Exploring the Discharge Planning Process and Psychosocial Support of Covid-19 Patients – The Case of Eka Kotebe General Hospital

By

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A Thesis Submitted to the Social Work School at Addis Ababa University in Partial Fulfillment of the Requirements for the Degree of Master of Social Work

(Health Care Concentration)

October 2020

Addis Ababa, Ethiopia

School of Social Work

College of Social Sciences

Addis Ababa University

This is to declare that the thesis conducted by Rediet Getnet Dessie is entitled as: Exploring the Discharge Planning Process and Psychosocial Support of Covid-19 Patients- The Case of Eka Kotebe General Hospital; and Submitted in Partial Fulfillment of the Requirements for Degree of Masters of Social Work goes with the Regulation of the University and Meets the Accepted Standards with Respect of to Its Originality and Quality.

Signing by Examining Committee

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Examiner (Internal)…..Signature……Date…….

Examiner (External)…..…..……Signature……Date…….

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Acknowledgments

I would first like to thank my thesis advisor Yania Seid-Mekiy Seid-Ali (Ph.D.) for her guidance throughout this study. I would also like to thank the experts who were there whenever I needed them. Melese Getu (Ph.D.), Tenage Alemu (Ph.D.), Mesele Mengsteab (Ph.D.), and Assefa Berihun (Ph.D.) I am gratefully indebted to your contributions.

I would also like to acknowledge Eka Kotebe General Hospital for awarding me scholarship to my second degree. And staffs of the hospital for their passionate participation and time in this study.

Finally, I must express my very profound gratitude to my spouse Semere Minwyelet for providing me with unfailing support and continuous encouragement throughout my years of study and through the process of the research. This accomplishment would not have been possible without him.

Many people have contributed to the success of this research unmentioned in this paper- put in my heart. Thank you all. And above all I thank my God.

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Acronyms

FMOH – Federal Ministry of Health

WHO – World Health Organization

EPHI – Ethiopian Public Health Institute

KSA – Kingdom of Saudi Arabia

MERS – Middle East Respiratory Syndrome

NASW – National Association of Social Workers

PPE- Personal Protective Equipment

SARS- Severe Acute Respiratory Syndrome

Abstract

This study focuses on the discharge planning process, and psychosocial support given for Covid-19 patients in Eka Kotebe General Hospital. The purpose of this study is to explore the overall discharge process, psychosocial support patients get during the hospital stay, and the experience of Covid-19 recovered patients & health workers. A cross- sectional, exploratory, qualitative case study research was conducted. Purposive sampling was used to select participants. A total of 15 participants was used for the study. The data collection methods used were in-depth interviews and document reviews. The collected data were analyzed using the thematic analysis method. The current study found out the discharge planning process do not start during the time of admission. According to the finding discharge planning is telling a patient to go home. The study indicated that there is no organized psychosocial team. The psychosocial support has not given due emphasis as of the medical treatment. The study find out that discharged patients experienced stress and trauma. Psychological needs of patients were high. Planning discharge in the time of admission gives time to assess the psychosocial needs of patients and gives time to make intervention. The discharge planning process help both patients and health workers. The study stresses implications from research, practice, and policy to improve the quality of service given and to implement bio-psychosocial approach of health care.

Key Words: Covid-19, discharge planning, psychosocial support

Chapter One: Introduction

This chapter explains the focus area of the study. In this chapter the purpose of studying the discharge planning process and psychosocial support of Covid-19 patients is explained. The rationale, significance, scope, and limitation of the study are discussed. Objectives and respective research questions are described.

Background

Since the end of December 2019, the disease Covid-19 caused by the Corona virus which causes acute respiratory disease has been labeled as a pandemic by the World Health Organization. After first recognized in Wuhan city- China, the disease has spread in the world rapidly causing high mortality. Poor hand hygiene practice, overcrowding, and close physical contacts like hand shaking contributes to the fast spread of the virus with in very short period (Federal Minstry of Health, April 2020).

Ethiopia, being part of the globe has prepared isolated hospitals for quarantine and treatment all over the regions. Guidelines and protocols have been prepared by EPHI and FMOH for uniform services to be given for the response of the epidemic. The prevention and treatment guideline by the FMOH and EPHI named the National Comprehensive Covid-19 Management Handbook encompasses all prevention and treatment issues from surveillance to discharge or safe burial. The country has reported its first Covid-19 case on March 13, 2020. Since then there have been 105 reported cases until this document was written. The number is increasing daily.

Discharge, one of the major processes in giving service for patients in hospitals, is given focus in this study. Discharge planning is an interdisciplinary approach to continuity of care and a process that includes identification, assessment, goal setting, planning, implementation, coordination, and evaluation (Lin et al., 2012). It is the development of an

individualized discharge plan for a patient before them leaving the hospital for home (Goncalves-Bradley et al., 2016). According to Lin et al.(2012), the history of discharge planning goes back to the 1960's. In 1998, discharge planning become an important part of hospital service and founded managed care through the case management practice. A patient's release from the hospital can be authorized by a Doctor only, but the process of discharge planning can be completed by a social worker, nurse, case manager, or another person ideally it is done as a team.

Having the domain of discharge planning process this study will focus on the discharge planning process in a pandemic. Specifically, the discharge planning process of the Covid-19 pandemic. The overall discharge process, psychosocial support patients get during the hospital stay, and the experience of Covid-19 recovered patients & health workers were assessed.

The study was conducted in Eka Kotebe General Hospital, one of the hospitals in Addis Ababa giving treatment for Covid-19 cases. The hospital has the capacity of handling 600 cases at a time. By the time this study was being conducted, from the total Covid-19 positive case reported by the country, 105 of them had taken treatment & 93 has recovered and discharged from Eka Kotebe General Hospital.

Studying the discharge planning process in pandemics including assessing the psychosocial support given during this emergency response times will contribute to strengthening the strengths of the discharge process and to fill the gaps existed. Clients who get treatment of the pandemic in the hospital as direct beneficiaries and the quality of health care given during emergencies will benefit from this study. Similarly, since the discharge protocol for the Covid-19 pandemic is the same for all regions throughout the country; hospitals giving responses for this pandemic will benefit from the study. Besides, this study

will contribute to the body of knowledge being a baseline study conducted in the early times of the pandemic for future studies. Thus, this study will add value to the area of the discharge planning process and psychosocial support of Covid-19 patients.

Statement of the Problem

The Covid-19 Corona virus has been a pandemic that knocks every country's doorstep. The virus has impacted every aspect of human life. As this pandemic is a new occurrence and there is no vaccine or medication for it, it has brought fear in humankind. Hospitals play a vibrant role in responding to the pandemic. Treatment of the virus is done in isolated hospitals with high quality of protection and care. In hospitals, discharge planning is one major component of managing cases. An effective discharge process ensures a smooth patient transition from the hospital to the community and improves patient health outcomes in both clinical and social aspects (Yam, et al., 2012). In an era of the bio-psychosocial model of health care the discharge planning process should involve a psychosocial component.

World Health Organization (2014), prepared hospital preparedness of epidemics recommending the document to be used in all local emergency responses. Based on the document an overall Hospital Emergency Response Plan should identify psychosocial services as an essential hospital function and a psychosocial team must be established.

Yam,et al. (2012), conducted a research on framework and components for effective discharge planning system: a Delphi methodology. Based on their findings a structured, systematic, and coordinated system of hospital discharge system is required to facilitate the discharge process and improve patient health outcomes in both clinical and social aspects.

Anstey & Gaskin (n.d), conducted a quantitative research on the effect of social history taking mechanisms on discharge planning for adult patients admitted to the medical

unit. Based on their findings inadequate social history taking leads to delayed discharge and failed discharge or re-admission.

Slay (2020), wrote an article on concerns over hospital discharges. In his article he has noted the importance of social workers being the primary contact from patients from admission through to discharge. He has also witnessed that social workers are the lead professionals for coordinating discharge planning.

Federal Ministry of Health of Ethiopia (2020), prepared a national comprehensive Covid-19 management handbook for the response of the Covid-19 pandemic. Based on the document prevention and treatment guidelines from the scene up to discharge and safe burial system in case of death are discussed. In the case management protocol of this document discharge criteria for patients on treatment is only subside of their symptoms.

Since the pandemic is a new happening to the world there is knowledge gap concerning the issue. As far as the researchers knowledge there is no conducted research on the issue at hand in Ethiopia. So, the researcher wondered about what is happening on the ground; on how the discharge planning is handled in times of the crisis as well how the psychosocial need of patients are addressed. Thus, for the above principal reasons the researcher has tried contributing to her profession by exploring the discharge planning process and psychosocial support of Covid-19 patients who get treatment in Eka Kotebe Hospital.

Rationale of the Study

The researcher has the following reasons for choosing this area to be studied. As a Social work student, the researcher is concerned about psychosocial intervention given for the Covid-19 patients. The emphasis given for the psychosocial component for health is a great concern. Besides, the researcher's work experience in Eka Kotebe General Hospital has

influenced her since the researcher has information regarding what has been doing for the response to the pandemic. In that the researcher's colleagues were informing her about the need for social workers to be involved in the emergency response team since there is a lot to do. Thus, the researcher wanted to thoroughly explore the issue at hand and came up with important findings.

Objective

General Objective

- ✓ The prime objective of this study is to explore the discharge planning process and, the psychosocial support of Covid-19 patients in Eka Kotebe General Hospital.

Specific Objectives

- To review the process of discharge plan and related challenges used for the Covid-19 patients in Eka Kotebe Hospital
- To explore how the psychosocial need of patients is being addressed
- To explore the discharged patients experience regarding Covid-19 treatment
- To explore the health workers experience in Covid-19 treatment

Research Questions

1. What are the processes of the discharge planning and related challenges at Eka Kotebe hospital?
2. How was the psychosocial need of patients being addressed
3. What was the experience of recovered patients about the overall process of treatment?
4. What is the experience of health workers regarding overall process of Covid-19 treatment?

Significance of the Study

This study has significance for academicians, participant hospitals, and other hospitals giving treatment for the epidemic and patients getting treatment of Covid-19.

Academically, this study will serve as a baseline for researchers who wanted to do a future study in this area. It will also contribute to the body of knowledge about the need for psychosocial support in times of pandemics. As well the participant hospital can benefit from the finding of this study by strengthening its strength in handling discharges and working on the gaps. Similarly, other hospitals giving service for the same epidemic can take lessons from the findings of the selected hospital to be studied. If hospitals and responsible bodies act on the result of this study, patients getting treatment will be benefited at large.

