ABSTRACT
Objective: to carry out a survey of the scientific production on the planning of nursing care to patients at hospital discharge. Method: this is an integrative review conducted with articles published in Portuguese, English, or Spanish fully available in the database LILACS, with a time frame from 2001 to 2011. The research question was: “What are the nursing care procedures provided to patients at hospital discharge?” After preliminary reading, comprehensive and analytical, of the 15 selected papers, we prepared and filled in a frame which allowed us to obtain information for the collection and analysis of data. Results: out of the 31 publications found, we selected 15 articles fully published online, which showed adherence to the proposed theme and contributions to the nursing field, focusing on nursing care at hospital discharge and highlighting the multidisciplinary communication and emphasis on patient’s problem situation during the hospital discharge process. Conclusion: nursing actions with adoption of education measures at patients’ hospital discharge are crucial, avoiding readmissions and enabling the continuity of the pre-established therapy at home. Descriptors: Patient’s Hospital Discharge; Hospital Discharge Planning; Nursing.

RESUMO
Objetivo: realizar levantamento da produção científica sobre o planejamento dos cuidados de enfermagem aos pacientes na alta hospitalar. Método: trata-se de revisão integradora realizada a partir de artigos publicados em português, inglês ou espanhol disponibilizados na íntegra na base de dados Lilacs, com recorte temporal de 2001 a 2011. A questão de pesquisa foi: “Quais são os cuidados de enfermagem proporcionados aos pacientes na alta hospitalar?”. Após leitura preliminar, abrangente e analítica, dos 15 artigos selecionados, foi elaborado e preenchido um quadro que possibilitou a obtenção de informações para a coleta e análise de dados. Resultados: das 31 publicações encontradas, selecionamos 15 artigos publicados na íntegra on-line, que apresentaram aderência ao tema proposto e contribuições para a área de enfermagem, focalizando os cuidados de enfermagem na alta hospitalar e destacando a comunicação multidisciplinar e a ênfase na situação-problema do paciente no processo de alta. Conclusão: as ações de enfermagem com a adoção de medidas educativas na alta hospitalar dos pacientes são fundamentais, evitando reinternações e possibilitando a continuidade no domicílio da terapêutica pré-estabelecida. Descriptores: Alta do Paciente; Planejamento da Alta; Enfermagem.

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INTRODUCTION

Technological advances and numerous innovations in the health area drive the nurse to ground her/his actions on scientific principles in order to consolidate knowledge and produce evidence which guide its application to practice, allowing this professional to advocate for more appropriate and good quality interventions along with her/his patients. Given this reality, we emphasize that this professional must include her/himself into the various kinds of knowledge to be suitable with regard to new technologies.1

It is worth saying that hospital discharge constitutes the moment at which patient care is transferred and she/he must be provided with continuous care in the extra-hospital environment and/or at an outpatient level. Thus, there is a need for judicious evaluation of the clinical status of this patient to avoid readmissions.

Given these considerations, it is a must to prepare a proper nursing care planning to the patient who is about to be discharged, presenting nurse’s actions and information, ensuring the relatives that the pre-established therapy is going to be conducted at home.

In the hospital, the physician is legally responsible for discharging patients, but the nurse plays a key role in this planning, by providing patients with assistance on an integral basis, while the other health team members provide her/him with episodic interventions. However, hospital discharge must be planned by the multidisciplinary team responsible for care and its implementation has to start soon after the establishment of therapy, i.e. at the onset of hospitalization.1

There is consensus in several studies that discharge planning consists of a complex care action and it has to be part of the nursing process. However, due to numerous assignments and the range of activities that fall under nurse’s responsibility, discharge has not been prioritized, this is a theme receiving little attention along with undergraduate students in nursing and, especially, from researches within health sciences.

