

Applying Lewin's Change Management Theory To Improve Patient's Discharge Plan



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1. ABSTRACT

Background: Kurt Lewin's Change Management Theory offers a strategic approach that can assist nurses in planning, implementing, and evaluating the proposed change. Also, discusses how nurses can applied it to successfully implement discharge plan. **Aim:** to apply Lewin's change management theory to improve patient's discharge plan. **Methods:** A Quasi-experimental, research design was utilized a convenient sample of (50) staff nurses and (50) patient at Oncology Center-Mansoura University. Four tools were used The Discharge Education Nursing Questionnaire, Observation Tool, Structured Patient Interview and Discharge Plan Follow-Up Questionnaire. **Results:** Nurses' knowledge regarding the teach-back method after implementing teaching sessions was significantly improved. The majority of staff nurses (90%) have a satisfactory performance level during patient discharge education after implementing teaching sessions of the teach-back method, while (100%) of them have an unsatisfactory performance level before. Also, the majority of patient (98%) have satisfactory levels of knowledge regarding their discharge plan after implementing the teach-back method for nurses. There was no relation between nurses' knowledge regarding teach-back method and their performance during patient discharge education before and after implementing training session. **Conclusion:** There were statistically significant differences before and after implementing teaching sessions for staff nurses using Lewin's change management theory. **Recommendations:** Incorporate the use of teach-back method at patient discharge plan within health care organization. Add "teach-back" to central orientation education for newly hired staff nurses. Develop hospital policy to implement teach- back during discharge instruction.

Keywords: Change management, Discharge plan, Lewin's theory, Teach-back method.

2. Introduction:

Nowadays, organizations change rapidly and are likely to reinvent themselves continuously. Change is an inevitable part of any growing organization especially a dynamic and rapidly growing ones as health care organizations. Due to environmental complexity, globalization, competition, influence of technology and changing consumer needs and wants, the need for change has become a necessity for any organization to survive. This includes all types of organizations specially health care organization, as they operate as an open system receiving internal and external forces from rapidly changing health care delivery system (Heirich, 2019).

Organizational change can be classified as one of two approaches: Planned change which is called linear approach or Unplanned change / emergent approach which is called a non-linear approach. Kurt Lewin came up with the term "planned change" to distinguish between change which is planned and change that happens on the occasion, by accident, or is imposed on an organization. A cooperation in which the organization, leaders, changed users, and specialists

work together to examine the organization's difficulties and design and execute specific changes to improve the organization's performance is known as planned change. (Conklin, 2021).

In nursing and health care, Lewin's theory of change, created in the 1950s, offers a systematic approach to determine change necessity, leading the transition process, and attaining an intended goals or end. Nurses can evaluate and recognize these pressures as driving forces and restraining forces using Lewin's Force Field Analysis Model. Driving forces are responsible for initiating change and supporting organizations in achieving their objectives. Restraining forces, on the other hand, are stagnant forces that prohibit change from happening. Equal driving and restraining forces result in a condition of balance that must be broken in order for change to occur. (Pyne, 2013).

Lewin's approach to change management Unfreeze, change, and refreeze are the three attributes of change. The leader must create inspiration and partially mediated among the members during this unfreezing or defrosting stage by exposing them to innovative ideas, a shared

need and perspective for what could be, and a willingness to work collaboratively to the next step. To progress through this phase, leaders must earn the disciples' trust and loyalty to teach and inspire them to change, as well as to build a clear idea about the need for change. (Walk, 2022).

The second stage, mentioned by Lewin as "changing" or "moving," exists when participants go to another level of behavior and establish a new perception on the change. Finally, the incoming shift is absorbed into people's mindsets, daily behaviors, or activities, and the organization is stabilized. Unless the transition is to be maintained or "stick," the leader must play a vital role throughout this phase by strengthening the new behaviors with constructive comments, motivation, appreciation, and incentives, otherwise the transition will be fast and the staff will regress to their old stasis or habits. (Pahl, & Rowsell, 2020).

Discharge planning is the process of creating a customized care plans before hospitalization with the hope of optimizing clinical outcomes and lowering healthcare premiums by ensuring timely release and collaboration of health care suppliers just after hospital discharge to help to narrow disease and increase society wellness. (Weiss et al., 2015).

Discharge education, an important part of discharge preparedness, is a collection of intervention strategies that take place mostly during hospitalization to prepare the patient and their family/caregivers for the move from hospital to home. In all patient care settings, patient education is a vital skill for all caregivers. Patient and relatives teaching is to provide them with the information required to make wise decisions as well as the knowledge, trust, and capabilities they'll need at post-acute care. The core content includes review of disease condition, test results, next steps in medical care including follow-up appointments, instructions for self-care at home, current medications, a warning signs and problems to watch for, and contact information for primary care, pending tests, and emergencies (Griffiths, Stephen, Kiran, & Okrainec, 2021).