Scope of the Study

To solve the restraints of the situation that happened in the country concerning the corona virus which includes limiting movements and physical distancing, the researcher has limited her study in Addis Ababa. The study was conducted in Eka Kotebe General Hospital actively giving treatment for the Covid-19 patients. It focused on health workers having a direct contribution to the psychosocial support and discharge planning and discharged patients from the hospital.

Definition of Terms

Discharge planning: For the purpose of this study discharge planning is a process which involves initial psychosocial assessment of patients during the time of admission.

Psychosocial support: For the purpose of this study psychosocial support is actions that address psychological and/or social needs of patients.

Organization of the Paper

The paper has six chapters and each of them is composed of different sections. The first chapter dealt with the introduction, which consists of the introduction, statement of the problem, objective of the study, research questions, and rationales of the study, scope of the study, significance, and limitation of the study.

The second chapter discussed literature review, which is composed of pandemics in world history, overview of Corona virus pandemic, hospital discharge planning, psychosocial support in hospital care, the psychosocial effect in pandemics, psychological intervention for Covid-19 patients in China, Covid-19 Management in Ethiopia, theoretical framework and definition of terms.

The third chapter described research methods, which focus on researcher's Perspective, study design, study area, participants of the study and inclusion criteria, sample Technique, sample size, methods of data collection, tools of data collection, procedure of the Study, method of data analysis, quality data assurance, and ethical consideration.

The fourth chapter highlighted findings, which involve four main themes as the process of discharge planning, , perspective of psychosocial support for patients, the experience of discharged patients about the overall process of treatment and the experience of health workers in the overall process.

The fifth chapter dealt with a discussion of the study, which consists of the description of the discharge planning process, perspective towards psychosocial support, going through the illness of Covid-19 and, the nexus between the discharge planning and psychosocial support. The sixth chapter discussed conclusion and implications.

Chapter Two: Literature Review

This chapter reviews literature on pandemics in the world's history, hospital discharge planning and psychosocial support. pandemics in world history, overview of Corona virus pandemic, hospital discharge planning, psychosocial support in hospital care, the psychosocial effect in pandemics, psychological intervention for Covid-19 patients in China, Covid-19 Management in Ethiopia are reviewed. Theoretical perspectives related to psychosocial support and discharge.

Pandemics in world's History

According to Jarus (2020), there are about twenty worst epidemics and pandemics in world's history. The Athenian plague which was occurred in 430-26 B.C was originated in Ethiopia and spread throughout Egypt and Greece. Initial symptoms of the plague included headaches, conjunctivitis, a rash covering the body, and fever. People who suffered from the plague would then cough up blood, and suffer from extremely painful stomach cramping, followed by vomiting and attacks of "ineffectual retching". The Antonine Plague from 165–180 AD occurred in the Roman Empire and its cause is thought to be smallpox. It had affected Asia Minor, Egypt, Greece, and Italy. In the Justinian plague originated in the mid-sixth century AD many victims experienced hallucinations before the outbreak of illness. The symptoms included fever and fatigue. The victims would be "seized by madness," causing great difficulties to those who attempted to care for them. Staple foods became scarce and people died of starvation as well as of the disease itself. The Black Death which was originated in China in 1334. Within 50 years it reduced the global population from 450 million to below 350 million. The Spanish flu pandemic in the first decades of the twentieth century was a global pandemic. It was caused by the H1N1 strain of the influenza virus. It killed more individuals in a year than the Black Death had killed in a century. The other pandemic which affects the world in many ways and lasts to the present day was the HIV

Pandemic. It started in the early 1980s in the USA, its initial spread was mainly among the gay population which led to social isolation and stigma. In 2009 a swine flu pandemic was caused by a new strain of H1N1 that originated in Mexico and spread over the world. It has primarily affected children and young adults. The other pandemic in the world's recent history is Ebola. The pandemic affected West Africa between 2014 and 2016. The pandemic has killed many. In 2015 an epidemic spread through mosquitoes called the Zika virus has also been documented in the world's history (Jarus, 2020).

According to World Health Organization (2003), severe acute respiratory syndrome (SARS) coronavirus a viral respiratory disease identified in China in 2003 has affected many countries. It is transmitted from person to person. Symptoms included fever, headache, diarrhea, and shivering.

Overview of Corona Virus Disease Pandemic

According to World Health Organization (2020), corona virus disease is a new virus in humans causing respiratory illness which can be spread from person-to-person. Covid-19 was identified in Wuhan, China in December 2019. It is caused by the virus severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2),

It is spread through droplets released into the air when an infected person sneezes or coughs. Its symptoms include Cough, Fever or chills, Shortness of breath or difficulty breathing, Muscle or body aches, Sore throat, new loss of taste or smell, Diarrhea, Headache, Fatigue, Nausea or vomiting and Congestion or runny nose. The disease is diagnosed through laboratory samples taken from the nose or throat. The disease has no cure and specific treatment to it. The treatments are given to manage the related symptoms. Prevention methods include physical distancing, avoiding contact with infected people, washing hands frequently, and frequent disinfecting of materials, covering mouth and nose.

Hospital Discharge Planning

Discharge planning is the process of identifying patients' needs for safe and timely discharge and creating a plan to address them which occurs throughout a patient's stay right from admission (Swope & Brown, 2015) .

Canadian Association of Social Work Administrators in Health Facilities (1985), defines discharge planning as a complex psycho-social activity which requires clinical and organizational skills to address the discharge-related needs of patients. It is a multi-disciplinary process which may begin prior to admission.

According to Levine (2009), the basics of discharge planning are the evaluation of the patient by qualified personnel, discussion with the patient or his representative, planning for homecoming or transfer to another care facility, determining whether caregiver training or other support is needed, referrals to a home care agency and/or appropriate support organizations in the community and arranging for follow-up appointments or tests.

Discharge planning is a complex process that aims to secure the patients' care transition from home to the hospital and back home. Patients' needs and resources are identified, and multidisciplinary interventions from different care providers are coordinated to match the identified needs. In Western countries, there are similar guidelines and strategies for good practice in the discharge planning process (Nordmark et al., 2016). A discharge plan must be developed by registered nurse, social worker, or other appropriately qualified personnel, and it should be initiated as soon as possible after admission.

According to Lifeline Blog (2015), good discharge planning begins as soon as the patient is admitted. In the discharge planning process, there is no single predominant procedure. But an initial psychosocial assessment obtained from the patient or family, a developed plan that includes the patient or caregiver's input throughout the process, early

arrangements, and necessary follow-ups are elements found in mots discharge planning processes.

According to Waring, et al. (2014), effective discharge planning is usually associated with several common activities and procedures along the care pathway. On admission detailed and accurate patient records will be prepared, assessment information will be reviewed, and the estimated date of discharge will be set. During admission, a multidisciplinary assessment of the patient condition to identify and assess the opportunity for discharge will be done and discussion with the patient and family about ongoing and continuing needs. On the Day of discharge, contact family to confirm follow-up care arrangements.

According to Yam, et al (2012), discharge is a complicated process involving different phases and aspects of care. In general, discharge planning is conceptualized as having four phases as patient assessment; development of a discharge plan; provision of service, including patient/family education and service referral; and follow-up/evaluation.

According to Dainty and Elizabeth (2009), early intervention and assessments were important in understanding the needs of patients, their social supports and potential discharge location.

According to Baker, Howard and Moran (2007), discharge planning identifies and organizes services for a person with mental illness, substance abuse, and other vulnerabilities when leaving an institution or hospital and returning to the community. It significantly prevent homelessness.

According to Shelton (2016), bio-psychosocial assessment is an essential piece to the discharge planning process, and is often completed within the first day or two of a patient's hospital stay. It is useful in identifying patients with more complicated discharge needs.

Psychosocial Support and its Importance

According to Chivukula et al. (2014), psychosocial intervention refers to holistic approach that facilitates the handling of individuals going through the ordeal of diseases and helps to re-establish the normal functioning.

According to Shelton (2016), one of the common psychosocial interventions within the hospital setting is the discharge planning process. Aspects of discharge planning include, bio-psychosocial assessment, counseling and education, care coordination, and community referrals.

According to Lori (2013), social workers have had a lengthy history in helping physicians and other professionals in understanding the psychosocial needs of patients and in helping patients transition from the hospital back home or to another destination.

Psychosocial Effects of Pandemics

According to the World Health Organization (2014), an emergency affecting health always has adverse psychological and social consequences. Thus, psychosocial service offers should have enough resources to be widely available during epidemics. W.H.O, in the handbook of Hospital Preparedness in Epidemics, indicated the need for the establishment of psychosocial team as part of the Hospital's Emergency Response Plan. Designated hospital areas should be provided for a psychosocial service.

According to World Health Organization (2020), Children and elderly people are prone to experience worry, anxiety, and fear. The impact of the fear of dying, fear of their

relatives dying, or fear of receiving medical treatment for children will be difficult as well older people who may be experiencing cognitive decline will worsen their mental health.

According to Pappas et al. (2009), in the times of SARS pandemic anxiety extends in the case of patients and exposed persons beyond the physical consequences of infection, to social consequences such as stigmatization. Thus, to minimize the psychosocial impacts of infectious diseases, enhanced health literacy, along with wide-ranging access to health information, can contribute to early case detection and may be useful in reducing stigma and decreasing levels of fear of illness.

According to Pfefferbaum & North, (2020) the Covid-19 pandemic has distressing implications for emotional and social functioning. In addition to providing medical care, health care providers have an important role in monitoring psychosocial needs and delivering psychosocial support to their patients. They can offer suggestions for stress management and cope, link patients to social and mental health services, and counsel patients to seek professional mental health assistance when needed. People with a high risk of the disease are more exposed to adverse psychosocial effects. For people who are at high risk of psychosocial effects screening for mental health problems, psychoeducation, and psychosocial support will help to lessen the negative psychosocial outcomes.

Psychological Intervention for Covid-19 Patients in China

According to First Affiliated Hospital, Zhejiang University (2020), about 48% of confirmed COVID-19 patients manifested psychological stress during early admission. Regret and resentment, loneliness and helplessness, depression, anxiety and phobia, irritation and sleep deprivation, panic attacks are symptoms experienced by patients in isolation wards during psychological evaluation. Patients are monitored their mental states every week after admission and before discharge. In the times of psychological treatment, for mild patients,

psychological self-adjustment like breathing relaxation and mindfulness training is given. For moderate to severe patients, combining medication and psychotherapy are suggested. Discharge standards are based on the significant subside of symptoms. Discharge is approved by a multi-disciplinary medical team.

