

## AN ANALYSIS OF SOCIO-CULTURAL BARRIERS LIMITING TIMELY DISCHARGE OF PATIENTS AFTER DAY CARE SURGERY: A PROSPECTIVE OBSERVATIONAL STUDY

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Received : 10/07/2024  
Received in revised form : 08/09/2024  
Accepted : 23/09/2024

**Keywords:**

Day care surgery, socio-cultural barriers, patient discharge, outpatient surgery, healthcare efficiency.

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DOI: 10.47009/jamp.2024.6.5.28

Source of Support: Nil,  
Conflict of Interest: None declared

*Int J Acad Med Pharm*  
2024; 6 (5); 156-160



### Abstract

**Background:** Day care surgery, often referred to as ambulatory or outpatient surgery, is intended to let patients heal and go home the same day. The efficiency of healthcare and patient outcomes may be impacted by delays in this process caused by sociocultural obstacles. The purpose of this research is to determine and examine the sociocultural barriers that delay patients' timely release following day care surgery. **Materials and Methods:** Over the course of six months, a prospective observational study was carried out at a tertiary care hospital. 100 patients from a variety of specializations who had day surgery had their data gathered. To ascertain the socio-cultural elements impacting discharge delays, a mix of patient interviews, caregiver consultations, and healthcare provider surveys was employed. The expectations of the patient and their family, conventional wisdom, socioeconomic background, language challenges, and the presence of support networks at home were important factors. **Result:** Because of sociocultural reasons, 35% of patients had delays in being discharged from the hospital. The main obstacles were worries about the fear and Anxiety about Surgery (33%), Health Beliefs and Traditional Practices (28%), and Family Expectations and Obligations (17%). Lesser degrees of influence were also given to socioeconomic status and linguistic limitations. Patients who were elderly and from rural backgrounds experienced delays more frequently. **Conclusion:** Delays in the prompt release of patients following day care surgery are largely caused by sociocultural obstacles. By addressing these obstacles with focused instruction, culturally aware dialogue, and assistance programs, discharge procedures might be more effective and patient outcomes could be better. Future research should examine strategies for reducing these obstacles in a range of patient demographics.

## INTRODUCTION

Due to its efficacy, affordability, and decreased strain on medical facilities, day care surgery—also referred to as ambulatory or outpatient surgery—has grown in popularity. In order to reduce hospital stays and promote quicker recovery in the comfort of their own homes, it enables patients to have surgical operations and be released the same day. Timely patient release is still a difficulty, even with the clinical benefits and reduced procedures of day care surgery. It has been demonstrated that successful hospital discharge improves patients'

quality of life and lowers the risk of expensive readmissions.<sup>[1]</sup> Most of the qualitative research on discharge planning that has been published is on the viewpoints of the doctors.<sup>[2-4]</sup> Individual variables including clinical experience and mentoring, as well as clinicians' emotional reactions to prior events, have been demonstrated to impact clinician decision-making. Organizational elements like system pressures and team dynamics have also been found to have an impact.<sup>[5-7]</sup>

The existence of sociocultural obstacles that obstruct patients' easy transition from the surgical facility to their home setting is one of the major

elements impacting this difficulty. Cultural attitudes, family dynamics, social expectations, and communication gaps between patients and healthcare professionals are just a few of the many variables that make up these obstacles. These obstacles have the potential to reduce the advantages of day care surgery by causing longer recovery periods, needless hospital stays, and higher healthcare expenses.

Patients' opinions of their health and rehabilitation are greatly influenced by cultural customs and beliefs. There is a significant preference for prolonged rest and recovery in certain cultures, which frequently results in resistance to early release. The date of release can also be influenced by family dynamics, including the participation of extended family members in medical choices and care. Sometimes, family members may insist on the patient being in the hospital for an extended period of time. This may be due to traditional healing beliefs or worries about the patient's capacity to care for themselves at home.

Furthermore, patients and healthcare practitioners may feel pressured to adhere to specific standards due to social expectations, especially in areas with strong community ties. For instance, even when it is medically unnecessary, waiting to discharge a patient may result from the assumption that they should be under close medical care for a longer amount of time. Furthermore, miscommunications concerning discharge instructions and post-operative care can arise from hurdles to communication between patients and healthcare professionals, which are frequently made worse by language problems or low health literacy.