As understanding the patient-specific barriers to self-care, discharge education necessitates the establishment of an efficient line of contact. Teach-back is a teaching strategy that involves patient participation reinforcement. As a result, patient educators and nursing staff play an important role in raising awareness of patients and families, facilitating the recognition of patients who are at risk of not comprehending discharge instructions and customizing teaching to promote

adherence to post - discharge. (Hahn & Goldberg, Okrainec, Huynh, Zahr & Abrams, 2015).

Teach-back is a communication strategy that seeks to improve the patient's understanding of whatever is being spoken Teach-back is a method of providing instruction to patients and afterwards allowing participants to restate it with their own words. It shouldn't feel like an exam, but rather a reinforcement of what is already learnt. It permits healthcare professionals to examine information that needs to be correctly before moving over to other ideas or stopping the sessions if the patient becomes unable to describe what was said or has specific questions (Agency for Healthcare Research and Quality, 2017).

Two teach-back strategies are communicating in plain language and devising a system for simply asking to recall the understanding. Nurses need to clarify that the goal of the teach-back is to assure that the nurse has addressed all of the material, not to evaluate the patient's comprehension. Also, utilize the chunk and check strategy to deliver knowledge in those little chunks so that patients can understand and explain what they've learned. (AHRQ, 2017).

The nurse should check for knowledge throughout the conversation rather than waiting until the conclusion, To help patients understand the material, break it down into smaller bits. If the patient is unable to share information properly to the nurse, it is vital to explain and double-check the information, using a number of tactics or descriptions to repeat the information. Instead of repeating the information word by word, the client needs to use common language to show that he or she comprehended it. Finally, if the material is a skill, it should be conveyed and shown to ensure that the patient comprehends the information (AHRQ, 2015a).

Significance of study:

For a variety of reasons, planned change in nursing profession is required, yet it can be difficult to achieve. Incorporating a changing theory framework can administrators as well as other change agents in improving their chances of success. Nurses must be trained in order to provide appropriate discharge instruction. As a result, the study's goal is to use Lewin's Change Management Theory to improve patient discharge plans in hospitals (Crosby, 2020).

Aim of the study

This study aims to apply Lewin's change management theory to improve patient's discharge plan

Research hypothesis: -

It is hypothesized that; an application of Lewin's change management theory will improve discharge plan for patients.

3. Methods

Research design:

The study used a quasi-experimental research design.

The study setting :

The study was held at Oncology and hematology departments (medical units) at oncology center, Mansoura University (OC-MU) located at delta region which serving patients with oncology diseases by treatment, prevention, and early detection. Oncology center occupied with a total number of 500 beds, which include 13 floors namely; basement, ground floor and 11 floors.

Participants of the study:

It included 2 groups; staff nurses' group and patient group.

Group I. all available staff nurses working at Oncology and hematology departments (medical units) of Oncology Center, Mansoura University at the time of data collection. Their total numbers were (n= 50) staff nurses. 14 staff nurses working in the medical male unit, 13 staff nurses working in the medical female unit, and 23 staff nurses working in the hematology unit.

Group II. all available patients occupied in Oncology and hematology department (medical units) in the above-mentioned setting. Their total numbers were (n=50) patient, with the following criteria: -

Inclusion criteria. Patient is alert and oriented, with no signs of cognitive problems. Discharged to the patient's house without the need for follow-up communication. Availability of a personal phone.

Tools of data collection- :

For data gathering, four tools were used.

Tool I: The Discharge Education Nursing Questionnaire:

This tool is a self-administered questionnaire developed by (O'Sullivan, 2014), it seeks to collect information regarding the current discharge practices before implementing the teach-back approach. It involved two parts as follows:

Part I: Demographic Characteristics of Staff Nurse's:

It covered items as; age, gender, and educational qualification, place of work, and years of experience.

Part II: Nurses knowledge about teach-back method:

Includes 7 items as follows: -

- Knowledge of the teach-back process.
- Discharge education using the teach-back method.
- The teach-back method's goal.
- The difficulties of using the teach-back method.
- Amount of time required for adequate discharge instruction.
- The average amount of time spent on patient discharge education.

Responses to items from 1-6 were measured on "yes" or "no". The time required for adequate discharge teaching and average time spending for patient discharge education was measured per minute.

Scoring system:

The total knowledge scores regarding the teach-back method ranged from 0-6.

It was categorized into two levels based on cut of point 60% as:

- Unsatisfactory < 60% (scored from 0-3).
- Satisfactory ≥ 60% (scored from 4-6).