Covid-19 Management in Ethiopia

Ethiopian Federal Ministry of Health has prepared a handbook, guidelines and protocols for the overall management of Covid-19. Federal Ministry of Health (2020), discusses medical issues concerning suspected and confirmed cases. The discharge criteria for a Patient diagnosed with COVID-19 pneumonia is when the symptoms have subsided, patients get stable and able to feed, and the body temperature remains at a normal range for at least three days without antipyretics, and two consecutive laboratory tests are negative collected ≥24 hours apart. The Federal Ministry of Health has not mention how psychosocial intervention should be given for confirmed patients.

Theoretical Framework

Biopsychosocial–Spiritual Perspective.

A biopsychosocial–spiritual perspective recognizes the importance of whole-person care and considers a client's physical or medical condition; emotional or psychological state; socioeconomic, sociocultural, and sociopolitical status; and spiritual needs and concerns (National Association of Social Work, 2014). The foundation of client care planning is the comprehensive assessment, an ongoing activity, which requires social workers to engage clients in identifying their needs and strengths and supporting clients in establishing priorities and goals. Thus, in the process of discharge planning from admission to discharge the assessment to be done is framed by the biopsychosocial- spiritual perspective.

Chapter Three: Research Methods

To have a clear understanding of how the data is collected and what scientifically recognized methods are employed, this chapter deals with methods and techniques used in the study. Hence the research design used, study area, participants, sampling, method of data collection & analysis, quality assurance and ethical consideration are included in this chapter.

Research Design

Kothari (2006) argues that research design helps the researcher to plan the methods to be used for collecting data and techniques to be used for analyzing the data. In choosing the appropriate research design the nature of the problem to be studied and the means of obtaining information play great roles. With the purpose of exploring the issue at hand, the researcher has employed a qualitative research approach.

Exploratory research is conducted when there are few or no earlier studies to which references can be made for information. It provides insights into and comprehension of an issue or situation for a more rigorous investigation later (Creswell, 2007). Since the Covid-19 pandemic is a new happening to the world, there are no prior studies in this area. Thus, to thoroughly understand the issue at hand exploratory research was used.

The rationale behind the selection of qualitative research approach rests on the nature of the research problem. A qualitative approach is appropriate to use to study a research problem when the problem needs to be explored; when a complex, detailed understanding is needed; when the researcher wants to write in a literary, flexible style; and when the researcher seeks to understand the context or settings of participants (Creswell, 2007). As the research questions need to be explored in detail the researcher found a qualitative research approach suitable for this specific study. Qualitative research is an inquiry process of understanding a social or human problem, based on building a complex, holistic picture,

formed with words, reporting detailed views of informants, and conducted in a natural setting (Creswell, 1998).

Cross-sectional design is to collect data about current and present attitudes, beliefs, views, opinions, and practices of participants Creswell (2012). The overall process of treatment experience of both health workers and patients, current practices, and opinions of patients regarding their experience during discharge was studied.

Five approaches are commonly used in qualitative research, those are narrative, phenomenology, ethnography, case study and grounded theory (Creswell, 2007). The researcher has chosen a case study to be employed in this study to define the issue at hand better than the rest approaches. According to Crowe et al. (2011), the case study approach allows in-depth, multi-faceted explorations of complex issues in their real-life settings. Case studies can be used to explain, describe, or explore events or phenomena in the everyday contexts in which they occur.

Case study research is a qualitative approach in which the investigator explores a case or multiple cases over time through detailed, in-depth data collection involving multiple sources of information (e.g., observations, interviews, audiovisual material, and documents and reports) and reports a case description and case-based (Creswell et al.,2007).

Study Area

The research has taken place in Eka Kotebe General Hospital Addis Ababa, Ethiopia. Eka Kotebe General Hospital is in located Yeka sub-city Woreda 12, around Karalo. The hospital is currently used as an active treatment center for the Covid-19 pandemic. It can to provide treatment for 600 patients. The hospital has given treatment for 105 Covid-19 patients until this study was conducted. Among the total patients of the hospital 93 has

recovered and discharged. There are 290 health workers working for the response of the pandemic, 220 nurses and 70 physicians.

Study Participants and Inclusion Criteria

Since the study mainly focuses on the discharge planning process and psychosocial support of Covid-19 patients, the multidisciplinary emergency response team with the role of discharge planning and giving psychosocial support and discharged patients were studied. Therefore, the study includes an emergency response team and discharged patients from the hospital.

The researcher has used the following as inclusion criteria for participation. First from the emergency response team providing service in the hospital, (1) health workers who have direct involvement in the discharge planning process and/or who are involved in the psychosocial intervention and (2) who were cooperative to be part of this study were included.

Second, the inclusion criteria for discharged patients was, (1) discharged patients (2) who have received psychosocial support (3) from those selected ones were who have recorded phone numbers (4) from those with phone number available ones (5) those who have shown their willingness and interest to participate in the study.

Sampling

Non-probability sampling is a sampling method in which not all members of the population have an equal chance of participating in the study. It is most useful for exploratory studies (Sileshi, et al., 2009). Thus, the study has employed a non-probability sampling technique for this exploratory study. From the types of non-probability sampling techniques purposive sampling technique was used for this study.

Purposive or judgmental sampling is a strategy in which settings, persons or events are selected deliberately to provide important information that cannot be obtained from other choices (Maxwell, 1996). Purposeful sampling is a technique widely used in qualitative research for the identification and selection of information-rich cases for the most effective use of limited resources (Patton, 2002). Yin (2011), defines purposeful sampling as "The selection of participants or sources of data to be used in a study, based on their anticipated richness and relevance of information concerning the study's research questions" (p. 311). The study utilized purposive sampling to select specific participants who have direct involvement in the issue to be studied. Their direct involvement in the issue to be studied helped in getting rich and relevant information regarding the issue at hand.

Case study sampling applies to select cases and selecting data sources "that best help us understand the case" (Stake, 1995, p. 56). Purposive sampling is useful for a case study in three situations: (1) when a researcher wants to select unique cases that are especially informative, (2) when a researcher would like to select members of a difficult-to-reach, specialized population, and (3) when a researcher wants to identify particular types of cases for in-depth investigation (Ishak & Bakar, 2014). The researcher has purposely selected discharged patients who have received mental health and psychosocial support side to the medical treatment for Covid-19 cases.

Sample Size

Qualitative sample sizes should be large enough to obtain enough data to sufficiently describe the phenomenon of interest and address the research questions. The goal of qualitative researchers should be the attainment of saturation. Saturation occurs when adding more participants to the study does not result in additional perspectives or information (Creswell, 1998).

In case study research there is no number limit given for the size of samples. But as Gentles et al. (2015), found out "The benefits of multi-case study will be limited if fewer than, say, 4 cases are chosen, or more than 10. 15 or 30 cases provide more uniqueness of interactivity than the research team and readers can come to understand (pp. 182-1783)''. The researcher used 15 samples for the purpose of this study. Thus 10 people who have direct involvement in the discharge planning process and psychosocial support and 5 discharged patients are included as participants. The use of these different participants has also helped for data triangulation.

Methods of Data Collection

While deciding about the method of data collection to be used for the study, the researcher should keep in mind two types of data, primary and secondary (Kothari, 2004). Case study practices multiple information sources (Yin, 2003). Yin (2003) recommends six types of information sources: documents, archival records, interviews, direct observations, participant observations, and physical artifacts. In this study the researcher used both primary and secondary data collection methods. This research aiming to study the discharge planning process and psychosocial support using multiple sources of information that have used a case study as an approach. Information was gathered from health workers and recovered-discharged patients in interviews and document reviews.

Primary Data Sources.

Data that has been collected from firsthand experience is known as primary data (Kabir, 2016). For this study, the researcher used interview, and document review to get detailed information to answer emerging research questions as primary data sources. The researcher used the data collection methods as briefed below.

Interviews

An interview is a tool that involves orally asking participants. Interviews facilitate the collection of detailed personal data that provides a high degree of response quality, the opportunity for probing deeply into issues, and relatively low refusal rates from participants (Block & Eriskine, 2012). It can be classified into three based on the research objectives and the characteristics of the phenomenon being studied: structured, semi-structured and unstructured (Taye, 2017). For this study, a semi-structured interactive interview was used to get an in-depth understanding of the issue at hand. Semi-structured interviews are in-depth interviews where respondents must answer open ended questions.

The interview guide included some semi- structured questions which used as commencement and built on the answers of the respondent the researcher developed more questions. This way the interview was interactive, and the researcher has got information based on the respondent's reality of the issue. These types of interviews are conducted once only, with an individual or with a group and generally cover the duration of 30 min to more than an hour (Dicioo-Bloom & Crabtree, 2006). The researcher planned to use an average of 40-50 minutes for each interview for the health workers. But according to the types of answers given by respondents the duration of the interviews varied. Specially during the interviews of the health workers less time was spent since they were in rush.

As is the case with face-to-face interviews, questions arise for telephone interviews concerning which individuals are appropriate for interviews, what questions to ask, how many interviewers to use, and how to train those interviewers (Flower, as cited in Block & Eriskine, 2012). Telephones give researchers access to varied resources and experiences without the need to endure the expense and time consumed by travel to different places. According to Block & Eriskine, (2012) telephone interviews will be appropriate to use when

a need for anonymity is high and also, when questions are open ended because subjects are not required to make complex explanations between responses depending on their memory and when there is a purposeful and appropriate sampling strategy to answer the specific question.

For the purpose of this study, recovered and discharged patients were selected purposely to answer their experiences in the time of their discharge. World time needs physical distancing and limiting movements which limit the researcher to conduct a face-to-face interview. Therefore, discharged patients who have recorded phone numbers and who were interested to share their experience of going through the illness were interviewed through telephone.

Document Review

For the purpose of this study the researcher has reviewed written materials such as format papers used by the health workers to document patient files and patient intake cards. The discharging format, and intake forms including patients profile was reviewed.

Secondary Data Sources.

Secondary data means data that are already available i.e., referring to the data which have already been collected and analyzed by someone else. (Kothari, 2004). There are numerous types of secondary data, the main being documentary sources in the form of written and non-written materials, and survey data in the form of statistical information (Walliman, 2011). Available materials such as books, book chapters, journals, articles, master theses have been reviewed as secondary data sources.