It is worth adding that, due to significant changes in the context of patient discharge planning by health institutions in recent decades, there are recommendations so that the length of hospitalization is minimized. Thus, the multidisciplinary team must prepare the patient, by encouraging self-care and/or guiding relatives or caregivers with regard to this moment.2,3

In fact, most readmissions occur because of unpreparedness on the part of the client or family with regard to the care to be made at home, such as ineffective self-care, difficulties in administration of medicines, and problems with self-image changes. Therefore, the hospital discharge process requires proper planning concerning the problem situation of each individual and even according to her/his socioeconomic status. Furthermore, nurses also face difficulties in this process, they not always know that the physician discharged the patient, or they are informed of it at the time when the patient is leaving the hospital. Thus, she/he merely confirms the instructions provided by the physician and, often, only make notes in the medical record with regard to the departure time and patient’s conditions when she/he leaves the hospital.4

To ensure care continuity at home and avoid readmissions which significantly contribute to raise the costs of health care and that cause a lot of discomfort to patients, it is needed that the care provided at hospital discharge is conducted in an organized and systematic way to ensure the quality of pre-established therapy. Then, it becomes clear that what is advocated by the literature through scientific evidence, i.e. that hospital discharge planning occurs at the time when the patient is admitted to the institution and developed throughout the hospital stay, often does not happen in the daily clinical practice.5

This way, the nurse’s holistic view of patient care must be maintained in the proposal for preparing the hospital discharge plan, primarily related to self-care encouragement, and it is also recommended a more effective communication between professionals and patients, information with regard to the pathology, and identification of possible complications, medicines used, kinds of diet, proper environment at home, physical activities which may be performed, and patient’s spirituality.6,8 Thus, proper planning has to include the teaching of techniques and procedures aimed at also reducing family stress and identifying the resources available for home care.9

Having these considerations in mind, the research question of this study was: “What are the nursing care procedures provided to patients at hospital discharge?”. Thus, the objective is carrying out a survey of the scientific production on the planning of nursing care to patients at hospital discharge.
This is a descriptive study, with an integrative review nature, including the analysis of researches/publications to ground decision making and the improvement of clinical practice in the provision of nursing care to patients at hospital discharge, allowing a better evaluation of the nurse’s actions when providing patients and relatives with guidance.

For this, these steps were followed:

- First step: choice and definition of the topic, research question, objective, and descriptors;
- Second step: establishment of inclusion and exclusion criteria, onset of filling in the frame for data collection in the database, search of articles in the database according to descriptors, and selection of studies;
- Third step: preliminary reading, comprehensive and analytical, of studies, extraction of information, and completion of the data collection frame to create the database and organize the studies;
- Fourth step: evaluation of studies included in the review and critical analysis of selected studies;
- Fifth step: interpretation of results and preparation of recommendations and suggestions for further research;
- Sixth step: review and writing of the integrative review and presentation of the article.

For carrying out this research, we conducted a survey of literature in online databases in the Virtual Health Library (VHL), i.e. the Latin American and Caribbean Literature on Health Sciences (LILACS), International Literature on Health Sciences (MEDLINE), Nursing Database (BDENF), and Caribbean Literature on Health Sciences (MEDCARIB).

For searching articles, we used as Health Science Descriptors (DECS): patient discharge, patient discharge planning, and nursing. As search strategy, the descriptors were used with combination of the Boolean operator E (AND), as follows: patient discharge E (AND) nursing and patient discharge planning E (AND) nursing.

All literature was found in the database LILACS, consisting of 31 articles, and 15 studies were selected after establishing inclusion and exclusion criteria.

The inclusion criteria were: articles on hospital discharge and nursing, fully available online, with no repetition in the database, published from 2001 to 2011, in Portuguese, English, or Spanish, showing adherence to the theme hospital discharge, and contributions to the nursing field.

The exclusion criteria were articles not fully available online, repeated in the database, showing no contributions to the nursing field, and without adherence to the proposed theme.

After preliminary reading, comprehensive and analytical, of the 15 articles, for collecting data to create the database, and critical analysis of selected studies, we prepared and completed an instrument, with a frame that allowed obtaining and evaluating information such as: descriptors used, definition of research question, time frame/publication year, database where the studies fully available online were found, data source, origin and graduation area of the authors who participated in the preparation of studies, location where they were conducted, research types and techniques used, sample characteristics, objectives, and results.

As highlights in this integrative review, we may stress the effective participation of nurses in the preparation of studies along with other professionals of the multidisciplinary team, such as psychologists, nutritionists, physicians and nutritionists, pharmacists, and researchers from the National Council for Scientific and Technological Development (CNPq), as well as their important role in the production of articles related to the theme concerned.

