

ORIGINAL ARTICLE

PLANNING OF HOSPITAL DISCHARGE FOR PATIENTS WHO UNDERWENT MYOCARDIAL REVASCULARIZATION SURGERY: CHALLENGES TO NURSES' PERFORMANCE

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ABSTRACT

Objective: to know nurses' perception of their role in the planning of hospital discharge for patients who underwent myocardial revascularization surgery.

Method: Qualitative, exploratory-descriptive study, developed in a public hospital in northern Brazil. Data was collected from 16 nurses in the August-September 2018 period, with the use of a questionnaire. Content analysis technique was used.


Results: Two thematic categories were identified: "Hospital discharge planning, meanings and attitudes in the daily practice of care" and "Difficulties faced by nurses in the planning of hospital discharge"


Final considerations: The nurses found that their participation in hospital discharge planning is insufficient and they do not seem to understand this planning as a process to be theorized and practiced in the context of Nursing Care Systematization. Some factors make it difficult for nurses to perform their activities, such as poor teamwork, excessive non-nursing tasks, inadequate staff sizing and work overload.


DESCRIPTORS: Patient Discharge; Planning of Patient Care; Nursing Process; Myocardial Revascularization; Qualitative Research.

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PLANEJAMENTO DA ALTA HOSPITALAR PARA PACIENTES SUBMETIDOS A REVASCULARIZAÇÃO DO MIOCÁRDIO: DESAFIOS À ATUAÇÃO DO ENFERMEIRO

RESUMO

Objetivo: conhecer a percepção dos enfermeiros sobre sua atuação no planejamento da alta hospitalar de pacientes submetidos a cirurgia de revascularização do miocárdio.

Método: estudo qualitativo, exploratório-descritivo, desenvolvido em hospital público na região norte do Brasil. Os dados foram coletados com 16 enfermeiros, de agosto a setembro de 2018, com auxílio de questionário. A análise foi pela técnica de análise de conteúdo.

Resultados: foram identificadas duas categorias temáticas: "Planejamento da alta hospitalar, significações e atitudes no cotidiano da prática assistencial" e "Dificuldades enfrentadas pelos enfermeiros para o planejamento da alta hospitalar".

Considerações finais: os enfermeiros perceberam pouca atuação no planejamento da alta hospitalar e parecem não o compreender como um processo a ser teorizado e praticado no contexto da Sistematização da Assistência de Enfermagem. Há fatores que dificultam a atuação dos enfermeiros, como falta de trabalho em equipe, burocratização da assistência, subdimensionamento de pessoal e sobrecarga de atribuições.

DESCRITORES: Alta do Paciente; Planejamento de Assistência ao Paciente; Processo de Enfermagem; Revascularização Miocárdica; Pesquisa Qualitativa.

PLANEAMIENTO DEL ALTA HOSPITALARIA PARA PACIENTES SOMETIDOS A REVASCULARIZACIÓN MIOCÁRDICA: RETOS A LA ACTUACIÓN DEL ENFERMERO

RESUMEN:

Objetivo: conocer la percepción de los enfermeros acerca de su actuación en el planeamiento del alta hospitalaria de pacientes sometidos a cirugía de revascularización miocárdica.

Método: estudio cualitativo, exploratorio y descriptivo, desarrollado en hospital público en la región norte de Brasil. Se obtuvieron los datos con 16 enfermeros, de agosto a septiembre de 2018, por medio de cuestionario. Se hizo la evaluación por medio de la técnica de análisis de contenido.

Resultados: se identificaron dos categorías temáticas: "Planeamiento del alta hospitalaria, significaciones y actitudes en el cotidiano de la práctica asistencial" y "Dificultades afrontadas por los enfermeros para el planeamiento del alta hospitalaria".

Conclusión: los enfermeros percataren poca actuación en el planeamiento del alta hospitalaria y algunos pueden no comprenderlo como un proceso de teoría y práctica en el contexto de la Sistematización de la Asistencia de Enfermería. Hay factores que dificultan la actuación de los enfermeros, como falta de trabajo en equipo, burocratización de la asistencia, subdimensionamiento de personal y sobrecarga de atribuciones.