Data Collection Procedure

After getting approval from the researcher's advisor and examiner, the researcher took a support letter from the school of Social Work and give to Eka Kotebe General Hospital. The hospital's research and training center has taken time to review the proposal and give ethical clearance for the researcher. Then having approval to continue, the researcher has selected participants from the health work team who has direct involvement with patients and duty in the discharge process and in giving psychosocial support. After purposely selecting those health workers the researcher has asked their willingness, explaining the purpose of the study, the data collection process, privacy, and confidentiality terms. Informed consent has been signed by willing participants. The interview was conducted with each of the 10 participants at different times face to face. The written documents like patient intake cards and recorded files including phone numbers of discharged patients which were relevant for the study was reviewed by contacting the health management information system office. The interviews with the discharged patients were conducted through telephone. The researcher selects discharged patients who have received psychosocial support. Among them those with recorded phone numbers were selected. Then the available and willing ones were interviewed through telephone after explaining the purpose of the study, privacy, and confidentiality terms. Consent was taken orally by asking their willingness to participate in the study.

Method of Data Analysis

According to (Braun and Clarke, 2006) thematic analysis is a qualitative analytic method. A theme captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set. Familiarizing yourself with your data, generating initial codes, searching for themes, reviewing themes, defining, and naming themes and producing the report are the 6 phases provided to guide data analysis (Braun and Clarke, 2006). After careful analysis of the

description about thematic analysis and the above phases the researcher selects thematic data analysis to be used for the purpose of analyzing this study.

Adapting Braun and Clarke's guide for data analysis, the researcher has gone through the six phases. First, the researcher familiarized herself with the collected data through active and repeated reading to find meanings and patterns which will be used for coding. The researcher has immersed herself in each interview to deep understand the meanings of answers of participants. After each interview transcription was done. Then, producing codes has taken place. Segments of the transcribed data which give basic information and meaning about the issues of the discharge planning process and psychosocial support were selected as initial codes. The researcher has made sure that all the obtained data are coded. Then after generating initial codes, the researcher search for themes. Initial codes may begin to form main themes, and others may form sub-themes (Nowell et al., 2017). Then after coding all the data the researcher sorts the codes to potential themes and sub-themes. Then, in the fourth phase the potential themes were reviewed, and the researcher has come up with more organized themes. Then, the researcher clearly defined what each theme is about and refine what aspect of data the themes capture in the fifth step. Finally, report write up has taken place.

Quality Assurance

In qualitative research, two main strategies are used to assure the quality of the research: authenticity of the data and trustworthiness of the analysis (Sargeant, 2012). The sampling approach used, and the selection of participants determine the appropriateness of the data to be collected. The right the participants are the research questions addressed appropriately. Thus, the researcher has carefully and purposefully selected participants who can address the research questions of this study. Credibility, transferability, dependability,

and conformability are the four major issues to be considered to maintain the trustworthiness of qualitative data for constructivist researchers (Guba as cited in Shenton, 2004).

Credibility

Lincoln and Guba (1985) suggested prolonged engagement, persistent observation, triangulation, and peer debriefing as techniques to address credibility. One of the methods to assure credibility of qualitative data is triangulation (Creswell, 2007). Triangulation refers to the use of multiple methods or data sources in qualitative research to develop a comprehensive understanding of phenomena (Patton, 1999). Thus, to assure the quality the researcher has collected data from different participants mixing the health workers and patients.

Dependability

Dependability gives access to readers to examine the research process (Lincoln & Guba, 1985). One way of proving dependability is for its process to be audited (Koch, 1994). The audit provides evidence of the decisions and choices made by the researcher regarding theoretical and methodological issues throughout the study. To prove dependability of the research, advisor and examiner of the researcher had critical roles in commenting and suggesting in the research process from the proposal development to the end of the study.

Transferability

Transferability refers to the degree to which the results of qualitative research can be transferred to other contexts with other respondents (Anney, 2014). A detailed description of the analysis and purposive selection of participants facilitates transferability of the analysis. It is the qualitative researcher's role to provide thick descriptions of the study to ensure its transferability. Therefore, to assure transferability the researcher documented the detailed research process from the start so its findings can be compared with other similar studies with

the same processes. Likewise, the purposive sampling used in this study strengthen transferability since provides greater in-depth findings than other probability samplings methods.

Conformability

According to Guba and Lincoln (1985), confirmability is established when credibility, transferability, and dependability are all achieved. Consequently, the researcher worked well to achieve the three and establish confirmability. Similarly, by achieving the four major issues, credibility, dependability, transferability and confirmability, trustworthiness is maintained.

Ethical Considerations

Since it is about human beings who have the right to be respected, every social research must deal with ethical issues. The researcher has received ethical clearance from the hospital where the study has taken place. Informed consent, anonymity and confidentiality have given value in this study.

Informed consent

A consent form is used to document the information provided to a participant to gain his/her agreement to voluntarily participate in a study (Sileshi, et al., 2009). Consent involves verbal or written agreement; can only be given if the participants are informed about and understand the research; must be given voluntarily without coercion; and must be negotiable so that participants may withdraw at any stage of the research process (Taye, 2017).All study participants are asked about their willingness on participating in this study. Written consent for the health workers who participated was taken. As well verbal consent for telephone interviews with discharged patients were taken.

Confidentiality and Anonymity

Gallagher (2009) shows that participants should not be identifiable in research findings. Instead, using pseudonyms by omitting participants‟ names are ethically considered. For this study confidentiality was preserved mock names was given for each respondent. After getting their consent the researcher has named the participants in numbers and the names of participants are not used in the study.

Limitation of the Study

By the time of this study due to the epidemic every aspect of life has been impacted. The need for limited movements and physical distancing has limited the researcher in many ways. The researcher has faced time constraints because all the health workers were very busy. In other ways the transmission routes of the corona virus limit the researcher in presenting to the hospital at times of discharges. Hospital discharge was confirmed at any time of the days that the researcher cannot get the opportunity to be present and the hospital has not allowed the researcher to enter the treatment rooms. Physical distancing limits the researcher in conducting face to face interviews with patients and from observation. The personal protective equipment wore by the health workers has blocked their faces and limit the researcher to observe their facial expressions.

Chapter Four: Findings

The chapter summaries data obtained from 15 study participants. Among them 4 BSC nurses who are directly involved in the discharge process of patients, 4 general practitioners (physicians) who have direct involvement in discharging patients, 1 psychiatrist and 1 clinical psychologist who give psychosocial support for patients who have mental health, psychological and social needs. All the health workers are employees of Eka Kotebe General Hospital. Correspondingly, 5 Covid-19 recovered and discharged patients from Eka Kotebe General Hospital were interviewed an in-depth interview. Documents have been reviewed in addition to the in-depth interview as a source for this study. Participant health workers coded HW1, HW2, HW3….and patients are coded P1, P2, P3…Details about the interviewees are presented in the appendix.

The chapter is divided into four main themes and with its different corresponding sub-themes that have been developed from emerged codes and categorized data based on the collected data from the participants of the study. The first main theme is description of discharge planning, which consists of interdisciplinary collaboration and integration, challenges related to discharge. The second main theme is the perspective of psychosocial support for patients, which is composed of lack of proper coordination and poor integration, challenges and forthcomings in giving psychosocial support. The third main theme is experience of discharged patients about the overall process of treatment which is composed of perception of Covid-19 patients about the illness, testing for Covid-19 admission and treatment service, experience of recovered patients readiness for discharge and Follow up. The fourth main themes are admission and treatment for Covid-19 Patients, assessing patient's readiness for discharge, and challenges for health workers in giving timely services.

The Process of Discharge Planning

The study shows that discharge planning process is the process of sending a recovered patient from hospital to home. According to the responses of all the health workers, discharge planning process is the process which starts when a patient's second laboratory of Covid-19 result comes. The hospital runs laboratory tests two or three times until the patient becomes Covid negative. A person is tested for Covid-19 by EPHI for the very first time; if that person is Covid positive he/ she will be taken to Eka Kotebe Hospital for treatment. After a confirmed patient gets admitted to the hospital, he/she must wait for 5 days until the first laboratory test is taken by the hospital. Then if the laboratory test comes negative, he/she will wait for 24 hours until the second test. At this point the discharge planning process starts. The process includes informing the patient that his/her that test will run every 24 hours and she/he has an equal probability of being negative or positive. When a negative result comes, the result will be announced by the nurse coordinator on duty, and they will be informed that they will be going home. After the confirmation of their second negative result they must be disinfected, must take shower, and change clothes. They will be briefed about the precautions they must take when they go home including their additional self-isolated time for 14 days. A HW3 explained the discharge planning process as:

… After they stay for 5 days first sample will be taken and then if it is negative they will go to recovery room and another sample will be taken after 24 hours. When thy go to recovery room we will tell them if the second result comes negative we will send them home. I think we can say that a discharge plan. Otherwise there is no plan is done when they are first admitted like we did before Covid-19.

The second negative result lit a smile on the patient's face. But that smile does not last long for some of them. Those some has social and economic need. This is when psychosocial

support is needed. According to the clinical psychologist, who is called only for such issues, linkage and reintegration will start from that point. This facilitation process will take some days that discharged patients will have to stay more days.

On the other hand, the clinical psychologist discussed discharge planning should start at the time of admission. The assessment included in the planning process will show the need of patients which will give time for intervention until discharge. The process should be interdisciplinary, and all the emergency response teams should do their part from the start. He points out that the hospital has been working on interdisciplinary discharge planning for long with psychiatric patients and the importance of planning the discharge in advance is visible.

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According to discharged patients, after 5 days of admission they give laboratory sample and after the result came negative, they were told other test will run after 24 hours and it has a probability of being positive again. Then after it came negative, they were told they can go home after showering and changing clothes. The nurses have told them to isolate themselves from their families and the community for 14 days. Participants explained that results came anytime and sometimes there was a delay that stresses them out. According to participants no one checked them back after they went home.

Interdisciplinary Collaboration and Integration

The study found out that for the medical teams' interdisciplinary collaboration exists there. They are sure that they collaborate with their coworkers and work is done in teams. According to physicians, their interdisciplinary teams include nurses, specialist doctors,

midwives and pharmacists and a psychiatrist, surgeons, pediatrician, and general practitioners. Nurses also confirmed the above team members. There are four teams composing of the above task force in the time of the data collection for his study was done. There are one psychiatrist and one psychologist who will be called when there are mental health and psychosocial need of a patient.