The tool was modified and translated into Arabic by researcher.

Tool II: Observation Tool:

The tool was adopted by researcher, from the Always Use Teach-Back! Toolkit (Abrams et al., 2012), the it aims to assess nurses' performance during patient discharge education before and after implementing teaching sessions of the teach-back method. It Contains 14 items related to nurses' performance during patient discharge education.

Responses to items were measured on "yes" or "no".

Scoring system:

The total scores of nurse's performance regarding the teach-back method ranged from 0-14.

It was categorized into two levels based on cut of point 60% as:

- Unsatisfactory < 60% (scored from 0-8).
- Satisfactory ≥ 60% (scored from 9-14).
-

Tool III: Structured Patient Interview:

It is a structured interview questionnaire developed by (O'Sullivan, 2014), aims to assess the patient's current understanding of the discharge plan before any intervention to assist in the development of more effective discharge programs. It has two parts:

Part I. Demographic characteristics of patient: age, gender, diagnosis, and length of hospital stay.

Part II. contains 6 items linked to the drugs administered, self-care demands once they get home, red flags to call the facility, whether or not all of their concerns were addressed prior to dismissal, and finally, when their next follow-up visit will be arranged..

Responses to items were measured on "yes" or "no".

Scoring system:

The total scores of patient knowledge regarding discharge plan ranged from 0-6.

It was categorized into two levels based on cut of point 60% as:

- Unsatisfactory < 60% (scored from 0-3).
- Satisfactory ≥ 60% (scored from 4-6).

Tool IV: Discharge Plan Follow-Up Questionnaire:

It is a questionnaire developed by the Agency for Research and Healthcare Quality (ARHQ) and adapted from **Project Red, (2011)**, aims to identify any adverse outcomes after discharge. It consists of two parts:

Part I. Demographic characteristics of patient: age, gender, diagnosis, and length of hospital stay.

Part II. Discharge plan Follow-up Questionnaire, it was consisting of 17 items and was conducted via a phone interview after 72 hours of patient discharge. Responses for items were measured by "yes" or "no" questions.

Scoring system:

The total scores of patients' awareness regarding their discharge plan ranged from 0-17.

It was categorized into two levels based on the cut of point 60% as:

- Low < 60% (scored from 0-10).
- High ≥ 60% (scored from 11-17).

Validity of the study tools:

Tools of data collection (I, III and IV) was established for face validity via a panel of five experts who reviewed the tool for clarity,

relevancy, applicability, comprehensiveness, understanding, and ease for implementation and according to their opinion's modifications were applied. Face and Content validity was conducted to determine the appropriateness of each item is included in the questionnaires sheet. Based on the jury recommendations corrections, addition, and omission of some items were done.

Reliability of the study tool:

Reliability test of the study tools, were assessed by Cronbach's Alpha. It was (0.874- 0.855 and 0.868) for nurses' knowledge about teach-back method, structured patient interview and discharge plan follow-up questionnaire respectively.

Pilot study:

A pilot study was carried out on a sample of 5 staff nurses from OC-MU they represent 10% of the total subjects. They randomly selected and excluded from the total population, after the development of the tools and before starting data collection. The goal was to determine the applicability of the specified tool, test its practicality and usability, languages clarification, calculate the time required to complete the questionnaire, and anticipate new barriers and difficulties that might arise during the data collection period. The data from the pilot study was examined, and any necessary changes were made through clarify and rephrase.

Ethical consideration:

The Research Ethical Committee of Mansoura University's Faculty of Nursing provided ethical permission. The responsible administrator of the hospital provided an official consent to perform the study. An informed consent was obtained from staff nurses who accept to participate in the study after providing the explanation of nature and aim of the study. All participants were told that taking participate in this study was fully voluntary and that they could back out at any time. All attendees were kept strictly confidential of the collected data and the confidentiality of the study sample at all times during the study..

Data collection:

Data collection were achieved through application of Kurt Lewin's Theory of Planned Change. Unfreezing, moving, and refreezing are the three steps of the change theory. The unfreezing stage entails developing an environment conducive to execution. of teach- back method to enhancing patient discharge plan. Moving entails putting in place the appropriate processes and training to carry out the desired change. The refreezing stage entails putting in place mechanisms to ensure that

the teach-back method is still used in patient discharge teaching.

