● **Original article**

SYSTEMIZATION OF NURSING DISCHARGE – AN ANALYSIS BASED ON ROY

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ABSTRACT: Abstract The objective was to analyze the systemization process of hospital discharge based on Roy's Adaptation Model. A qualitative study was developed at a public hospital in the interior of Bahia, involving 12 subjects, including nurses and people/families, delimited by the saturation of the data. The data were collected between June and August 2015, involving semistructured interviews and non-participant observation of the nursing team, with data treated through thematic analysis. The results were organized along five axes: assessment of the person's behavior; assessment of the person's stimuli; establishment of objectives for discharge; preparatory intervention for discharge; and assessment of the discharge process. The axes were presented from three angles: what was said, what was done and what was expected. In conclusion, discharge planning and intervention remains incipient, suggesting to the professionals the need to systemize the "Nursing Discharge Plan" based on Roy.
DESCRIPTORS: Nursing; Planning; Patient discharge; Adaptation; Comprehensive health care.

SISTEMATIZAÇÃO DA ALTA DE ENFERMAGEM - UMA ANÁLISE FUNDAMENTADA EM ROY

RESUMO: O estudo objetivou analisar o processo de sistematização da alta hospitalar a partir Modelo de Adaptação de Roy. Trata-se de estudo qualitativo, desenvolvido em hospital público do interior da Bahia com 12 sujeitos entre enfermeiros e pessoas/famílias, delimitados pela saturação dos dados. A coleta, realizada de junho a agosto de 2015, envolveu entrevista semiestruturada e observação não participante da equipe de enfermagem com dados tratados mediante análise temática. Os resultados foram organizados em 05 eixos: avaliação do comportamento da pessoa; avaliação dos estímulos da pessoa; estabelecimento de objetivos para alta; intervenção preparatória para alta; e avaliação do processo de alta. Os eixos foram apresentados em três ângulos: o dito, o executado e o esperado. Conclui-se que ainda é incipiente o planejamento e intervenção da alta, sugerindo aos profissionais a necessidade de sistematização do "Plano de Alta de Enfermagem" a partir de Roy.
DESCRITORES: Enfermagem; Planejamento; Alta do paciente; Adaptação; Assistência integral à saúde.

SISTEMATIZACIÓN DEL ALTA DE ENFERMERÍA - UN ANÁLISIS FUNDAMENTADO EN ROY

RESUMEN: El estudio tuvo el objetivo de analizar el proceso de sistematización del alta hospitalar por medio del Modelo de Adaptación de Roy. Es un estudio cualitativo, desarrollado en hospital público del interior de Bahia con 12 sujetos entre enfermeros y personas/familias, delimitados por la saturación de los datos. Estos fueron obtenidos de junio a agosto de 2015, por medio de entrevista semiestructurada y observación no participante del equipo de enfermería y tratados por análisis temático. Los resultados fueron organizados en 05 ejes: evaluación del comportamiento de la persona; evaluación de los estímulos de la persona; establecimiento de objetivos para alta; intervención preparatoria para alta; y evaluación del proceso de alta. Los ejes fueron presentados en tres ángulos: el dicho, el ejecutado y el esperado. Se concluyó que el planeamiento y la intervención del alta todavía son incipientes, lo que lleva a sugerir a los profesionales la necesidad de sistematización del "Plan de Alta de Enfermería" con base en Roy.
DESCRIPTORES: Enfermería; Planeamiento; Alta del paciente; Adaptación; Asistencia integral a la salud.

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● **INTRODUCTION**

Nursing Care Systemization (NCS) offers order and direction to Nursing care. This methodological tool permits clinical decision making, representing an ordered and systematic intellectual activity, based on Nursing Theories, covering the interdisciplinary scientific apparatus that allows professionals to perform their role coherent and ethically[1-2].

The Federal Nursing Council (COFEN), through Resolution 358/2009, advises on the inclusion of NCS as a method to organize nursing work, operating care in the hospital and home contexts[3]. NCS permits detecting each person's needs for professional care, driving nursing activities, with a view to the concretization of and respect for nurses' specific attributions in the health team[4].

Among the systemization phases, planning stands out because it grants the base for care praxis. It can contribute to transform the attended patient's reality by permitting an evidence-based prescription. In the planning context, the discharge plan was chosen, an essential device for the continuity of care at home, with a view to quality of life and prevention of rehospitalizations.