We also observed a very small amount of articles related to hospital discharge itself, and we may report that these studies showed greater focus on diseases that the patients had than on the hospital discharge process or patients’ problem situation.

Regarding the data source where the articles were published, the journals publishing more studies on hospital discharge and nursing were Revista da Escola de Enfermagem da USP, Revista Gaúcha de Enfermagem e Acta Paulista de Enfermagem, with 2 articles each. The other journals with publications focusing on the theme concerned were Revista Eletrônica de Enfermagem, Revista de Enfermagem da UERJ, Online Brazilian Journal of Nursing, Cogitare Enfermagem and Revista Latino-Americana de Enfermagem, indicating a bigger production in the state of São Paulo, concentrating most of the journals, followed by the state of Rio de Janeiro.
Regarding the origin of authors, it was observed that out of the 21 who participated in the preparation of articles, 10 are from the Southeast Region (Rio de Janeiro, São Paulo), 5 are from the North and Northeast (mainly Ceará), 3 are from the South Region, more specifically the Rio Grande do Sul, 2 are from the Central-West Region (Goiás), and 1 is from Colombia (Calle), making it clear that the Rio-São Paulo axis still concentrates the main scientific productions and universities of the country.

As for the graduation area of authors, stand out nurses, physicians, psychologists, researchers, and nursing professors and undergraduate students, with greater emphasis for nursing professors and nurses in the preparation of researches.

Concerning the academic titles, these articles were produced by doctors in sciences and nursing, masters in sciences, nursing, and health, PhD, MS, specialization, and undergraduate students in nursing, with greater production shown by doctors/PhD students and masters/MS students in nursing.

Most studies were conducted with support from federal or state public universities, as well as their respective university hospitals, standing out UNICAMP, Fernandes Figueira Institute/FIOCRUZ, School Hospital of the School of Medicine of Ribeirão Preto of USP, Clinics Hospital of Porto Alegre, Universidade de Cândidos, in Colombia, Maringá State Hospital, Universidade Federal de São Paulo, Universidade Estadual do Ceará, among others.

Regarding the most frequent types of research in the sample under study, we identified that 5 used qualitative approach, 3 were descriptive studies, 2 exploratory descriptive studies, followed by experience report, integrative review, cross-sectional and field study, and case report.

As techniques used in these researches, there were bibliographical surveys, clinical and surgical evaluation of patients, field researches, institutional case study, and non-participatory observation.

Characterizing the sample subjects, there was diversification; we observed greater participation of nurses providing care to the clinical or surgical patients, elderly, adult, pediatric, and neonatal patients, as well as the multidisciplinary professional team, relatives, and caregivers, in addition to patients undergoing hospitalization process with imminent hospital discharge expectation.

Thus, the articles highlighted studies with clear and coherent objectives, well-designed and properly contextualized to the theme concerned, but specific to the sample under study.

Based on the results, some authors make general recommendations, as well as recommendations specific to the sample under study, regarding the nursing actions and the main care procedures at hospital discharge related to the patients' pathologies, with emphasis on joint actions between nurses and the multidisciplinary team providing patients with direct assistance, assigning these actions with paramount importance to prevent readmissions, meet the information and training needs of patients and relatives, in order to ensure the continued quality of care at home.

**DISCUSSION**

Continued education of the patient and family with a focus on multidisciplinary actions is important for ensuring their comfort and well-being. However, it is noteworthy that there is a failure in the communication process between the teams, with losses occurring between the planning process and the time of hospital discharge.9

It is known that one of the reasons for readmissions is the lack of adequate preparation of the patient and family for hospital discharge. So, it is a must that care is rethought in an organized, multidisciplinary, way and including this preparation to minimize the needs and expectations of patients and relatives with regard to the care provided within the home context.

It is said that the distance between the hospital discharge planning and process undertaken in a non-systematic way negatively influences on the quality of care provided. The nurse, therefore, plays a key role in the coordination of discharge planning, in order to make the patient independent for her/his care.