The following three different phases:

1- Assessment phase (**Unfreezing**): -

Unfreezing stage after finalization of data collection tools, and obtained official permissions to collect the data, the researcher was started to collect data by using tool I & II for staff nurses and patients respectively in their work place in the presence of the researcher for any clarification, as a before the again for study's execution and identifying the need for change. Gaps in discharge teaching will be identified, as well as the necessity for staff nurses to be prepared to undertake discharge teaching. Extra training for staff nurses and more time spent educating by staff nurses were two potential sources of resistance to change. The researcher prepared a training session based on the data obtained from multiple sources during the assessment phase, and with the support of a literature study, in response to the requirements indicated from these data. These requirements were converted into a broad goal, which was then broken down into more particular goals, which were assigned in a sequential manner. 2- Implementation phase (**Moving**): -

Transition or change phase included: Based on the assessment data collected, the researcher developed and design a training session (teach-back method sessions) responding to the needs identified from these data. Depending on a program developed by the Minnesota Health Literacy Partnership (**MHLP, 2006**), aims to train health care providers to use the teach-back method. It includes a Teach-back PowerPoint presentation, brief discussion, Teach-back scenarios (2 scenarios), and use of "living room language". Training sessions on the teach-back method will be included in the discharge instruction. 3- Evaluation phase (**Refreezing**): -

The final stage, refreezing, by using tool I and tool II immediately after application of training sessions, through comparison between staff nurses and patient knowledge immediately after application of discharge education using teach-back method by tool I & II and a follow-up related to discharge teaching was conducted through phone calls after 72 hours of patient discharge by the researcher to the patients who received discharge teaching using tool IV. The whole data were collected starting from July 2019 to December 2019.

Data analysis:

The statistical program for social studies (SPSS) version 24 was used for data entry and statistics, and suitable statistical tests were utilized.

4. Results:

Table (1) Showed the demographic characteristics of the studied nurses related to nursing education of the teach-back method. The highest percent of nurses (76%) were in the aged group 20-30 years. Most of the nurses (86%) had technical institute degree. Regarding the place of work about half of the nurses (46%) were working in the Hematology unit. Finally, two-thirds of the studied nurses (60%) had more than 10 years of experience.

Table (2) Illustrate levels of nurses' knowledge regarding the teach-back method before and after implementing teaching sessions among studied nurses. There was a significant improvement of staff nurse's level of knowledge in teach-back method teaching sessions post implementing teaching sessions at ($\chi^2 / p = 35.22/0.000^{**}$).

Table (3) Illustrated levels of nurses' performance during patient discharge education after implementing teaching sessions of the teach-back method. Out of the studied sample (96%) have a satisfactory level of nurses' performance during patient discharge education after implementing teaching sessions of the teach-back method, while (100%) of them have an unsatisfactory level of nurses' performance during patient discharge education before implementing teaching sessions of the teach-back method.

Table (4) Disclosed the demographic characteristics of the studied patients. About half of patients (42%) was in the age group of more than 40 years. Most of them (80%) were male. Regarding their diagnosis (40%) has leukemia and other soft tissue malignancies. Finally, more than three-quarters of the studied patients (78%) had 1-5 days of hospitalization.

Table (5): Illustrated levels of patient knowledge regarding their discharge plan before and after implementing the teach-back method for nurses. There were statistically significant improvements in patient knowledge after implementing the teach-back method for nurses at ($p = 0.000^{**}$).

Figure (1) Demonstrated correlation between nurses' knowledge regarding teach-back method and their performance during patient discharge education before implementing teaching sessions of teach-back method. This figure shows

no relation between nurses' knowledge regarding teach-back method and their performance during teaching session phases. It shows that, no relation between nurses' knowledge regarding teach- back and their performance levels before teaching session ($r = 0.006$, $p = 0.97$).

Figure (2) Demonstrated correlation between nurses' knowledge regarding teach-back method and their performance during patient

discharge education after implementing teaching sessions of teach-back method. This figure shows no relation between nurses' knowledge regarding teach-back method and their performance during phases of teaching session. It shows that, no relation between nurses' knowledge regarding teach- back and their performance levels before teaching session implementation ($r = 0.013$, $p = 0.9$

Table (1): Demographic characteristics of the studied nurses (n=50).

| Demographic characteristics | n | % |
|----------------------------------|-----------|------|
| Age (years) | | |
| ▪ 20 -30 years | 38 | 76.0 |
| ▪ 31 - 40 years | 12 | 24.0 |
| Mean ±SD | 27.6±3.91 | |
| Educational qualification | | |
| ▪ Diploma degree | 43 | 86.0 |
| ▪ Bachelor degree | 7 | 14.0 |
| Place of work | | |
| ▪ Medical female unit | 13 | 26.0 |
| ▪ Medical male unit | 14 | 28.0 |
| ▪ Hematology unit | 23 | 46.0 |
| Experience | | |
| 1-5 | 8 | 16.0 |
| 6-10 | 12 | 24.0 |
| >10 | 30 | 60.0 |
| Mean±SD | 10.9±3.66 | |
| *All the study group was female. | | |

