for a successful care transition (Bench & Day, 2010; Ellis, 2010; Joint Commission, 2010). Involving clients and their families or caregivers in daily rounds and care conferences is important, as it helps to prepare them for the care transition, build trust, and set the expectations. It also allows for the ongoing assessment of their physical and psychological readiness (Bench & Day, 2010; Coleman & Boulton, 2003; Herndon et al., 2013; Schall et al., 2013; Sevin et al., 2013). The assessment of the client’s and their family’s or caregiver’s psychological readiness should be incorporated into planning to assist with adaptation before, during or after a care transition – for example, adapting and timing the educational efforts to any fears, concerns and questions (Ellis, 2010; SIGN, 2010). The timing of the care transition should be based on the health-care team’s knowledge of everyone’s psychological and physical readiness.

RECOMMENDATION 1.4:

Assess the client, their family and caregivers for factors known to affect the ability to learn self-care strategies before, during and after a transition.

Level of Evidence = III

Discussion of Evidence:

Many clients will have to manage all or some of their own care after a transition. Acquiring the related knowledge and skills enhances self-sufficiency. Nurses should assess if the client is psychologically ready to learn what they need to know for self-care (RNAO, 2012a). Ability to learn is based on an individual’s readiness to unlearn past knowledge, actively construct new knowledge and adopt the actions that promote their health over time (RNAO, 2012a).

Nurses with the interprofessional team (such as occupational therapists, pharmacists, physiotherapists) should assess clients, their family and caregivers for factors known to affect the willingness to learn and ability to listen and comprehend during education sessions on self-care strategies (Joint Commission, 2010; RNAO, 2010b, 2012a; Sneath, 2009). Those factors include:

- Knowledge and ability to monitor their own health status and medical conditions;
- Level of health literacy^G and language proficiency;
- Information overload;