According to the clinical psychologist, he gives psychosocial support for patients in need through the phone when he is informed by the nurses or physicians that there is a patient who need support. Otherwise there are no other means that he knows about the patient's status. He does not enter the wards and see the patients like the interdisciplinary team does. He discussed that there are times that patients who started psychotherapies are discharged without him knowing. He puts it in words as:

There are times I call a patient whom I start psychotherapy for and understood that they are already discharged. In such times what helped me to continue the therapy is that the situation where the counseling is through phone from the start. And sometimes patients whom I start counseling for call thank me for my support and they tell me they are going home. That way I know the patient is no more in the hospital.

The study found out that discharge for patients who came from country sides will be facilitated in collaboration with Ministry of Labor and social affairs and regional health bureaus. This integration is needed for the purpose of tracing and follow up. Responsibility of contact history tracing and follow up for 14 days will be given for regional health bureaus once the patient is accompanied to hometown. The cloth, transport and lunch money will be covered by Ministry of Labor and social affairs (MOLSA).

Challenges Related to Discharge

According to the study the discharge planning process begins when the first negative test result come. When the first result comes the available nurse coordinator will tell patients that they are going to be transferred to a recovery ward and the second test will run after 24 hours. They will be briefed about the probability of results which is 50% of being negative and 50% positive. If the second result happens to be negative, then patients can go home. The study finds out that the second result will be announced to the patients at any time it arrives it might be in the morning or in the evenings. If time allows patients can go home anytime.

According to a nurse, it is after the second negative result that facilitating the cases of patients who need social support will start. The negative impact of not planning discharge ahead affects both patients and the hospital. According to the nurse, there was a case of a 14 years old which takes long time until her discharge. The case affects the patient and the hospital has cost unnecessary resource which could help another patient. The HW4 explained the incident as:

There was a 14 years old girl who was deported from KSA. She has been in this hospital for about 65 days. She was discharged after 39 days of treatment. But she stayed for more 26 days here until she was accompanied to her hometown Humera. There was a conflict of opinion on the way she must go. Since she is a minor, we cannot leave her on her own by just facilitating her bus ticket. Her hometown is 3 days trip & she must pass two nights in a hostel. Since there was no one in charge of such cases we cannot be sure about her safety and even in worst cases if she came to be positive again, we could not trace her contacts. Also, there must be an attendant who should link her with the region's health bureau for more 14 days. So, the clinical psychologist came with the idea of sending her with an airplane to Mekele. Because it takes a one-day trip that way. And the airlines will be an

attendant for her, and the region's health bureau will take her from Mekele airport. This was not accepted by the Ministry of Labor Affairs because of the plane ticket money. So, until the hospital decided to send her from its own money she was living here. This situation has caused stress for the patient and more cost for the hospital which could have served another patient who is in need.

In addition, patients develop trauma when they are first taken to the hospital. Patients are taken by ambulance by EPHI. Also, when they are discharged, and they do not have transport money or family who came to take them they will be accompanied by ambulance again. The impact of the ambulance scene cause trauma for most of the study participants.

According to a nurse, one patient who lives alone around Kality was tested negative for his second result. The nurse told him that he is negative, can go home and there is an ambulance to accompany him. The patient was shocked by the time he heard he is going by ambulance again. He told the nurse about the situation how they take him from home to the hospital by ambulance, the people who take him were not careful. The patient was afraid that the ambulance will crush, and he will die. And the emergency ringing voice of the ambulance was very disturbing that he felt the people with him make him some monster. The nurse tried to normalize the incidence and the ambulance driver which will take him is not the same but the patient refuses and decided to go on foot. The nurse cannot persuade the patient. So, the nurse collect money from the staff members and give the patient.

On the same hand, P5 who got treatment and recovered remembered his discharge as:

When my friend told me, he was tested positive I called 8235 and gave a sample. Then an ambulance with its alarming sound came home and I was taken unexpectedly. It is very disturbing. Then when the nurses in the hospital told me I am negative and can go home, I told them I have no money for taxi. Then I was told there is a car to accompany me. When I

go to the car it was an ambulance, I did not want to go with an ambulance because one thing they rush too much and also I did not think the impression that I go back with an ambulance for my neighborhood will be good. But I did not have a choice other than entering the ambulance. The government has many cars and it should fix one for accompanying discharged patients. I do not think the hospital thought what impression the ambulance will cause us. They do not give weight to our life after we go home.

The system of taking a Covid-19 confirmed person to a treatment hospital has created traumatic experiences on most of the patients. This unnoticed way of handling the pandemic has been shocking for patients.

Perspective towards Psychosocial Support

According to this study the researcher has found out that participants have different perception of psychosocial support. Two participants perceive that psychosocial support is luxury and it is not something that must be given in the times of such crisis. And it is time taking and should be avoided so that the hospital can discharge patients as soon as they finish their medical treatments.

On the other hand, the rest of the participants among the health workers perceive psychosocial support as a very important part of treatment which is not given due emphasis. The study finds out that most of the participants give informal psychological and social support for their patients. A study participant HW8 explained the importance of psychosocial support as:

Most of my patients are older people. They need someone to talk them more than the medical treatment. This illness needs us to live the opposite of our lifestyle. This create stress on patients. Specially for the elders. Thus, I give time for them, talk to them, educate them about the illness, tell them that their stress will cause other illnesses and help them as much

as I can. So, I believe Covid-19 patients need psychological support more than the medical treatment. And the service available is not adequate since only 2 people are working on it.

Likewise, a nurse told me that he takes time to talk to patients whom he sees fell depressed and sad. Try to communicate with them and found out the reason for their sadness and address their needs accordingly. And if he gets serious cases, he will report to the psychiatrist or the psychologist. The researcher also found out that there are health workers who address the social and economic need of patients from their pockets. HW4 explained these situations as:

The patient has a need either he wants to get his family by phone or must go home and he does not have a phone or money so I will address his needs from myself. Because the bureaucracy of the hospital needs time for patients' question or the hospital has no room for their need, and I cannot tolerate that. Helping patients make me happy so I will do anything I can to fulfill their needs and make them happy. I remember such cases happened when the KSA returnees were admitted here. They came without anything no phone, no extra clothes and just they picked from the airport. I have been supporting them until they discharged from this hospital.

A supervisor among the task force responding for the pandemic explained that they get patients who need mental health and psychosocial intervention in their round times. And she believes that mental health and psychosocial intervention should start at the time of admission like the bio-medical intervention. She stated that:

When we make rounds to supervise, we get patients who need mental health and psychosocial support. I am a psychiatrist by occupation so, I will try to manage their cases on the spot and if I feel that they need more intervention I will report. They are many in number. Someday, a patient comes out of the quarantined building without face mask to the

nurse station perceiving that he did not take medication and he should take it quickly before his medication time passes. We told him to go back to his room and there is no medication given at that time, he starts getting aggressive and he told us he should take his medication before his situation gets worsen. Then we realized that there must be something we did not know, and we ask him which type of medication and we understood that he was taking risperidone. Then we start the medication for him. The mental health and psychosocial need of patients must start at their time of admission. If this patient were assessed while admitted this kind of risky situations would not have happened.

The psychiatrist who intervenes stated that, the psychosocial intervention was not given emphasis like the medical intervention in the early times of the pandemic. Then when the need arises, they start thinking about the need for a psychosocial team. She explained the perspective about the importance of psychosocial support among the emergency response task force as:

Initially, no one thinks about the need for a psychosocial team. Then KSA returnees came and there were psychiatric patients, there were traumatic patients, almost all of the returnees came without money and extra clothes to wear when discharged cases then, the emergency task force understood that psychosocial intervention is needed. That is why I and the clinical psychologist start work. Psychosocial intervention is not given space as that of a medical one. It always came behind the medical intervention. But now they came to understand that psychosocial support is even more needed than medical intervention.

The clinical psychologist strongly agrees there must be psychosocial intervention. According to him, there are some existing psychosocial interventions that are being done but it is not for all patients. He and the psychiatrist make therapies when they are told that there

are severe mental health issues and he facilitates social support when the emergency response team gets a patient who needs support in the times of discharge.

The study found out that the Ministry of Labor and Social Affairs (MOLSA) is working in collaboration with the hospital to help patients who need support. The ministry covers cloth for patients who have no extra to wear when they are discharged, transport money for recovered patients who has to be accompanied outside Addis Ababa, and lunch money for recovered patients on a trip to hometown.

Lack of Proper Coordination and Poor Integration

According to the study the service given lacks proper coordination that every time the hospital and the emergency response team improves their service. The study finds out that patients were discharged from the hospital wearing hospital pajama in the early time of the pandemic. Then when they notice that the community near the hospital threw stone on patients thinking that they left unapproved, they understood that patients should go home with other clothes and not with the hospital pajama.

Similarly, when the hospital started facing the same cases of patients who do not have money to go home, they understood that the staff cannot always contribute from the pocket and they communicate with Ministry of Labor and Social Affairs. The ministry agrees to give those patients transport money, lunch allowance and cloth.

Another finding which shows that there is no proper coordination is that the health workers and available psychosocial workers do not have coordinated work that one another has no means of knowing a patient's treatment status. Patient could be discharged in the middle of therapy.

According to the participants, they do not clearly know the team composition working on the pandemic. There are works done in each team but as there is no integration among them. As the clinical psychologist explained, he came to know that there is a team called the protection team which is responsible for the protection of the patients and families of patients who disperse because of a taken away family member. When he was facilitating a case of a patient who was admitted for Covid-19 treatment and wants to go home before she recovered, he found out that the emergency response team of Covid-19 includes a protection team. He was called to handle the case and found out the patient was taken away from her home suddenly and her mother, who has mental health issues, was stayed with their neighbors. Then after 10 days of admission the patient's neighbors told her that her mother is lost, and she has not taken her medications. So, the patient wants to go out of the hospital to find her missing mother. Finding a solution for this case, the clinical psychologist was facilitating a safe house and working on finding the mother. That is how he heard that there is a protection team which is responsible for such cases.

Challenges and Forthcomings in Giving Psychosocial Support

According to the psychiatrist, one of the major challenges in giving satisfactory psychosocial support is that there are not enough psychiatrists, psychologists, and social workers. The hospital has not stopped giving mental health services in its other compound. Thus, the above work force is supposed to work on mental health. The other reason for their inadequate number is that the hospital has one social worker available by this time since the other three of them are on education for their Master of Arts degree.