Table (2): Levels of nurses' knowledge regarding the teach-back method before and after implementing teaching sessions among studied nurses (n=50).

| Levels of knowledge regarding the teach-back method | Scores | Before | | After | |
|---|--------|---------------|------|-------|------|
| | | n | % | n | % |
| ▪ Unsatisfactory (<60%) | 0-3 | 45 | 90.0 | 6 | 12.0 |
| ▪ Satisfactory (≥60%) | 4-6 | 5 | 10.0 | 44 | 88.0 |
| χ^2 / p | | 35.22/0.000** | | | |

Table (3): Levels of nurses' performance during patient discharge education before and after implementing teaching sessions of the teach-back method (n=50)

| Levels of nurses' performance | Scores | Before | | After | |
|-------------------------------|--------|---------------|-------|-------|------|
| | | n | % | n | % |
| ▪ Unsatisfactory (<60%) | 0-8 | 50 | 100.0 | 2 | 4.0 |
| ▪ Satisfactory (≥60%) | 9-14 | 0 | 0.0 | 48 | 96.0 |
| χ^2 / p | | 46.02/0.000** | | | |

Table (4) Demographic characteristics of the studied patients (n=50).

| Characteristics | n | % |
|-----------------|-------------|------|
| Age (years) | | |
| ▪ 20 -30 years | 15 | 30.0 |
| ▪ 31 - 40 years | 14 | 28.0 |
| ▪ >40 years | 21 | 42.0 |
| Mean±SD | 38.06±11.13 | |
| Gender | | |
| ▪ Male | 40 | 80.0 |
| ▪ Female | 10 | 20.0 |
| Diagnosis | | |
| ▪ Hodgkin's | 2 | 4.0 |

| | | |
|------------------------|-----------|------|
| ▪ Non-Hodgkin | 8 | 16.0 |
| ▪ Leukemia | 20 | 40.0 |
| ▪ Others (Soft tissue) | 20 | 40.0 |
| Length of stay | | |
| ▪ 1-5 | 39 | 78.0 |
| ▪ 6-10 | 8 | 16.0 |
| ▪ >10 | 3 | 6.0 |
| Mean±SD | 4.42±3.14 | |

Table (5): Patients' knowledge regarding their discharge plan before and after implementing the teach-back method for staff nurses (n=50).

| Levels of patient knowledge regarding discharge plan | Scores | Before | | After | |
|--|--------|---------------|------|-------|------|
| | | n | % | n | % |
| ▪ Unsatisfactory (<60%) | 0-3 | 47 | 94.0 | 1 | 2.0 |
| ▪ Satisfactory (≥ 60%) | 4-6 | 3 | 6.0 | 49 | 98.0 |
| χ^2 / p | | 44.02/0.000** | | | |

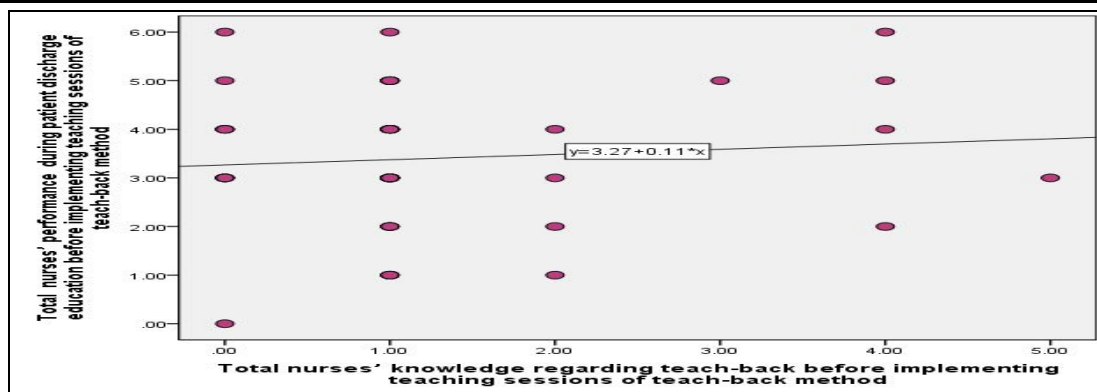


Figure (1): Correlation between nurses' knowledge regarding teach-back method and their performance during patient discharge education before implementing teaching sessions of teach-back method.