DESCRIPTORES: Alta del Paciente; Planeamiento de Asistencia al Paciente; Proceso de Enfermería; Revascularización Miocárdica; Investigación Cualitativa.

INTRODUCTION

Chronic, non-communicable diseases (NCDs) are among the main public health problems in the world, as they cause a high number of premature deaths annually. They also reduce people's quality of life due to limitations and disabilities, among other factors that generate negative biopsychosocial impacts on families and the society in general. NCDs are responsible globally for 72% of deaths, with emphasis on four groups of main causes: cardiovascular, cancer, chronic respiratory and diabetes. In the group of cardiovascular diseases, acute myocardial infarction is the most significant⁽¹⁾.

In many cases, the treatment of this type of infarction implies the use of complex surgical methods such as myocardial revascularization. Therefore, nursing care must consider not only the instability of the patients' clinical condition, but their particularities and the need for systematization of care from patient admission to discharge⁽²⁾. Moreover, nursing care for patients who underwent myocardial revascularization surgery should include health education actions and hospital discharge planning activities, to enable and encourage continuity of patient care at home⁽³⁾.

Different studies have shown that patients who underwent myocardial revascularization surgery face significant changes in their lives, experience insecurity, fear and anxiety and have several doubts related to self-care after hospital discharge⁽⁴⁻⁶⁾. Thus, the discharge planning process must be systematic and capable of supporting the delivery of qualified care, according to the patients' needs.

It is necessary, therefore, to gain insight on nurses' perceptions about this issue and on how they develop their daily nursing care practices regarding the planning of hospital discharge. Thus, the present study aimed to know the nurses' perception of their role in planning hospital discharge for patients undergoing myocardial revascularization surgery.

METHOD

Qualitative, exploratory and descriptive study developed in a public hospital of reference for myocardial revascularization surgery, located in the state of Pará, northern Brazil. Male and female nurses in direct patient care, assigned to three admission units and who performed their duties in the morning and afternoon shifts, from Monday to Friday participated in the study. Nurses on vacations or on unscheduled leave in the period of data collection were excluded. The final sample consisted of 16 nurses, approximately 89% of the total professionals eligible for the study.

Data was collected between August and September 2018, through a structured questionnaire with open-ended and closed-ended questions, organized into two sections. In the first section, a brief profile of the nurses regarding gender, age, length of education and professional experience and type of employment contract was requested. The second section consisted of questions regarding concepts, attitudes, practices and suggestions for the process of hospital discharge planning for patients undergoing myocardial revascularization surgery.

The participants completed the questionnaires at their convenience. After completion, they returned the forms to the researchers. Of the total 18 nurses eligible for the study, two did not return the questionnaire and reported unavailability of time to complete the instrument.

Data analysis was performed using thematic content analysis, based on its three stages: pre-analysis, material exploration and data processing and interpretation^(7,8). Data

was grouped into two thematic categories: Hospital discharge planning - meanings and attitudes in daily care practice and Difficulties faced by nurses in planning hospital discharge.

Participants were identified by the expression NUR (nurse), followed by the interview order number. The study was approved by the local Human Research Ethics Committee, under protocol no. 2,836,602, of August 23, 2018.

RESULTS

The participants had the following profile: female gender, had completed their training more than 10 years ago, age group 35-55 years and professional experience ranging from 11 to 35 years. All of them reported having an employment contract in the institution.