Patients and their caregivers have a great deal of responsibility for their post-discharge recovery. The present strategy is reactive in nature, requiring patients to communicate their problems to their clinical team. This might cause treatment delays or needless use of healthcare resources. Creating a proactive system for post-discharge monitoring and communication would be one approach to close this care gap and enhance post-discharge recovery.<sup>[8]</sup> A system like this may enable earlier detection of issues, so halting the emergence of more severe consequences.<sup>[9,10]</sup>

The purpose of this study is to look at the sociocultural obstacles that cause patients to be discharged from day care centers later than expected. Through prospective observational research, we want to pinpoint the precise variables involved and examine their effects on the time of discharge. The results of this study will advance knowledge of the intricate interactions that occur between sociocultural variables and the provision of healthcare, eventually directing the creation of treatments that encourage prompt discharge and improve the general effectiveness of day surgery programs.

## MATERIALS AND METHODS

**Study Configuration and Design:** This research was carried out during a period of 6 months from march 2023 to September 2023] at Government Medical college Firozabad, a tertiary care facility situated in Uttar Pradesh, India. The goal of the study was to pinpoint and examine sociocultural obstacles that cause patients to be discharged from day care centers later than expected.

**Study population:** The research comprised all adult patients (over the age of 18) who had elective day care surgery performed at the hospital during the specified time frame. Excluded from the research were patients who refused to participate or who needed prolonged hospital stays as a result of health issues. The study involved the enrollment of 100 patients in total.

**Data collection:** A panel of specialists in medical sociology and surgery evaluated the structured questionnaire that was used to gather the data. The questionnaire was created after a comprehensive examination of the literature. A section on medical history, surgical procedure details, demographic data (age, gender, marital status, education level, and occupation), and potential socio-cultural discharge barriers (family dynamics, social support networks, cultural beliefs, and economic factors) were all included in the questionnaire.

In order to get a greater understanding of the socio-cultural elements impacting discharge choices, semi-structured interviews with patients, family members, and healthcare professionals were also used to collect qualitative data. The native language was used to conduct the interviews, which were then translated into English for analysis and transcription.

**Outcome Measures:** The duration between a patient's medically judged fit for discharge and their actual discharge was the main outcome measure. The identification of particular socio-cultural variables linked to delayed discharge and the classification of these variables according to their effect and frequency were secondary goals.

**Data Analysis:** Descriptive and inferential statistics were used to examine quantitative data. Whereas continuous data were shown as means and standard deviations, categorical variables were summarized using frequencies and percentages. To evaluate the relationship between sociocultural characteristics and delayed discharge, chi-square tests were employed. In order to determine the factors that contribute to delayed discharge, logistic regression analysis was used. The outcomes were shown as odds ratios and 95% confidence intervals.

Thematic analysis was used to examine qualitative information gleaned from interviews. To find reoccurring themes and patterns pertaining to socio-cultural obstacles, the transcripts were coded. The quantitative results were enhanced and given perspective by the insights gleaned from the qualitative research.

**Ethical Considerations:** All participants provided written informed permission, and the study was approved by the Institutional Review Board (IRB) of Government Medical college Ferozabad. Throughout the trial, patient information was kept

anonymous. Participants were also given the assurance that their participation was entirely voluntary and that stopping at any point would not have an impact on their continued medical care.

## RESULTS

**Table 1: Demographic Characteristics of Patients.**

Demographic Variable	Number of Patients (n=100)	Percentage (%)
Age (years)		
18-30	29	29%
31-45	47	47%
46-60	13	13%
>60	11	11%
Gender		
Male	67	67%
Female	33	33%
Socioeconomic Status		
Low	24	24%
Middle	69	69%
High	7	7%
Educational Level		
No Formal Education	4	4%
Primary	7	7%
Secondary	81	81%
Higher Education	8	8%

**Table 2: Identified Socio-Cultural Barriers**

Barrier	Number of Patients Affected (n=100)	Percentage (%)
Family Expectations and Obligations	17	17%
Lack of Transportation	5	5%
Health Beliefs and Traditional Practices	28	28%
Financial Constraints	3	3%
Communication Barriers	4	4%
Social Support Systems	2	2%
Fear and Anxiety about Surgery	33	33%
Religious Practices and Beliefs	6	6%
Others	2	2%

**Table 3: Strategies Implemented to Overcome Barriers**

Strategy Implemented	Number of Patients Benefited (n=100)	Percentage
Improved Family Counseling	43	39%
Arranging Transportation	5	5%
Educating about Medical Practices	29	22%
Financial Aid and Assistance	2	2%
Enhancing Communication through Translators	4	4%
Strengthening Social Support	7	7%
Preoperative Anxiety Reduction Programs	10	10%

## DISCUSSION

**Overview:** This study supports other studies that found a complicated relationship between factors linked to the patient and the environment.<sup>[11]</sup> The results of this study may have implications for the health care system since they provide tactics and services that might help streamline hospital discharges and lower avoidable readmissions. Analyzing the sociocultural obstacles preventing patients from being discharged promptly following day care surgery was the goal of this study. Significant characteristics, such as cultural attitudes, family dynamics, communication problems, and social support networks, were shown to be associated with delayed discharges. To improve

patient care and discharge procedures, it is imperative to comprehend these obstacles.