The other major challenge the study found out is bureaucracy. The complex bureaucratic system in the hospital hinders the available psychosocial workers in giving timely service. According to the clinical psychologist, initially it takes a long time to get an

office in the treatment building for their psychosocial intervention. When they get an office, it was taken for pharmacy service. Then they came up with the idea of building a mobile therapy booth. It took a quite long time to get permission for the construction of the mobile therapy booth. Then after they get permission for building, the materials for the construction and related issues with the management take a long time. Thus, the planned psychosocial support has not started yet, and emergency services are given through phone.

The other challenge the study found out is that the psychosocial team of the hospital has to get intensive training regarding Covid-19 before starting intervention. In preparing for that most of the psychologists and the available social worker was not willing to engage in intervention for Covid-19 cases. According to the clinical psychologist there was fear among them during the early times.

There are some forthcomings concerning the psychosocial support for patients. The hospital is on the way to organize a psychosocial team composed of psychiatrists, psychologists, and social workers to start mental health and psychosocial support for every patient admitted to the hospital. They have a plan to include education, individual support, and family support in their service. The hospital is in the process of building a mobile therapy booth for this purpose.

Experience of Discharged Patients about the Overall Process of Treatment

The process of going through Covid-19 illness and its treatment starts from the first initial test taken by EPHI. According to participants of the study, most of them have travel history and they were quarantined in different places like hotels and university quarantine sites. All the participants had stress developed from lack of proper information about the illness and treatment process. The thought of dying from the illness has crossed the minds of the participants. All the participants underlined that health education regarding the illness and

psychological support is very important for Covid-19 positive patients. According to them, beyond the pain of the illness the stress was what has hurt them. One of the participants P1, stress the importance of psychological support during treatment as:

…I suggest if there is education about the illness when someone is taken to the hospital. If they teach them the stress will not be that much. If they have briefed me at first I would not think about suicide.

According to all participants, more than the physical pain the unseen psychological pain was a major challenge in the process of going through the illness.

Perception of Covid-19 Patients about the Illness

Since the Corona Virus Pandemic is a new happening to the world, the awareness about the illness is low. According to the study three among five participants has travel history. They were forced to quarantine when they come back from abroad by the government. The rest two participants had no travel history. Those two had an insight about the illness and it was by themselves that they take tests. Except for one participant, the study found out that four of them had no symptoms. According to the study, the symptoms announced by the government and different medias was the only signs of being ill or being positive that people think. Participants thought that no symptoms mean they are healthy. A participant P2, remembered the incident as:

> *I was forced to quarantine in a school after I came from Dubai. I stayed for 13 days, when one day was left to go home some people came and took a sample. Then after 48 hours they came, told us we are positive and took 4 of us from 16 people. We had no symptoms; we were very healthy, but they said we are positive.*

Similarly, P1 memorized the time as:

I came from Dubai and quarantined in a school around Bole. I did not have any symptoms. After I stay 16 days in the quarantine people from EPHI came and took a sample. After 4 days they came back and told me I am positive. I was thinking it was a mistake. But they told me I am confirmed positive.

According to the study, awareness about the illness was low. Most of the participants had no symptoms during the time of illness. The lack of symptoms created confusions in the minds of positive people by the time. Participants thought the only signs of being Covid positive were cough, headache, sneezing and sore throat.

Testing for Covid-19

The study found out that for people who have a travel history forced quarantine and test have been applied. The first test for people in quarantine was taken by EPHI after 14 days of stay in quarantine centers. Then when the EPHI found a Covid-19 positive result, they immediately took the positive people to Eka Kotebe General Hospital where treatment is given. The transfer from quarantine centers to the hospital was done by ambulance. For the people who have no travel history, the illness was identified either by showing symptoms or contact tracing or while checking for another illness or contact history with a positive person. The testing is done through going to the clinic or calling to 8335. According to the study participants who had no travel history they came to know that they are Covid-19 positive through the developed symptoms and contact history with positive person. Participants take tests by going to a clinic and by calling to 8335. After the very initial test taken by EPHI other common 2 tests were taken while they are admitted to the hospital. Relying on the results of the tests there might be additional tests taken. Additional tests are taken if the results came first positive-negative and again positive & if the taken sample is lost. A participant P2, memorizes the process of giving a sample for a lost one as:

… then after 5 days they took a sample and told me I am negative. Then I go to the 4th floor. They have told me another sample will be taken after 24 hours but they did not take. Then after 4 days they take the sample and they came back and told me the sample is lost. They again take a sample and said I am negative. While I was on the 4th floor many people who came after me has get discharged.

According to the study, testing for Covid-19 was done by EPHI. People having travel history were forced to take tests and people with no travel history and suspect they have contracted the disease will call 8335 to give sample.

Admission and Treatment Service

The study found out that Covid-19 positive patients were transferred from quarantine centers and their living areas to the hospital by ambulance. The study found out that the admission process is registering names of Covid-19 positive people brought by EPHI and taking them to the wards where they stay. At the time of admission there is no briefing about the illness and related issues. Patients are told not to leave their room and wear face mask every time.

The service from the hospital include food, bed medical treatment. According to participants who were admitted in the first month of the pandemic, they were given a medication that they do not know. There was no detail given to them. After their admission they were ordered to take 6 pieces of the medication by the nurses. The study has found out this medication was hydroxychloroquine which was recommended by WHO for Covid-19 treatment. Later the suggestion by WHO has changed and this medication was cancelled. Study participants who were admitted after the cancelation of hydroxychloroquine were not taking any medication for the Corona Virus.

According to all the participants, the nurses has taken good care of them. The nurses and doctors have treated them psychologically to lessen their stress. There was no formal psychological intervention given for all the participants. Only Participants who had visible psychological needs got treatment by the psychiatrist. The study found out all the study participants had stress and worry. Some even were anxious and one participant tried to commit suicide. The participant who tried to commit suicide explained the importance of psychological support and health education as:

> *…. On the first day a nurse came and command me to take a medication which I do not know. She gave me 6 of it to take it once. She did not tell me anything about it. She just tells me to take it. The medicine hurt my gastritis and I was very sick. Plus, there is the fear of dying… my wife and child have left me when I was in quarantine. Corona has made my life miserable… my work got into a bad situation since I am a merchant…then I tried to commit suicide. I suggest if there is health education given about the illness when someone is taken to the hospital…. If they have briefed me at first, I would not think about suicide.*

The study showed that briefing about the illness and the treatment process helps to ease the stress. The less emphasis given for psychosocial support and health education has caused unnecessary results.

Experience of Recovered Patients Readiness for Discharge

According to the study patients were told about the probability of going home when their second test was taken. Those whose second test came negative were told to be prepared to go home. Taking shower, changing clothes and get sprayed with disinfection were the requirements before they leave the hospital. When discharged they were given a certificate

which tells they took treatment and are free of the virus. They were told to isolate themselves for 14 days.

The discharge planning process help patients to relieve the stress they lived with from the day their sample was taken. According to discharged patients who participated in this study, the stress and worry and losing hope starts from the day their very first laboratory test was taken to confirm whether they are positive or negative. When the nurses told them their first result has come negative and they must be tested again in the next 24-hour hope will rise in them. When their second negative result came, they were very happy and eager to go home. P4 explained his feeling at the time of discharge as:

Everything I heard about the Covid-19 disease was very discouraging. I felt I will be dead when I first knew about my status. You know, the ambulance was ringing, people who wear that white protective equipment came to my home in a rush. They took me suddenly that I do not even take money and cloth. They just picked me. At that time, I was thinking that they assumed me as some monster who will attack them. Plus, I had a headache and a cough. Getting over these is the last thing I wanted. So, when I heard from the nurse that my first result was negative, I was very happy. I called my wife and told her my result. I was hopeful that I was going home soon. The next laboratory test was taken the next day and at that time the nurse told us there is a 50-50 probability of being positive or negative. He told us we should prepare ourselves for the result. The second result came, and it was negative, the nurse told us whose result was negative to take shower, change clothes and go home and isolate ourselves for 14 days. I called my wife and told her I am discharged and ask her to bring me clothes and taxi since I have no money. The process was very fast after our second negative result comes. The nurse came and told us we can go home. But when he announces our first result, I got the opportunity to call my wife and told her to be ready.

According to the study, all participants were happy when they were told they can go home. The study found out that the hospital stay for patients was stressful that they wanted to go home as soon as possible. Some study participants had to worry about being positive again after they go home. The study indicated that recovered patients do not get sufficient education about the pandemic except being told to isolate themselves for 14 days.

Follow-up

According to the participants after they get discharged from the hospital, they have isolated themselves for 14 days. Data of the study imply that the hospital is not responsible for follow-up rather EPHI is the responsible body for following up on discharged patients. Information from the study shows that there is no strict follow up being done. Participants divulge that they have received calls from EPHI for the first two and three days about the symptomatic feelings they experience and nothing more.

Experience of Health Workers in the Overall Process

Admission and Treatment for Covid-19 Patients

Data obtained from the health workers showed that the hospital admits Covid-19 confirmed patients. The confirmation comes from EPHI. And the hospital admits and treats patients who are brought by EPHI. During the early times of the pandemic, all patients after admitted to the hospital was given medications hydroxychloroquine and azithromycin. Then after 14 days, stay laboratory sample was taken. The length of stay before the first test after admission was minimized to 5 days. After the disapproval of hydroxychloroquine by WHO patients were not given any medicine. Azithromycin was given only for severe patients. Except for the medical treatment they were given face masks and food until they become Covid-19 negative and discharged from the hospital. Health workers discussed psychosocial treatment was given for patients who needed support.

Assessing Patient's Readiness for Discharge

The data obtained from the study showed that there is no psychosocial assessment done for the patients medical assessment is done. Thus, the social need is identified mostly at the time of discharge when patients raise their concerns. As well the hospital does not assess the readiness of patients for discharge and does not make sure where they are going after they leave the hospital. The only requirement for discharging a patient is a negative second result. A nurse explained the simple discharging process is a result of no payment for the service. As he discussed patients do not pay for their stay and treatment so any recovered patient can go home anytime. According to the data obtained from the health workers most of the patients are happy to leave the hospital, thus they think recovered patients are ready for discharge. At the time of discharge recovered patients are told to isolate themselves for 14 days.

The findings of this study show that in the discharge planning process the health workers get satisfaction, hope, and strength. In this process they feel happy knowing that someone is going home after a time of hardship. P9, puts the feeling of discharging a patient into words as:

When I tell them that their second result is negative, and they will be going home I feel happy and forget all the exhaustion and fatigue for some time. Their smile and eagerness to leave this hospital make me count myself as a lucky person because I am a witness to a recovered patient. I feel very useful. It gives me time to forget the family that I left behind, forget the worst times I encountered fear and gives me strength. They give me hope that we can pass through this difficult time.