So, what must be recommended is the systematization and organization of the hospital discharge process, where the fragmentation of care has to be discouraged. Therefore, this process, in fact, has to represent a set of actions and activities performed by the multidisciplinary team, in order to achieve a final product that meets the needs of patients and relatives at this moment.10

Specifically with regard to the role of nurses in this planning, it is emphasized that they need to have full and comprehensive knowledge of patients. Knowing how to recognize their needs, capabilities, limitations, and difficulties by encouraging self-care and their active participation along
with relatives becomes crucial to ensure the quality of care recommended for the household.

The conduction of multidisciplinary and periodic meetings also represents one of the suggested activities, so that the group is able to design goals and adaptation mechanisms with regard to the hospital discharge plan, with appropriate changes in patients' conditions, exchange of information between the teams directly and indirectly assisting them, definition of joint conducts favoring the patient, as well as optimization of the care provided.

It is said in the literature that the difficulties and shortage of physical, human, structural, and material resources in the health services can contribute in an unsatisfactory and discouraging way to the professional and clientele in the hospital discharge process, but there is consensus that the creation of good teaching materials may help streamlining the health education activities by directing guidance to be provided to the patient and her/his family, helping them to memorize the contents to be learned and also contributing to knowledge socialization.11

Regarding the hospital discharge plan preparation, it is advised, first, that the nurse evaluates patient's abilities to self-care and family's interest to help her/him, since the purpose is making her/him self-sufficient for home care or providing her/him with suitable training to be cared for by relatives. Thus, the professional and the patient must constantly evaluate their progress in the teaching/learning process, since the patient's behavior changes constitute an important factor for the success of her/his home care.12

As for the final guidelines of the hospital discharge plan, the patient must receive them before the time set for her/his release from the hospital, allowing one more time to evaluate her/his understanding with regard to the information received, as well as enabling the clarification of doubts and having conditions to memorize them.

It is also highlighted that nursing actions need to be undertaken throughout hospitalization. At hospital discharge, we must not forget that the patient is going through a recovery phase and that she/he should be allowed to have a reflection on her/his understanding of the care needed in the post-discharge period, so that she/he can properly engage in the planning of actions required for her/his recovery, maintenance, and health promotion, always with the aid of a nurse.13

It is noteworthy that, in face of the long hospitalization process, it is often possible that a big impact occurs when the patient comes back home, finding a family compromised with regard to its ability to undertake something, including some health problem due to this stressful situation. So, a joint action along with the patient and family, in order to offer a combined care, must be recommended, with care procedures which not only meet her/his biological aspect, but also the emotional, socio-cultural, economic, and political, always conducted in partnership between health professionals and families.14

It is worth saying that nursing needs to deepen its knowledge on the complexity of the patient’s problem situation and her/his actual needs, capabilities, limitations, and difficulties, in order to help her/him to experience this as an active element of the process and not as a mere spectator of the actions taken by healthcare professionals and her/his caregivers.15

Therefore, the commitment of health professionals towards the patient does not end simply with her/his discharge from the hospital unit, it is necessary that the care procedures provided to these patients, through teaching sessions conducted in the inpatient unit, keep them healthy at home. So, it is suggested that health institutions review their health education methodologies and that, if possible, manage to construct them by means of group experiences.16

CONCLUSION

This study allowed us to evaluate the importance of nurses' participation in the provision of nursing care to patients at hospital discharge, through reflections on the planning of nursing care in an organized and optimized way and always in search of quality, comfort, and well-being of patients and their relatives.

Regarding the care procedures to be performed at patients' hospital discharge, this research allowed us to highlight the following points:

- The studies showed greater focus on disease than on the hospital discharge process or the problem situation of patient and family;
- Communication is still poor and there is work overload for the multidisciplinary health team, especially for the nursing team, interfering with the quality of care provided to patients;
• Reduced human resources in the multidisciplinary health team versus patients’ high complexity and need for complex care.

Given the above, we emphasize that professional qualification and team training are encouraged, and that the health institutions encourage the provision of integral care to hospitalized patients and those undergoing the hospital discharge process, with an effective participation of the multidisciplinary team, always seeking positive outcomes for the well-being of the patient and her/his family.

We know that the sickening process and the consequent hospitalization often do not represent an enjoyable process or time for patients and their family. This way, we have to be aware of the actual needs of patients, in order to provide an integral and effective care to them, so that health recovery is satisfactory and they keep performing their daily activities, naturally, with quality and balance.

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