Compliance with the device reduces rehospitalizations through the strengthening of communication, safe medication use and better understanding of the patient-family binomial, with a view to managing care and the specific conditions that normally precipitate readmission. Therefore, investments are encouraged in studies that can better define the role of home-based services, information technology, caregiver support and community partnerships[5].

The preparation for hospital discharge should start at the time of the admission, predicting forwarding and contact with the person's referral health services to maintain care in the home context, demanding interdisciplinary and comprehensive planning[6].

In that sense, this study chooses the Nursing Theory: Roy's Adaptation Model (RAM) to support systemized discharge planning. This theory considers people in rehabilitation as an adaptable system that needs help from nursing to develop positive answers, through regulatory and cognate coping mechanisms for adaptation in the hospital and home contexts, covering the family and community[7].

The RAM uses General Systems Theory to describe people as an open system, admitting inputs (stimuli) and outputs (behavior) that contribute to their adaptation[8]. This system develops adaptation deriving from people's capacity to respond positively in view of adversities. The people will mobilize internal resources: abilities, hops, dreams, aspirations, motivations and others towards mastery. Thus, the RAM understands the person as an adaptable system, in which the stimuli from the internal and external environment activate resistance mechanisms to produce healthy behaviors[7].

Beyond the above, the relevance of this research lies in the gap identified through a literature review in the databases Latin American and Caribbean Health Sciences Literature (Lilacs) and Scientific Electronic Library Online(Scielo), based on the descriptors: nursing care systemization, nursing prescriptions, nursing discharge plan and Callista Roy's adaptation model, in a five-year period. The evidences reveal a broad discussion on the NCS, although mainly emphasizing the nursing prescription phase[9-11], to the detriment of planning, mainly at the interface with discharge.

Thus, the following problems emerged: "How is nursing planning for hospital discharge developed?" and "How to contribute to the execution of this process in line with the adaptation proposed by Roy?". The general objective was to analyze the systemization process of the hospital discharge based on Roy's Adaptation Model and the specific objectives: to identify the needs perceived by the patient-family binomial at the time of the discharge, and to get to know how the nursing professionals perceive and act in relation to this planning in their daily practice.

● **METHOD**

A descriptive and exploratory research with a qualitative approach was undertaken. The context was a public regional referral hospital in the interior of Bahia. In total, 12 people were interviewed: 05 assistant nurses working day shifts at the medical and surgical inpatient wards of the institution and

07 pairs: people about to be discharged and their relatives. The sizes of both groups that accepted to participate in the research were delimited by the saturation of the data.

The subjects received fictitious names referring to types of soil and vegetation, respectively, for Nurses and Patients/Families, an analogy that considers the type of soil (Nurses) fundamental for the evolution of the vegetation (Person). The data were collected between June and August 2015, through two semistructured interviews with specific scripts: one for the nurse and another for the pair; and non-participant observation of the nurse, guided by a tool that can assess his/her conduct towards the person's discharge with regard to: care; orientations; planning and forward.The observation took place during the day for six consecutive weeks, until reaching the point of saturation regarding the behaviors observed.

The results were analyzed and categorized in accordance with Thematic Analysis[12] and organized in five axes/categories that coincided with the phases of the RAM, except the phaseon the diagnoses, an adaptation needed for the sake of a coherent presentation of the data. Thus, the interview with the nurses produced "what was said"; the observation of the nurses "what was done" and the interview with the pair "what was expected". Approval for the research was obtained from the Research Ethics Committee under protocol 1.001.259 on03/10/2015.

● RESULTS

The nurses were between 35 and 52 years of age, mostly female (only one man). As regards the subjects in the patient-family pairs, women were the main family companions (only two men), between 24 and 62 years of age, of mixed origin between the city where the hospital is located and other cities.

The results are presented in five axes: assessment of the person's behavior, assessment of the stimuli provided to the person, setting objectives for discharge, intervention to prepare for discharge and assessment of discharge process. Each of these is organized in three perspectives: what was said (from the interviews with the nurse), what was done (based on the observation of the nurses) and what was expected (from the patient and family's answers).

For the sake of a better understanding, the results are presented in tables to reveals and compare what was said-done-expected in each of the axes mentioned.

Axis 1: Assessment of the person's behavior

In the column on what was said, Table 1 displays the data the nurse mentions as important in the behavioral assessment process, which the researcher did not observe in the part on what was executed, despite being detected in the patient's expectations.