Also, a physician described the moment as:

They take a long time by blessing us, even in the times when I am not around, they call and tell me that they are about to go home and bless me. I feel happy for them. I feel grateful. I told myself that I am part of this, and I did a great job.

On the hand, the health workers have experienced cases which need social support by the time of second negative result. Not planning patients' discharge causes extra costs for both patients and the hospital until intervention.

Challenges for Health Workers in Giving Timely Service

The study found out that the laboratory sample taken from admitted patients in Eka Kotebe General Hospital is tested in EPHI's laboratory. It takes time until the sample is taken to EPHI and gets tested and until the result came. In the middle of this process, there might be lost samples and patients are asked to give another sample

The study found out that the care taking process for Covid-19 patients involves risks. Thus, the process of the treatment includes more precautions than the early times before the pandemics. According to the health workers they always use PPE, disinfect themselves every time after they see patients, and they do not spend much time with them. The patients cannot see the health workers faces since the personal protection equipment covers their whole body. The maximum care the health workers give for mild patients is checking them every time and support them psychologically since, there is no curing medicine for the illness and most of the mild patients are asymptomatic. A nurse participant HW3, explained the precautions taken during care taking as:

… This time we must take care in every move. We use PPE when we enter to patient side, we spray disinfectant when we go out of there. We shower and use sanitizer every time. Before the pandemic we only use gloves when we see patients.

Also, another nurse HW8, described the care taking process as:

.. It is hard. It is a crisis and we are not giving them much time. Things are not well organized. We are in fear. They do not see our faces because we wear PPE. But we are doing as much as we can.

Chapter Five: Discussion

This chapter presents a discussion of the findings. In this chapter findings are compared to the existing literature and some findings are detailed on their own due to scarce of literature since the study area is new.

The process of Discharge Planning

The current study stressed that discharged planning is sending recovered patients to their home. According to the study discharge planning process begins when the first laboratory result comes to be negative. The process includes telling the patient that another test will run after 24 hours and if it comes negative then the patient can go home. During the announcement of the second negative result, if the patient tells them he/she need help then facilitating support will start and a discharged patient should stay.

The data obtained from this study is not congruent with the existing literature. Even though the study has similar findings with existing literature in sending recovered patients to their home, existing literature explains that discharge planning process should start at the time of admission and thorough assessment should be done for early arrangement (Levine, 2009; Lifeline Blog, 2015; Nordmark et al.,2016; Swope & Brown, 2015; Waring, et al., 2014).

According to (Yam, et al., 2012), discharge planning is conceptualized as having four phases composed of patient assessment; development of a discharge plan; provision of service, including patient/family education and service referral; and follow-up/evaluation. The current study has gaps compared to what has been stipulated by Yam and his colleagues. The study found out that there is no assessment done by the time of admission, there is no plan done prior to discharge, there is no family education and there is no means to follow a discharged patient. Once a patient’s second result came the patient will be told to isolate

him/herself at home for 14 days and will be discharged. There is no follow-up done whether a discharged patient has isolated him/herself or not.

Data generated from this study showed that discharge planning and its process has helped both the health workers and recovered patients. Health workers became happy knowing that a patient's result has come negative and that person is going home. The blessing they get from recovered patients, the happiness they saw fill them with hope and strength. Patients being told their first result came to be negative became very hopeful that they are going to be discharged in a very few days. Their second result make them happy and relieve the stress they encountered. Recovered patients get time to tell their families to be ready.

Perspective towards Psychosocial Support

Data revealed that there are different perspectives toward the importance of psychosocial support among the participants of the study. The majority of the participants believe psychosocial support is a very essential part of the response to the pandemic. The study found out that initially there was no established psychosocial team. When psychosocial needs start to arise one psychiatrist and one clinical psychologist were involved. On contrary, (W.H.O,2014), in the handbook of Hospital Preparedness in Epidemics, put the need for the establishment of psychosocial team as part of the Hospital's Emergency Response Plan.

The current study indicated that there is no organized psychosocial team; there is one psychiatrist and one clinical psychologist handling cases when the medical team notice there is a need but, compassionate physicians and nurses give informal psychosocial support of patient who is in need. The time they dedicate to give psychological support and the money they contribute for a needy patient informally could have been saved if there was an assigned person facilitating psychosocial support. Patient mental, psychological, and/or social needs;

could have been identified earlier and interventions could have been facilitated in a formal way.

Data obtained from the study showed that the Ministry of Labor and Social Affairs (MOLSA) is working in collaboration with the hospital to respond the social needs of patients. The ministry covers cloth for patients who have no extra to wear when they are discharged, transport money for recovered patients who must be accompanied outside Addis Ababa, and lunch money for recovered patients on a trip to hometown. The participants explained that social support is given this way. The ministry contributed money which replies economic need only. Economic support is one part of social support and it is not a holistic social support.

Nexus between Discharge Planning and Psychosocial Support

According to the study discharge planning is not implemented formally following its phases. The phases discussed by different scholars in existed literatures included psychosocial assessment of patients up on admission. Thus, psychosocial support and discharge planning are related in that psychosocial assessment is part of discharge planning and the assessment being done in the time when patients are admitted, will help for preparation for psychosocial support prior to discharge date.

Challenges during discharge

Data generated from this study indicated that it is in the time of discharge that patients who need social support will be identified. After they identify those who need social support, then facilitating to address the need will start there and the patient must wait more after discharged. The data obtained from this study is not congruent with the existing literature. Discharge planning must start at the time of admission. During admission, multidisciplinary assessment of patient condition to identify and assess opportunity for discharge will be done

and at the Day of discharge family should be contacted to confirm follow-up care arrangements (Waring, et al. 2014).

In addition to the more time recovered patient stay in the hospital until support is facilitated, the hospital will pay extra cost which could have served another patient who is in need. Until the transport and other needs are addressed the hospital will cover meal and bed for that patient. But if a timely psychosocial assessment was done and discharge was planned ahead, patient needs can be addressed timely as well the hospital will save extra costs.

Another major data gained from this study is the way patients are transported. As participants explained the ambulance which they are taken to the hospital has caused discomfort on patients. The unaddressed psychosocial needs during admission and stay time extend its effect to the time of discharge. Patients do not want to get into an ambulance again. Some choose their way to go home others with no choice experience the discomfort again. This unnoticed negative effect of transport might cause a lasting traumatic experience for patients.

Poor Interdisciplinary Collaboration

The study explored that interdisciplinary teams include nurses, specialist doctors, midwives and pharmacists and a psychiatrist, surgeons, pediatrician, and general practitioners. This is the first composition of the emergency response team of the hospital. It is after the mental health and psychosocial need start to arise that the management add psychiatrist and clinical psychologist on the team. There is no social worker involved in the team as well. Meanwhile social needs of patients are addressed by compassionate nurses, physicians, and the clinical psychologist. The data obtained from this study shows there is a medical model domination in the structure of teams.

Even if some study participants agree that there is interdisciplinary collaboration, study showed there is poor collaboration among the emergency response team. Health workers who oversee facilitating psychosocial support know about a situation of a patient who need intervention at the time of discharge. Patients who start taking therapy might be discharged immediately when their second result comes regardless of the unfinished therapy session, and without telling the clinical psychologist. This shows there is poor interdisciplinary collaboration.

Lack of Proper Coordination and Poor Integration

According to the study the service given lacks proper coordination that every time the hospital and the emergency response team improves their service. The study finds out that patients were discharged from the hospital wearing hospital pajama in the early time of the pandemic. Then when they notice that the community near the hospital threw stone on patients thinking that they left unapproved, they understood that patients should go home with other clothes and not with the hospital pajama. There is no integrated work being done with the community about the new epidemic. Though further study is needed for the explanation of the existing stigma and discrimination in the community the hospital has not thought about patients after their discharge.

According to the findings of the study, the hospital's emergency response team has not included the psychosocial team from the start. The raised psychosocial needs awaken them to include the service and yet it is not given in a way to say holistic service is delivered. Other governmental organizations working in collaboration with the hospital are covering the economic needs of patients and not comprehensive social support is given.

The study found out that there is poor integration. Participants of the study do not know the structure of the task force in responding the epidemic. In that they do not know

where to go or whom to contact to address the needs of patients. The involved organizations are not clear that needs which could have been addressed easily became complicated for health workers. In cases which need more involvement like, when children are left at home if their parents tested Covid-19 positive and should get treatment; if a Covid-19 positive person is a house head and the family cannot function without that person, a child whose mother gave birth in the hospital getting treatment need a well-organized social support system. Such expected cases during the pandemic need an organized social support team.

Hindering issues challenging the psychosocial intervention should be given emphasis in that the pandemic needs a rapid response. Bureaucracy should not be a delayed matter in such crisis times. The hospital should organize a rapid response structure. Financial issues should be tailored to Covid-19 response considering the urgency of the pandemic. The emergency response leading authority should mobilize existing human resources so that proper psychosocial intervention is given.

Going through the Illness of Covid-19

Data generated from the study indicated that there was a lack of information about the illness and the responsible government bodies were not giving proper information for Covid-19 confirmed patients. Thus, the stress and worry has caused trouble to the patients and added more pain to them than the diagnosed illness of Covid-19. This finding has shown gaps compared to what has been discussed by researchers. According to (Pfefferbaum & North, 2020), the pandemic has distressing implications for emotional and social functioning, so in addition to providing medical care, health care providers have an important role in monitoring psychosocial needs and delivering psychosocial support to their patients. In addition to Pfefferbaum and North, Pappas and his colleagues in 2009 has discussed the time of the SARS pandemic patients and exposed persons had developed anxiety and suggest

enhanced health literacy, along with wide-ranging access to health information to minimize the psychosocial impacts of infectious diseases and in reducing levels of fear of an illness.

According to Lifeline Blog (2015), in the discharge planning process there is no single predominant procedure. But an initial psychosocial assessment obtained from the patient or family, a developed plan that includes the patient or caregiver's input throughout the process, early arrangements, and necessary follow-ups are elements found in mots discharge planning processes. Contrary to this, the data obtained from participants of this study showed that upon admission there was no briefing given to patients about their illness and related issues as well they were commanded to take medications without getting details.