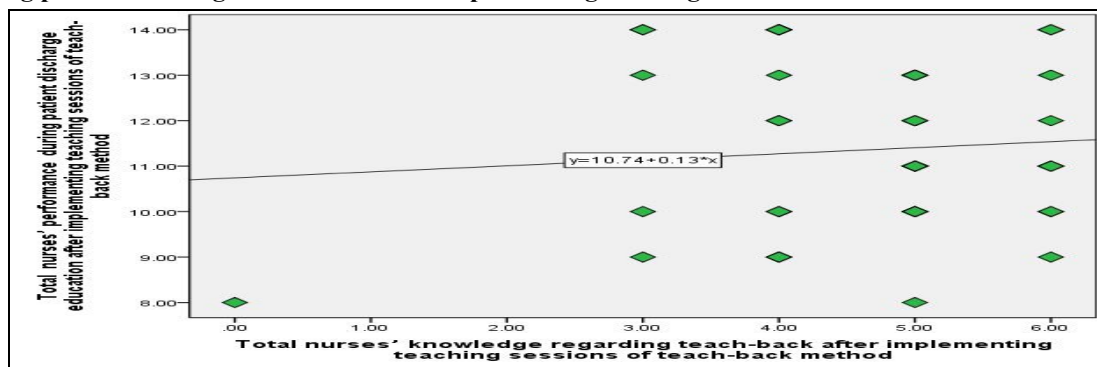


Figure (2) Correlation between nurses' knowledge regarding teach-back method and their performance during patient discharge education after implementing teaching sessions of teach-back method (n=50)

5. Discussion

Healthcare setting is always changing and growing, a willingness to implement change management practices is required as organizations become more complex. Nurses are working hard to adapt to these developments in order to satisfy the growing demands in health care. Patients often have trouble understanding or remembering information given to them by their healthcare professionals. Although using 'teach-back' to

improve patients' awareness and self-care capabilities has been advised, there is little guidance for healthcare organizations looking to use it. The Change Management Theory, developed by Kurt Lewin, offers a strategic platform for nurses to design, conduct, and appraise proposed changes. It also explores how it might be utilized in the practice context to successfully implement discharge plan (Salmond & Echevarria 2017).

The total Number of the present study as a staff nurse was 50. The major group of age ranged between 20-30 years was more than three-quarters of the studied group. Moreover, they are married. While Most of them had technical institute degree. About Half of the nurses were working in the Hematology unit. Finally, two-thirds of the studied nurses had more than 10 years of experience and all of them were female.

The present study revealed that, the levels of staff nurses' knowledge about the teach-back method were unsatisfactory in pre-teaching sessions. Staff nurses' knowledge of the teach-back method improved when the session was implemented, and it became satisfactory. The insufficient knowledge of the teach-back method in the pre-teaching sessions might be attributed to one of the following reasons: they didn't have more training for the teach-back method than before, or neglect and a lack of enthusiasm on the part of the staff nurses to learn new things. This improvement might be linked to the use of simple, clear, and brief presentation and sessions, as well as the provision of appropriate media that provided additional illustrations for comprehending the material and encouraged them to participate in the teaching. Furthermore, positive engagement during teaching sessions suggested that the staff nurses were interested in the teaching session material. These results are supported with the findings of a study done also in Mansoura university hospital applied for head nurses that indicate the importance of the educational programs for nurse managers which reported that these educational and training programs increases their knowledge and competence, changes their behaviors, and develops their ability to deal with difficulties and collaborate with each other, and keeps them motivated in their professions (Elsehrawy, Seleem, & Hassan, 2017).

Also, these results are supported with the findings of a study done at in-patient cardiology applied for nurses that indicate participation in a comprehensive educational program resulted in increased nurses' knowledge of heart failure self-care principles and the knowledge was sustained and increased over time. The nurses had found that prior to implementation of the teach-back method, they had significant knowledge

deficits in treating symptoms related to heart failure (Mahramus, 2014).

In the same line, another research mentioned that the HCP training interventions including educational session showed an increase in HCPs' knowledge of teach-back and teach-back use (Kripalani, Osborn, Vaccarino, & Jacobson, 2011; Murray, et al., 2015; Centrella-Nigro, & Alexander, 2017, 2018, Feinberg, et al., 2019).

This result is disagreed with O'Sullivan, (2014) who reported that The pre-intervention nurse survey showed that eighty percent of the nurses were familiar with the teach-back method while only more than third of nurses used teach-back during discharge planning regularly. This may be due to culture diversity in discharge planning method.

The study findings showed a significant upgrade in staff nurse's degree of awareness, mainly as a result of the intervention with teaching sessions, after participation in such a teaching session. This may be due to a highly motivated staff nurses and displayed an intention to change behavior related to patient education.

The study result is in consistent with Eloi, (2021) The project was conducted at a suburban hospital in the state of Texas on a medical/surgical unit. The results of the project revealed that 66.7% of participants had not heard of the teach-back method; whereas, 33.3% had heard of the method and were practicing the method during teaching.