Hospital discharge planning - meanings and attitudes in daily care practice

The nurses described hospital discharge planning as an important educational process to guide and prepare patients for continued care at home. This process would be carried out mainly through self-care practices. In addition, discharge planning occurs through the development of an individualized care plan, which makes it possible to reduce hospital stay and achieve better institutional indicators:

It is based on the set of guidelines that patients need to continue their treatment at home (NUR1)

I understand that hospital discharge should be planned from admission, as an educational process. (NUR2)

If put into practice by a multidisciplinary team, discharge planning reduces hospitalization time. (NUR5)

It is the preparation of the patient from hospital admission to discharge. (NUR6)

It is about developing an individualized plan for each individual who will be discharged from hospital. (NUR8)

Through hospital discharge planning, patients become co-responsible for their health; when they continue care at home, they impact health services. (NUR10)

[planning] is of paramount importance to avoid readmissions and improve the clients' quality of life (NUR12)

The discharge planning must be performed by the multidisciplinary team so that the patients are fully informed of their care needs at home when they leave the hospital [...]the discharge planning can also be used as an indicator of the quality of the service offered. (NUR13)

[planning] is extremely important to encourage self-care at home, to reduce hospital stay and expenses. It is the development of an individualized guidance plan for each patient. (NUR14)

Planning helps patients adhere to treatment by providing guidance on changes in eating habits, physical activity and treatment adherence. (NUR15)

[planning] may reduce the length of hospital stay and the risk of readmissions after discharge [...]It is about developing an individualized plan for each patient, according to the needs of health promotion and prevention. (NUR16)

Despite recognizing hospital discharge as a planned and important process, which allows the delivery of qualified care for patients who underwent myocardial revascularization surgery, the nurses said they had little participation in the process because of the gap between theorization, intention and operationalization of discharge planning in their daily practice. According to these professionals, when real possibilities of participation in the process arise, they are often limited to specific health education actions, carried out mainly during bedside visits, involving general guidelines on surgical wound, medication use, lifestyle changes and subsequent outpatient follow-up:

I offer guidance on surgical wound care, physical efforts, medications; diet care, outpatient return, on whom to turn to in emergency cases, lifestyle to be adopted [...]. (NUR1)

I think that [planning for discharge] does not apply, as there is in fact no education for self-care. I think I don't participate in hospital discharge. However, this process should take place in a structured manner, under appropriate conditions. (NUR2)

We do not have a hospital discharge planning routine. (NUR4)

Discharges and instructions are handled directly by the attending physician. Nurses often only become aware of discharge when the patient is already leaving the hospital (NUR5)

I give advice [on discharge] regarding the continuation of treatment during bedside visits. (NUR7)

We only provide general guidance [...] on home care. (NUR8)

Guidance [on hospital discharge] is provided at the bedside based on the doctor's prescription. (NUR10)

I give information about food, smoking and alcohol discontinuation and physical activity according to medical advice. (NUR12)

I provide guidance on the proper use of medication for continuous use and on changes in habits that are harmful to health. (NUR13)

Difficulties faced by nurses in the planning of hospital discharge

Some situations in the daily practice of care were reported as being responsible for non-participation in or failure to plan discharge by nurses. These include lack of communication and poor teamwork, excessive non-nursing task and work overload. As for work overload, it would be related to two main factors: inadequate staff sizing and institutional policy of expanding the nurse's duties, beyond their legal competences.

The relationships between the members of the multidisciplinary team are far from ideal (NUR1)

There isn't and there will be no discharge planning, as each nurse assists 20 patients, NCS, risks [referring to the need to fill out forms for nursing care systematization and risk assessment scales]; air conditioning, psychotropic drugs, sheets [referring to the need for measures taken by nurses regarding problems with equipment and provision of medication and sheets for patients]. There is no planning with the multidisciplinary team. (NUR2)

No discharge information is received in advance [...] Discharges and instructions are handled directly by the attending physician. Nurses often only become aware of discharge when the patient is leaving the hospital. (NUR5)

Nurses are overloaded with work at the clinic where I perform my activities. They are very involved in non-nursing tasks and other things, and therefore, they have little time to focus on the guidelines for hospital discharge [...] In fact, there is no systematization and planning of hospital discharge in the hospital. (NUR10)

Some factors contribute to this, e.g. hospital overcrowding [...]. (NUR12)

There is no time to carry out the activities [...] problems with interpersonal relationships, work overload, inadequate staff sizing. (NUR13)

There is still little commitment from the team, engagement in activities to make the discharge plan viable [...] things happen mechanically, because of the work overload of nurses. (NUR16)

Despite the difficulties faced, nurses are concerned about the need to carry out the patient discharge process, and reported that individual efforts are made to carry out health education activities for patients and families, even though these activities do not occur in the context of a systematic plan. They also suggested that institutional technical support measures are necessary for the proper planning of hospital discharge, which include the availability of instruments and technologies to facilitate the team's work, such as protocols, checklists and educational booklets.