The study explored that sufficient health education about the illness is not given at the time of admission, in hospital stay also in the time of admission. Family is not included at all in the process of treatment service. In that family education is not done. This finding has shown gaps in comparison with the discussions Yam and his colleagues. Yam, et al (2012), discussed provision of treatment service includes patient and family education.

Chapter: six

Conclusion and Implications

Introduction

The chapter consists of two parts. The first part presents the conclusion and the second part presents implications. The conclusion is tied with key data of the study relevant to the research questions. Implications that help in giving recommendations for ensuing actions are discussed as implications for research, policy, and practice.

6.1 Conclusion

The study explored the discharge Planning Process, the psychosocial support of Covid-19 patients and experiences of patients and health workers. It has taken place in Eka Kotebe General Hospital Addis Ababa, Ethiopia. The study has applied exploratory qualitative case study as to understand the process of discharge of Covid-19 recovered patients and how psychosocial need of patients is addressed. •

According to the findings of the study, the discharge planning process starts when a patient's first laboratory result after 5 days of admission comes negative. The discharge plan includes informing patients about their status, telling their second test will be taken after 24 hours and if it confirms negative sending them home and briefing about the precautions they must take when they go home including their additional self-isolated time for 14 days. The discharge planning process has gap compared to what literature utters.

Regarding the interdisciplinary collaboration, there is a relatively good collaboration among the medical team and there is poor collaboration between the medical team and existing psychosocial workers. Concerning integrated work, the hospital works with MOLSA and regional health bureaus while discharging patients with economic need and patients who came from countryside.

The discharge planning process benefits both the health workers and patients. Health workers became happy when a patient has recovered and going home as well patients being told they are negative and can go home soon became happy and those who have family get time to tell their families to be ready. The challenge is for patients who do not have social support and the assigned health worker to facilitate their cases. It takes time to facilitate such cases, making discharged patients stay more, force the hospital to pay the additional cost.

Another finding revealed that the way patients transport after discharge is disturbing for them. The way they are transported in the time of admission and the ambulance force them to develop trauma. This trauma is not addressed in their time of stay in the hospital and they must use that ambulance again when they go home. This unnoticed negative effect of transport might cause a lasting traumatic experience for patients.

Almost all the participants in this study believe psychosocial support is a very essential part of the response to the pandemic. There is no organized psychosocial team in the emergency response team of the hospital. There are one psychiatrist and one clinical psychologist handling cases when the medical team notice there is a need but, compassionate physicians and nurses give informal psychosocial support. The study also revealed there is poor integration among the emergency response team of the hospital and the concerned advisory bodies. The structure is not clear, and the health workers do not know who does what.

The study also tried to discover the challenges which are deterring psychosocial intervention to be given at its best. Bureaucracy and human resource are the major ones. In conclusion, the pandemic is affecting us physically, mentally, and socially. Thus, the response should be bio-psychosocial and psychosocial intervention should be integrated with the medical to give holistic service.

6.2 Implications

The data of the study pointed out that planning discharge ahead and involving an organized psychosocial team benefits patient, health workers and the hospital at large. Thus, to give emphasis for psychosocial intervention and discharge planning, the researcher implies different implications as follows.

6.2.1 Implications for research

Since the Covid-19 pandemic is new to the world, studies are in their early stages. By the time of this study was conducted there was no prior research done on the issue. This research can serve as a pioneer for further studies. The pandemic requires further research on the gaps of this study as well on different dimensions such as psychosocial impacts of Covid-19 on health workers and on patient families. During the time of this study Eka Kotebe General Hospital was the only treatment center in Addis Ababa. Comparative studies on discharge planning process and psychosocial support in other treatment settings could be one area of study for the future. Reason why mental health and psychosocial treatment is not given equal emphasis as medical treatment and other unseen dimensions of this study can be explored further.

6.2.2 Implication for Practice

In times of such emergencies the need for social workers is vital. There must be multidisciplinary team effort to deliver holistic service. In practicing bio-psychosocial practice model the need for the involvement of a psychosocial team is essential. In addition, proper discharge planning helps to smooth the practice and minimize burdens for patients, health workers and hospitals. Integrated work should be done for rapid response, involved teams should know each other and should know whom to contact in facilitating different cases.

6.2.3 Implication for Policy

For the response of the Covid-19 pandemic guidelines and protocols has been prepared by concerned government bodies. Those guidelines and protocols don not give space for psychosocial intervention. The guidelines should be inclusive. In addition, guidelines which are exceptional for emergencies should be prepared to minimize bureaucracy related challenges in responding rapid response. Concerned bodies like Ministry of Health, the hospital management, health bureaus, and emergency task forces should consider psychosocial support as an essential component of health care service and incorporate it in services.

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Appendixes

Appendix A: Informed Consent Form for Health Workers

1. **Title**: Exploring the Discharge Planning Process and Psychosocial Support of Covid-19 Patients- The Case of Eka Kotebe General Hospital.
2. **Researche**r: Rediet Getnet Dessie

   MSW Student in School of Social Work at Addis Ababa University

   Cell phone: +2519-18-37-07-26

   E-mail: redietgetnet86@gmail.com

3. **Purpose of the Study**: The purpose of this study is to thoroughly explore the discharge planning process of Covid-19 patients; assessing the psychosocial intervention given for patients; the standards, guidelines and protocols used for the interventions and the patients experiences during the time of discharge.
4. **Procedure** - I will ask questions to get in-depth information about the issue. You have the right to decline any or all the questions provided to you if feel uncomfortable. You have a right to ask any questions you wanted to be clear for you.
5. **Privacy-Confidentiality and Anonymity**: confidentiality will be surely maintained. Personal information is to be kept confidential, only ideas will be taken for the study. Results of the study may be published, but no names or identifying information will be included in the publication.
6. **Data Collection method:** Notes will be taken during interview. If you allow me, I will use audio recorder.

7. **Benefits**: It has no potential benefits. But by participating in this study you will contribute for the improvement of discharge planning and psychosocial support for the better care for future patients of the hospital.
8. **Risks:** It has no potential risks.
9. **Time Duration**: The interview might take 40-50 minutes.

If you agree to the above terms, please sign below. Thank you in advance for your participation.

Signature of the participant _____ Date_____

Appendix B: Informed Consent Form for Discharged Patients

1. **Title**: Exploring the Discharge Planning Process and Psychosocial Support of Covid-19 Patients- The Case of Eka Kotebe General Hospital.
2. **Researche**r: Rediet Getnet Dessie

   MSW Student in School of Social Work at Addis Ababa University
3. **Purpose of the Study**: The purpose of this study is to thoroughly explore the discharge planning process of Covid-19 patients; assessing the psychosocial intervention given for patients; the standards, guidelines and protocols used for the interventions and the patients experiences during the time of discharge.
4. **Procedure** - I will ask questions to get in-depth information about the issue. You have the right to decline any or all the questions provided to you if feel uncomfortable. You have a right to ask any questions you wanted to be clear for you. You have the right to choose interview time.
5. **Privacy-Confidentiality and Anonymity**: confidentiality will be surely maintained. Personal information is to be kept confidential, only ideas will be taken for the study.

Results of the study may be published, but no names or identifying information will be included in the publication.

6. **Data Collection method:** the type of interview is telephone interview. Notes will be taken during interview. If you allow me, I will use audio recorder.
7. **Benefits**: It has no potential benefits. But by participating in this study you will contribute for the improvement of discharge planning and psychosocial support for the better care for future patients of the hospital.
8. **Risks:** It has no potential risks.
9. **Time Duration**: The interview might take 40-50 minutes.

If you agree to the above terms, please allow me to continue conducting the interview. Thank you in advance for your participation.

Appendix C: Interview Guide for Discharge Planning Team

1. Background information
   i. Age _____
   ii. Sex _____
   iii. Professional background/ field of study_____
   iv. General work experience in the hospital _____
   v. Work experience after the pandemic in the hospital _____
   vi. Previous experience in pandemics_____
   vii. Current duty and responsibility _____
2. How do you plan for a discharge of a patient?
3. When does the discharge planning process start?
4. What components are involved in the discharge planning process?
5. How does the psychological and social need of clients are addressed?

6. Any experience with patients during discharge?
7. How do you perceive about your experience of Covid-19 patients care taking?
8. How do you explain your experience of care taking before the pandemic in other cases and now?
9. How do you feel working in here?
10. How does the pandemic affect your social life?
11. Any thoughts you think should be improved regarding discharge process?

Appendix D: Interview Guide for Discharged Patients

1) Background information
   i. Age _____
   ii. Sex _____
   iii. Academic background_____
   iv. Economic status_____
   v. Married/ single _____
   vi. Family size_____
2) How did you know about the illness?
3) How did you go to Eka Kotebe General Hospital?
4) How do the health workers treat you while you are in the Hospital?
5) What type of service did you get from the hospital other than medical treatment?
6) Which professionals were involved in your treatment process?
7) When was you told that you will be discharged from the hospital?
8) What was your feeling when you were told about discharge?
9) Are you satisfied with the treatment service you get?
10) What was your expectation?

11) What do you suggest being improved regarding discharge?

Appendix E: Health Workers Background Information

Name	Age	sex	Professional background	Work experience	Work experience on the pandemic	Previous experience in pandemics	Current duty and responsibility
HW.1	29	M	BSC Nurse	7 years	3 months	no	Supervision
HW.2	28	M	BSC Nurse	8 years	3 months	no	Nurse coordinator
HW.3	33	F	MSC psychiatrist	10 years	3 months	no	supervisor
HW.4	27	F	BSC Nurse	6 years	3 months	no	Nurse Coordinator
HW.5	35	M	Clinical Psychologist	9 years	2 months	no	Psychosocial support
HW.6	28	F	Psychiatrist	4 year	2 months	no	Psychiatric service
HW.7	29	M	Physician	4 year	3 months	Cholera	Medical service
HW.8	27	F	Physician	3 year	3 months	no	Recovery Medical service
HW.9	28	F	Physician	3 year	3 months	no	Medical service

HW.10	30	M	Physician	5 year	3 months	no	Medical service

Appendix F: Discharged Patients Background Information

Name	Age	Sex	Educational status	Work	Family size	Length of stay in the hospital
Participant 1	29	male	10^{th} completed	Merchant	1	43
Participant 2	30	Male	College	Personal	4	18
Participant 3	38	Male	-	Personal	5	12
Participant 4	34	Male	10^{th} completed	Personal	3	27
Participant 5	34	Male	Diploma	merchant	1	11