Axis 2: Assessment of the stimuli provided to the person

In the column on what was said, Table 2 presents the actions the nurse considers ideal in the assessment process of the stimuli, which the researcher did not observe in what was done, followed by the presentation, in the column on what was expected, of the needs for stimuli to support the pair.

Axis 3: Setting objectives for discharge

Table 3 presents the objectives for the discharge the nurse outlines, which are not always expressed to the patient, followed by the objectives the family expresses.

Axis 4: Intervention to prepare for discharge

In the said, done and expected, Table 4 presents the ideal interventions in confrontation with the interventions made, to the detriment of what was targeted.

Axis 5: Assessment of discharge process

Table 5 presents the assessment of the discharge process, as well as its gaps and concerns affecting both professionals and patients.

Table 1 – Assessment of the person's behavior. Vitória da Conquista, BA, Brazil, 2015

SAID	DONE	EXPECTED
I verify the clinical situation, the patient's emotional, hemodynamic status.(Clay) *[...] we need to provide full instructions for the patient and family not to feel lost and to know how to act so that everything done inside the hospital is not lost out there. (Humus)*	*No behavioral assessment by the nurse was observed in the discharge process.*	*We will have to change our routine with him, I'll give the best of me for him to recover and then proceed with the life he always had. (Cerrado)* *I expect the nurse to come and instruct me about the dressings I have[...]and the hand washing. (Pantanal)* *Well, the recovery depends on us at home, we need to be very careful so I can't return to the hospital again.(Floresta Amazônica)*

Table 2 – Assessment of stimuli provided to the person. Vitória da Conquista, BA, Brazil, 2015

SAID	DONE	EXPECTED
The nurse's role in the discharge is to assess in what conditions this patient is being discharged, in terms of his recovery and rehabilitation. (Sand) *When there's time, I always like to advise mainly diabetic patients being discharged, about the care with meals[...]if he doesn't do that treatment out there he'll end up returning.(Humus)* *If the person leaves the service with some bedsore[...]advise the relatives on the care[...] medication, return, dressing, and monitoring with a specialist.(Limestone)*	*No assessment of stimuli by the nursing team was observed.*	*I wanted the nurse to clarify my doubts. I live alone with him, he depends on me for everything and health professionals go to my house once a month[...].I wanted him to instruct me on how to move him, because he has an adult body and I can't bear it[...]. (Campos Sulinos)* *[...]when they told me it could me meningitis I got very concerned[...] but the professionals clarified the procedures. (Mata Atlântica)*

Table 3 – Setting objectives for discharge. Vitória da Conquista, BA, Brazil, 2015

SAID	DONE	EXPECTED
Patients being discharged need to leave her completely instructed about everything he'll depend on the health service for, even in case of return.(Humus) *We need to properly instruct the patient and relatives for continuity at home and to achieve the ideal recovery. That includes the patient's return and the continuity of the therapeutic treatment[...].(Sand)* *The nurse needs to advise on all care this patient needs at home. [...] dressings, food, correct medication use[...]. (Acric Soil)*	*The nurse and the nursing team do not express the discharge targets to the patient and do not register anything in that sense in the file either.*	*That he gets better and increasingly does everything to be healthy. (Mata de Araucária)* *Always taking care of my health, because I was focused on work and the health part I neglected. (Mata Atlântica)* *Take care of me, eat well, not do things that harm me.(Caatinga)*

Table 4 – Intervention to prepare for discharge. Vitória da Conquista, BA, Brazil, 2015

SAID	DONE	EXPECTED
Remove peripheral, central axis. Advise the family on care for the devices.(Limestone) *Normally we advise about care with medication, food and the environment, depending on the disease.(Clay)*	*Only the following was executed: removal of devices from patient.*	*I wanted better advice on how to deal with him, learn some way to apply physiotherapy. (Mata de Araucária)* *In my opinion, write a report. Attempt to know how my departure from the hospital would be.(Campos Sulinos)* *I expect orientations from the nurse about the medication I have to take[...]the rest[...]my treatment. That is very significant[...]it helps a lot. (Cerrado)*

Table 5 – Assessment of discharge process. Vitória da Conquista, BA, Brazil, 2015