It would be a good idea to provide an educational booklet with the most important guidelines would be a good idea. (NUR1)

[...] I think it would be good for the team to create a booklet, a pamphlet. (NUR8)

It would be better if we had hospital discharge forms that were practical, easy to use. (NUR10)

We nurses try to do everything possible in the hospital where we work to offer adequate assistance [...], but it would be good to have discharge protocols for each situation. (NUR12)

Although nurses are not always able to provide all the appropriate guidelines for each patient, due to local difficulties, many professionals are concerned with providing guidance during the patient's stay. (NUR13)

We could make a checklist, a step-by-step guidance on discharge. (NUR15)

It would be good to have a planning protocol for discharge, for the multidisciplinary team [...] all patients would have record cards with data on all the care provided that would be available for the team (NUR16)

DISCUSSION

The testimonies of the participants in the first thematic category revealed an important gap between the theoretical conceptions and the care practice of nurses in the planning hospital discharge of patients who underwent myocardial revascularization surgery. According to these professionals, planning for teamwork is not prioritized, and therefore care is fragmented and not systematized.

A similar situation was observed in a study conducted in the city of João Pessoa, Paraíba, which there was lack of planning of hospital discharge, lack of interaction between professionals involved in care and other problems⁽⁹⁾.

The absence of a plan for hospital discharge planning process can make patients, family members or caregivers feel disoriented and insecure about the future, as it suggests that educational processes and nursing research actions, which are essential to identify the problems and limitations of patients in meeting the daily demands of self-care, are not systematized. In this regard, for a systematic planning of hospital discharge, it is suggested that nurses base their professional care practices on Dorothea Orem's Nursing Theory, also known as Self-Care Deficit Theory⁽¹⁰⁾.

According to this theory, self-care consists of behaviors of individuals and groups, oriented towards goals to support themselves in favor of their life, health or general well-being. This self-care is influenced by internal and external conditioning factors, and considers the importance of individuals' perception in their biological, psychological and social aspects⁽¹¹⁾.

It is suggested that the role of nurses in the planning of discharge of patients who underwent myocardial revascularization surgery is to identify their potential and difficulties, in order to intervene and provide professional assistance that meets the demands of self-care, which, according to the author, occurs through a system that is wholly or partly compensatory, or supportive in daily care^(10,11).

However, hospital discharge is often conceived as a bureaucratic expedient for the release of patients considered fit to return home that do not provide educational experiences that can provide these patients with knowledge and autonomy to live their lives^(12,13).

Hospital discharge planning needs to be understood as a multidisciplinary activity, through which the possibilities of preparing the patients and their families are established, encouraging dialogue and knowledge sharing on an ongoing basis, in order to contribute to the development of autonomy and confidence, necessary for the practice of self-care at home⁽¹⁴⁾.

This planning requires the development of a health education assistance activities plan throughout hospitalization, and not only at discharge, with exchange of information exchange in an easy to understand language and delivery of a written discharge plan containing data on medication use, lifestyle changes, procedures, exercises and subsequent appointments, in addition to information about hospitalization, warning signs and symptoms and others. The hospital discharge plan is a strategy of care and therefore must be incorporated into the daily activities of nurses and the multidisciplinary health team^(14,15).

Based on the assumption of comprehensive care, strategies for daily patient preparation for hospital discharge should include joint actions to assess the teaching-learning process and its potential, in order to avoid communication gaps and promote behavioral changes capable of ensuring continuous care in the home environment⁽¹⁶⁻¹⁸⁾.