**Cultural Beliefs and Practices:** Cultural convictions have become a major obstacle to prompt release. Many patients and their families believed that extended hospital stays were necessary for healing. These ideas frequently run counter to medical advice and have their roots in the cultural setting. For example, in many areas, the belief that longer hospital stays result in greater treatment and recovery is still prevalent. Even in cases where early discharge is medically necessary, opposition against these suggestions may result from this cultural attitude.

**Family Dynamics and Decision-Making:** Decisions on discharge were heavily influenced by family dynamics.

Families were frequently included in the decision-making process, and the date of the patient's departure was determined by their wishes. According to our research, family members frequently disregarded medical advice in favor of their convenience and availability, which resulted in longer hospital stays. Furthermore, because it calls for agreement from a number of family members, the collaborative decision-making method popular in some cultures might cause the discharge process to drag out.

**Communication Barriers:** Smooth discharge procedures depend on efficient communication between patients and healthcare professionals. On the other hand, major obstacles to communication were linguistic disparities and low levels of health literacy. Patients who spoke several languages or had trouble understanding medical instructions encountered difficulties understanding postoperative care instructions and discharge plans. There were frequently delays as a result of patients feeling unprepared for release due to this misunderstanding.

**Social Support Systems:** The availability of networks within the community and family, which provide social support, also affected the time of release. When it came to everyday tasks and postoperative care, patients who did not have sufficient support at home were more likely to require lengthier hospital stays. Patients with strong social support networks, on the other hand, felt more comfortable managing their recuperation at home, which allowed for a prompt discharge.

**Healthcare Provider Perspectives:** From their viewpoint, healthcare practitioners also saw a few obstacles. The possibility of readmission as a result of insufficient home care and patient safety were often raised concerns. In situations when they thought the patient's home environment would not support their rehabilitation, providers were frequently reluctant to release patients early. Furthermore, there were instances where institutional rules and procedures were rigid and did not adapt to the sociocultural requirements of different patient groups.

**Implications for Practice:** A diversified strategy is needed to overcome these sociocultural obstacles. Medical advice can be more in line with cultural norms when it is planned with cultural sensitivity and involves the patient and family. Improving communication tactics, such as utilizing simplified language and offering interpreters, can help patients comprehend instructions and follow them more closely after being discharged. Efficient discharge can also be achieved by bolstering social support networks via community engagement and assistance programs.

**Comparisons with previous studies:** The physical and social surroundings of a patient play a critical role in assessing whether or not they are ready for

release; our research found that patients who had sufficient social support were possibly discharged earlier and had a lower readmission rate. This supports the body of research, as one study conducted in the UK found that elderly individuals living alone had a 50% increased risk of emergency hospital admissions compared to those living with relatives.<sup>[12]</sup>

This was further supported by qualitative research done in the US, which discovered that patients' worries about going home were fueled by social isolation and a lack of support and guidance from friends and family. It was concluded that these factors have to be identified and evaluated as risk factors before being released from the hospital.<sup>[13]</sup> In the present healthcare context, where treatment is being moved from inpatient facilities to more ambulatory and community settings, creating a suitable home environment is more important.<sup>[14]</sup>

### Limitations

This research has a number of shortcomings. The results may not apply to other people because they are based on a particular cultural setting. Furthermore, the study's observational design makes it more difficult to determine the causes of the obstacles that were found and the delays in discharge. Future studies ought to investigate these obstacles in various contexts and assess how well-targeted treatments work to shorten discharge delays.

## CONCLUSION

This study emphasizes how sociocultural obstacles have a major influence on patients' prompt discharge following day care surgery. Improving patient outcomes and discharge procedures requires an understanding of and response to these obstacles. Healthcare practitioners may better support patients in their transition from hospital to home by developing social support networks, improving communication, and adding cultural sensitivity into discharge planning. To create and assess solutions meant to get over these obstacles in diverse cultural contexts, further study is required.

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