SAID	DONE	EXPECTED
In my opinion, it is hardly effective, because the orientation is not complete. (Acric Soil) *[...]the routine differs from what it should be in theory. Unfortunately it is not something perfect, because, depending on the rush at the clinic, we can't provide the orientations[...].(Humus)* *Through our work conditions, I find out conduct towards hospital discharge quite satisfactory. (Sand)*	*No form of assessment of the discharge was observed.*	*Bad, because I was asking things and he wouldn't inform me[...]I went to ask the nurse the report and he didn't even know the patient was being discharged. I didn't receive any orientation. (Mata de Araucária)* *After I got discharged the nurse did not come here, who came here was the doctor. (Cerrado) Well, I got attention from the professionals[...] from the Nurse Resident who helped me a lot. (Mata Atlântica)*

● **DISCUSSION**

The behavioral assessment presented in Table 1 represents the first axis of the RAM. This assessment should correspond to the collection of the person's data with a view to obtaining as much information as possible to permit a singular intervention in the person's health needs. This involves assessing all behavioral responses this person demonstrates or refers to, by means of observation, measuring and interview skills[7].

Unfortunately, the results demonstrate the incipient nature of behavioral assessment in the study context and, despite the nurses' inferences on verifying behavioral aspects in "what was said", that was not observed in "what was done", resulting in considerable gaps "expected"by the patient/family pair, which can be completed through a nursing assessment that is capable of strengthening adaptive behavior and redirecting ineffective behavior.

The behavioral investigation involves four adaptive mechanisms: physiological, self-concept, role function and interdependence. That will offer a systematic and comprehensive approach of the person, favoring qualified care to better conduct the hospital discharge process[7]. Thus, the RAM guides the research, permitting the survey of problems through behavioral analysis, identifying diagnoses that guide the interventions[13].

This research phase makes the professional set priorities in view of ineffective behaviors, in order to identify the personal stimuli that can mobilize adaptive behavior.

The second axis is the assessment of stimuli. Stimulus is considered to be what provokes a response and clarifies the etiology of the problem. The stimulus is a core element in the RAM. The person as a system is understood by the ability to adapt and create changes in the environment based on

stimuli, which can be characterized under three types: focal, which is the internal or external stimulus that constitutes the highest degree of change, causing a strong impact; contextual, involving all other stimuli present in the situation that contribute to the effect of the focal stimulus; and residual, which represents the factors that do not exert central effects in the current situation, but can be in the person's unconscious, that is, factors decentralized from but influencing the current situation. The stimuli are experienced simultaneously, occurring without a clear order, so that the person does not always identify them[14]. Assessing the stimuli is one of the clearest differentials of the Nursing Process Roy proposes and is even more relevant in the discharge procedure.

Nevertheless, Table 2 expresses an incipient reference in "what was said" that reveals the nurses' lack of familiarity with the investigation of stimuli, in addition to part of these professionals' lack of compliance, as observed in "what was done", amidst the patients and relatives' eloquent expression of their need: "what was expected". They want to leave feeling safe about how to cope with the new situation, so as to assume/contribute to adaptive behavior, which is often frustrated due to the professionals' lack of orientation.

In this context, the discharge planning represents an opportunity for direct and indirect continuing care to the pair at home during the post-charge period through health education[15]. After all, the family represents an important stimulus and, through its structures and relationships, can develop or reveal some type of ineffective or adaptive behavior. Thus, the nurse needs to detect these family characteristics and integrate them into the dynamics of the health-disease process, with a view to favoring a better quality of life, mainly in the home context.

The assessment of present stimuli versus care needs should also reveal the simple risk factors, such as the understanding of medication, functional statuslimitations, among other demands[5]. The nurse should be capable of detecting these stimuli in the pair and contribute to better outcomes in the adjustments, by interpreting the data towards the nursing diagnoses that will guide the objectives to be set.

Objectives for discharge are set based on the nursing diagnoses reached based on the assessment of the behavior and stimuli. The targets are the final behaviors the person is expected to achieve and should include: behavior, expected change and time structure. Hence, the long-term targets represent the solution of adaptive problems, and the short-term targets identify the behaviors expected from the person after controlling for focal and contextual stimuli[7].

The results displayed in Table 3 demonstrate that the nurses aim to comprehensively instruct the pair on how to maintain or improve their health after the discharge, but "what was said" does not focus on the behaviors expected from the pair, but only on the behavior expected from the nurse. In fact, the nurse does not execute the formulation of his/her targets – "what was done" – and, on the other hand, the pair expresses in "what was expected" the behavior they intend to adopt to continue their health recovery at home, remitting the responsibility to actively participate in the construction of this moment to the team.

It is relevant for the targets set to be established in combination with the patients and their relatives, and also for all doubts to be clarified, as it will be more probable for the patient/family who actively engages in this process to achieve their objectives[7].