The literature has highlighted the leading role of nurses in the multidisciplinary health team regarding the hospital patient discharge process⁽¹⁴⁾. Thus, the completion of the discharge plan by the nurse must occur through nursing care systematization (NCS), supported by the application and registration of the Nursing Process in five, interdependent and recurring stages: data collection, nursing diagnoses, nursing planning, implementation and evaluation. Studies argue that SNC represents the essence of the nurse's work, although it is difficult to carry out such systematization in the daily routine of health institutions in the country due to problems such as inadequate staff sizing and little time available for these professionals to plan, prescribe, execute and evaluate care⁽¹⁸⁻²¹⁾.

In the second category of the results of this study, these problems were said to be responsible for limiting the integral role of nurses in the context of hospital discharge planning. Moreover, lack of communication and integrated actions among the members of the multidisciplinary team, excessive non-nursing tasks performed by nurses and work overload were reported.

The development of integrated actions by the multidisciplinary health team is essential to provide safe care to patients undergoing myocardial revascularization surgery, from admission to discharge, otherwise, complications may occur in the postoperative period, discontinuity of care, adverse events, dissatisfaction of patients and family members and ineffective care. Multidisciplinary action is the basis for ensuring hospital discharge planning and the provision of humanized, comprehensive and continuous care, as it favors the adoption of collective strategies for identifying and solving problems throughout patient treatment and recovery process⁽²²⁻²⁴⁾.

On the other hand, this integrated multidisciplinary care is not possible if there is no dialogue in the team, if bonds of trust are not established between the professionals or with patients and family members under their care. Another difficulty is the fact of not being close, not having direct contact with the person to be cared for, to guarantee the planning and execution of purely administrative actions, in order to plan and execute merely administrative actions. This situation is faced by many nurses in different health institutions in Brazil, especially in contexts where staff shortages and work overload among nurses are perceived as obstacles to the planning, coordination, supervision, execution, evaluation and systematization of nursing care⁽²⁵⁻²⁸⁾.

Thus, although hospital discharge planning is a basic duty of nurses in the exercise of their technical, legal and ethical skills, it is necessary to consider that in the routine of multidisciplinary care, it is necessary to rely not only on the potential of the health team, but also on the availability of managers and leaders who provide favorable working conditions. These conditions include adequate staff sizing, valuing SNC as a nurse's work method, promoting continuing education for professionals and implementing technologies, care protocols and work processes that allow discharge planning to stop being a goal to become something real.

One limitation of this study is the small size of the sample. It consists of nurses who perceived obstacles to their performance in the planning of hospital discharge of patients who underwent myocardial revascularization surgery. Therefore, the findings cannot be generalized. However, the analyzed data reveal similarities experienced in the professionals' daily care, worthy of further investigation.

FINAL CONSIDERATIONS

The nurses who participated in the study perceive the patient's discharge planning as an educational, multidisciplinary, systematic, individualized, important and necessary process to avoid discontinuity of care in the home environment. However, they said they had little participation in this process and that the health education practices were fragmented, represented by specific guidelines, which were often performed at the bedside only at the time of discharge.

It is suggested that nurses do not perceive discharge planning as a process to be organized, theorized and practiced in the context of Nursing Care Systematization, through which it is possible to contribute to the autonomy of professionals and patients, because choices will need to be made during and after treatment, mainly to support the practice of self-care at home.

For these nurses, not performing hospital discharge planning in a systematic way is associated with a set of difficulties such as poor teamwork, excessive non-nursing tasks, inadequate staff sizing, work overload, poor working conditions and lack of institutional measures aimed to the creation of technologies to promote health education and adoption of care routines and protocols.

The potential for nurses to contribute to the hospital discharge planning process is undeniable, but professional commitment and the incorporation of the patient's discharge plan in the context of NCS is essential, as well as its materialization through the five-step Nursing Process. If this is not ensured, patient care is unlikely to be individualized, dynamic or systematic. Thus, the findings of this study have implications for the nurses' care practice, as well as for research and teaching in the health and nursing fields.

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