In the same line Waszak, Mitchell, Ren, & Fennimore, (2018) did a study on nurses by attending training on the teach-back method (15 minutes duration) and delivered a dual-model patient education using teach-back and written information during hospital discharge. Found that, HCP training interventions including educational session showed an increase in HCPs' knowledge of teach-back.

Also, Haire, (2017). Alleviating Discharge Confusion for Older Patients Using the Teach-Back Method a review of the surveys and observations of the practitioners There was a noticeable improvement in discharge instruction. The nurses got a comprehension of the Teach-Back approach as well as crucial information regarding heart

failure self-care that they were previously ignorant of, according to the findings.

Mohamed, (2015), who did a study on the influence of an orientation program on nurse competency at Mansoura New General Hospital, disagrees with this conclusion. After program execution, he discovered that there was no statistically significant association between knowledge and level of skill.

Moreover, **Fidyk, Ventura & Green, (2014)** on a study of Teaching nurses how to teach: Strategies to enhance the quality of patient education. demonstrated that HCP skill maintenance at three months post- training, however limited follow-up data was available in the studies included in this review.

The finding of the present study indicated that there were highly statistically significant differences between staff nurses' performance pre & post-implementing teaching sessions in all performance items. This may be due to the Hawthorne effect and giving written instructions or other aides is not standard of practice to discharge patients from the hospital as well.

The study of **Friedmann, et al., (2001)**, **Griffey et al., (2015)** & **Hesselink, et al., (2022)**, Identified that as both the patient and the healthcare professional were aware of the observers during discharge, the Hawthorne effect may have had a role. As a result, both may have paid greater attention to the repeated content, resulting in a better-structured discussion and increased recall.

Moreover, the finding is consistent with **Hesselink, et al., (2022)** who stated that the practice is not standard in his country, also, to give written instructions or other adjuncts to patients discharged from the emergency department.

With disagreement with our result **Slater, Huang & Dalawari, (2017)** did a study that allowed patients to use additional written instructions

Also, **Haire, (2017)** result display all categories was improved, with a stronger emphasis on the teach-back education components that needed to be addressed. Other aspects of the questionnaires, such as adopting a compassionate tone of voice, demonstrating comfortable body language, eye contact, simple language, clarity, and involving family members, improved between the before and after surveys, but the statistical data did not reflect this. According to this

study, a total of 50 patients were selected. Approximately half of the patients were over the age of 40 years old. The majority of them were men. Leukemia and other soft tissue cancers have been detected in about half of the patients. Finally, more than three-quarters of the patients in the study spent 1 to 5 days in the hospital.

The study found that there is a highly statistically significant improvement in all items of patient knowledge in teach-back method teaching sessions after implementing teaching sessions. As a result of the intervention teaching sessions' effectiveness, besides using the teach-back method affects the patient response to discharge education positively. This could be due to a highly motivated patient who was checked for health literacy, improved patient education via the teach-back method and had all their misconceptions and questions addressed during discharge education.

Our findings are consistent with those of **Dinh et al., (2016)**, who reported positive results in knowledge retention, and **Griffey et al., (2015)** claimed that discharge instructions were better understood. Furthermore, in healthcare contexts, outcomes such as patient awareness, information retention, and medication adherence are feasible outcome measurements **Talevski, Wong Shee, Rasmussen, Kemp & Beauchamp, (2020)**. Also, **Hesselink, et al., (2022)**. revealed that teach-back is useful for patients' short-term recall and understanding.

The study results agreed with **Griffey, (2015)**, **Slater, Huang & Dalawari, (2017)** & **Waszak, Mitchell, Ren & Fennimore, (2018)** who conduct their studies in the emergency department (ED) setting that revealed When compared to standard discharge care, patients had a better understanding of post-discharge processes, a higher level of post-discharge knowledge, and a better recollection of follow-up instructions.

In the same line, patients with a chronic illness like Type 2 diabetes reported significant improvements in medication adherence **George, Sam, Sabu & Rodrigues, (2018)**, **Negarandeh, Mahmoodi, Noktehdan, Heshmat & Shakibzadeh, (2013)**, and foot self-care **Mahmoudirad, Hoseini & Madarshahian (2015)**. In addition, applying teach-back to demonstrate optimal inhaler technique in persons with

chronic obstructive lung disease resulted in considerable improvements in inhaler technique. **Kiser, et al., (2012) & Press, et al., (2011)** and breast cancer patients **Ahmadidarrehsima, Rahnama, Afshari & Bidmeshki, (2016)**.