In this context, nursing care, visualized through the RAM, permits outlining targets aimed at reestablishing healthy adaptability, These can be related with the interventions needed for effective work with the person who receives the care, considering him/her as a whole in relation to the internal and external environment[16].

Hence, it can be inferred that, if the nurse does not set targets, this significantly compromises the patient's recovery, alerting to the need for changes in setting objectives with the patient/family. That is a feasible route towards the systemization of evidence-based strategies and effective orientations that can enhance the pair's possibilities to achieve the targets at home.

Axis four refers to the intervention, the phase of the Nursing Process that provides actual care to the pair, as well as the execution of what was established as a nursing prescription, with a view to promoting the person's adaptation to his/her reality, based on his/her internal and external regulatory

mechanisms[1,7].

Table 5 evidences the nurses' disorganized intervention process in view of the discharge. The team's activity is restricted to the mere removal of invasive devices at the moment of the discharge, sometimes adding simplistic and general orientations for the patient. Thus, the activities performed do not respond to the needs identified in the assessment of the behavior and stimuli, so that the ineffective adjustments and the shortage of the pair, so clear in "what was expected", continue.

In that sense, the family, also mentioned as an informal caregiver, takes on the responsibility to seek information and establish a dialogue with the formal health services, which it only achieves with a large dose of cleverness. They need endless efforts and persistence to manage the complexity of the health services and achieve the knowledge and orientations needed for appropriate decision making during and after the discharge[17].

Thus, the implementation of nursing, considered as formal care here, should dialogue with the pair to enhance the personal coping skills, to the extent that their comprehensive stimuli remain adapted[7], appointing the outcome of the Nursing Process in view of the discharge and the proper assessment of the care performed.

Axis five is the assessment of the discharge process and coincides with the final phase of the RAM. In this phase, the targets are compared according to the entry mechanisms (intervention), when the professional will detect whether the person was able to achieve the targets set or moved away from them[7].

What can be observed in the results of Table 5 is that the assessment of the hospital discharge process in the investigated context and public is inconsistent. This finding was predictable in view of the incipient nature of the previous phases. Unfortunately, "what was done" does not demonstrate any evidence that nursing assesses the discharge, which the nurse assumes in "what was said" about the process and reflected in "what was expected", in which the pair eloquently expresses being disappointed with the nurse on duty about the discharge.

In the assessment, the nurse should use his/her qualities of: observation; mediation and interview, judging the interventions by reflecting on the targets achieved and needs for readjustments, so that the person achieves the expected outcome for the diagnosis established[7]. The praxis of the Nursing Process grants people safety about the care delivered, resulting in a better understanding of their problem, favoring the recovery and maintenance of health[18].

Therefore, after the prescription of the hospital discharge, the nurse should provide systemized and safe assistance to the patient/family pair for the sake of care continuity at home. Nevertheless, the nurses' incipient compliance with this praxis contributes to a possible relapse or worsening of the disease, provoking rehospitalizations and discontinuity of health.

● **CONCLUSION**

The research achieved the objective outlined, highlighting the enriching contribution of Roy's theoretical-methodological framework. Based on the theoretical support, it can be observed that the nursing professionals cultivate a simplistic behavior concerning their role in the hospital discharge, affecting their care relationship with the pair with regard to the promotion of health and quality of life.

The relation among the axes reveals disagreement between what is described as the practice and what is truly implemented, compromising the effectiveness of the planning for the hospital discharge and the reestablishment of the person's health.

This reveals the fundamental need for nursing to comply with the NCS for the hospital discharge, suggesting the RAM as a favorable theory to improve the discharge planning, broadening the perspective and professional action in response to the patients and families' needs at home. Therefore, compliance with care based on the NCS and Nursing Theories is encouraged as a possibility to innovate the nursing process, driving the valuation of this profession.

In that perspective, this study suggests the creation of a tool to systemize the hospital discharge, inspired by the RAM, in which the professionals can use their knowledge in favor of the patient's continuing rehabilitation. This tool can comprise: personal identification; description of specific targets (constructed together with the pair, based on the survey of the person's behavior and stimuli and the consequent diagnoses); nursing prescriptions; instructions to execute the medical prescription; forwarding and return; signature, stamp and professional contact information of the nurse.

Compliance with the systemized discharge plan will represent an important differential for nursing, increasing its role in the health-disease process, permitting the profession to innovate by rescuing know-how that is necessary for qualified action in society.

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