Besides **White et al., (2013)**, found that using the teach-back method increased recall of teaching information in heart failure (HF) patients during their hospital stay and for up to eight days following discharge at the University of California hospitals. As well as, randomized controlled trial (RCT) incorporating teach-back into discharge instructions of poor literacy HF patients who visited the emergency department showed improved comprehension of medication, self-care, and follow-up when compared to usual teaching methods **Haney & Shepherd, (2014)**.

As opposed to **Engel, et al., (2009) & Vashi & Rhodes, (2011)**, when providing health interventions or teaching sessions, emergency department (ED) clinicians rarely confirm that their patients understand instructions, and that patient comprehension of ED discharge instructions is poor due to the high-pace and confusing nature of this challenging ED where discharge instructions are given fragmented in between other care activities, making it difficult for patients and caregivers to recall or repeat them.

The result conflicted with **Kandula, Malli, Zei, Larsen & Baker, (2011) & Swavely, Vorderstrasse, Maldonado, Eid & Etchason, (2014)** who carried out a study in primary care clinics on the use of teach-back, that yielded inconsistent knowledge retention findings. Although teach-back was included in existing interventions in both studies, the findings were attributed to the interventions rather than the teach-back method.

Concerning correlation between nurses' knowledge and performance during patient discharge education, before and after implementing teaching session of teach-back method a there was no relation between nurses' knowledge regarding teach-back method and their performance during phases of training session. This may be due to staff nurses may exaggerate their communication abilities, training alone being insufficient to achieve long-term change and adoption sustainability of performance requires a multifaceted approach to implementation,

teach-back requires long-term impacts on patient knowledge and recall, and organizational or interpersonal obstacles such as a lack of time, a lack of senior staff support, or a lack of self-efficacy to conduct teach-back method.

A good agreement with **Sullivan, Blevins, & Kauth (2008)** results who found that training alone is insufficient to achieve long-term change and adoption into normal clinical settings. Although education is necessary for the introduction of a new intervention. Moreover, healthcare providers may overestimate their own ability to communicate **Coran, Koropecj-Cox & Arnold, (2013) & Tongue, Epps & Forese, (2005)**.

In congruence, **Ayton, et al., (2017) & Koppel, Deline & Virkstis, (2017)** revealed that a multifaceted approach to teach-back method implementation is required, guided by an implementation plan or framework, and includes an identified need for improvement, a collaboration between stakeholders and health services, flexibility in responding to feedback, data-driven practice change, and a change-receptive culture, among other things.

Also, **Talevski, Wong Shee, Rasmussen, Kemp & Beauchamp, (2020)** According to the study, more research is needed to establish that teach-back has long-term effects on patient knowledge and recall because the bulk of learning-related outcomes was examined soon after the intervention. There is limited guidance available for healthcare organizations looking to use teach-back in a long-term manner. It is critical to develop techniques that can address any organizational or interpersonal barriers to the uptake of this evidence-based intervention to enhance the translation of teach-back into the usual procedure.

In disagreement with our findings, **Boyde, Turner, Thompson & Stewart, (2011) & Gorina, Limonero & Alvarez, (2018)** in a systematic review of educational interventions mentioned that (without teach-back) have yielded unsatisfying or even negative results.

Furthermore, these findings were in contrast with, **Vaghar et al., (2018)** who reported that Iranian nurses' knowledge and performance improved significantly as a result of a lecture-based instructional program.

Similarly, **Rudrappan, (2019)** stated that the Indian nurses' knowledge, abilities, and performance in blood transfusion services improved significantly after a 3-day training program that included Microsoft PowerPoint lectures, practical exercises, and group activities.

In dis congruent with our findings, **Rafii, et al., (2016) & Flood and Highbie, (2016)**, assumed that lectures had the same or greater effect on improving nursing students' knowledge and/or performance as active approaches such as multimedia educational workshops and simulation. The findings may differ due to variables in the target population, type of educational intervention, and tool used.

In disagreement with our findings, not only **Mangolian, Shahnazari, Mahmoodi & Farokhzadian, (2012)** found that up to one month following discharge, four sessions of feedback self-care teaching paired with informational pamphlets will improve knowledge and performance in heart failure patients. But also, **Ghahramani, Kamrani, Mohamadzadeh & Namadi, (2013) & Rahmani, et al., (2020)** stated that after teach-back education, heart failure patients' knowledge and performance improved. This finding is significantly improved immediately after education and three months after discharge, implying that the effects of this education will endure for up to three months after discharge.

6. Conclusion:

Depending on findings of the study, it was concluded that There were statistically significant differences before and after implementing teaching sessions for staff nurses using Lewin's change management theory.

7. Recommendations:

Based on the findings recommended to:

Incorporate the use of teach-back method at patient discharge plan within health care organization. Add "teach-back" to central orientation education for newly hired staff nurses. Develop hospital policy to implement teach- back during discharge instruction.

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