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PARTICIPATION OF NURSES IN HOSPITAL DISCHARGE PLANNING

PARTICIPAÇÃO DO ENFERMEIRO NO PLANEJAMENTO DE ALTA HOSPITALAR

PARTICIPACIÓN DEL ENFERMERO EN LA PLANIFICACIÓN DE ALTA HOSPITALARIA

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ABSTRACT

Objective: to evaluate nurses' participation in hospital discharge planning. **Method:** it is a quantitative, descriptive and exploratory study with 21 nurses in a cancer hospital. Two forms were used in the analysis of the data, descriptive statistics. **Results:** It was identified that all nurses (21 = 100%) agreed that if the patient is not included in discharge planning, he or she may develop complications in their treatment. There was a proportion of five (23.8%) subjects who agreed and two (9.5%) indicated that they were indifferent and had difficulty participating in planning discharge. It was observed, among the justifications for this non-participation, that the lack of communication between the multidisciplinary teams and the inadequate dimensioning of nurses by the demand of patients to be oriented predominated. **Conclusion:** the results obtained showed the participants' knowledge about the importance of participating in hospital discharge planning, reducing the risks of rehospitalization and the difficulties encountered by the professionals in their execution, which may impact the quality of care provided by the nurse in this process. **Descriptors:** Patient Discharge; Nursing; Evaluation Studies; Health Planning; Orientation; Medical Oncology.

RESUMO

Objetivo: avaliar a participação do enfermeiro no planejamento de alta hospitalar. **Método:** trata-se de estudo quantitativo, descritivo e exploratório com 21 enfermeiros em um hospital oncológico. Fez-se a avaliação por meio de dois formulários, na análise dos dados, as estatísticas descritivas. **Resultados:** identificou-se que todos os enfermeiros (21=100%) concordaram que, se o paciente não for incluído no planejamento de alta, poderá desenvolver complicações em seu tratamento. Verificou-se uma proporção de cinco (23,8%) sujeitos que concordaram e dois (9,5%) assinalaram indiferente e que possuem dificuldades na participação no planejamento de alta. Observou-se, entre as justificativas dessa não participação, que predominaram a falha de comunicação entre as equipes multidisciplinares e o inadequado dimensionamento de enfermeiros pela demanda de pacientes a serem orientados. **Conclusão:** evidenciou-se, nos resultados obtidos, a ciência dos participantes sobre a importância na participação no planejamento de alta hospitalar, na redução dos riscos de reinternações e nas dificuldades encontradas pelos profissionais em sua execução, o que pode impactar a qualidade da assistência prestada pelo enfermeiro nesse processo. **Descritores:** Alta do Paciente; Enfermagem; Estudos de Avaliação; Planejamento em Saúde; Orientação; Oncologia.

RESUMEN

Objetivo: evaluar la participación del enfermero en la planificación de alta hospitalaria. **Método:** se trata de un estudio cuantitativo, descriptivo y exploratorio con 21 enfermeros en un hospital oncológico. Se hizo la evaluación por medio de dos formularios, en el análisis de los datos, las estadísticas descriptivas. **Resultados:** se identificó que todos los enfermeros (21 = 100%) concordaron que, si el paciente no se incluye en la planificación de alta, podrá desarrollar complicaciones en su tratamiento. Se verificó una proporción de cinco (23,8%) sujetos que concordaron y dos (9,5%) señalaron indiferente y que tienen dificultades en la participación en la planificación de alta. Se observó, entre las justificaciones de esa no participación, que predominaron la falla de comunicación entre los equipos multidisciplinares y el inadecuado dimensionamiento de enfermeros por la demanda de pacientes a ser orientados. **Conclusión:** se evidenció, en los resultados obtenidos, la ciencia de los participantes sobre la importancia en la participación en la planificación de alta hospitalaria, en la reducción de los riesgos de reinternaciones y en las dificultades encontradas por los profesionales en su ejecución, lo que puede impactar la calidad de la asistencia prestada por el enfermero en este proceso. **Descriptores:** Alta del Paciente; Enfermería; Estudios de Evaluación; Planificación en Salud; Orientación; Oncología Médica.

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INTRODUCTION

It is understood that hospital discharge planning consists of creating a customized plan for each patient who is leaving hospital in order to contain costs and improve the results in their recovery. In discharge planning, patients should be assured that patients leave the hospital at the appropriate time of treatment and that post-discharge care is organized.¹

It is known that this activity must begin at the time of hospital admission, having an educational and preventive character, focused on preserving the client's biopsychosocial and spiritual aspects.² With this activity, it is expected to reduce the risk of rehospitalization and eventual complications of the patient's clinical condition, thus bringing benefits to clients, professionals and the institution.³

It is perceived that, in face of this process of receiving, caring and educating, hospital discharge planning has a function of intersection between the hospital and the home environment, thus, it does not mean the end of the care process and, rather, the maintenance of the patient and family health.⁴

It is noteworthy that patients, once hospitalized in the hospitals, are attended by professionals of various specialties, who provide assistance for the recovery and maintenance of the health of their clients hospitalized in several hospital sectors, being clinical or surgical, aiming at the return to their homes under favorable health conditions.⁵ It is important that all the health team participate and carry out the discharge planning for hospitalized patients, thus, becoming a multiprofessional and integral activity.⁶

It is considered that the nurse, as a member of the health team and participant in the planning of hospital discharge, has the function of coordinating and performing the care of greater complexity to the client.⁷ It is observed that the evaluation activities of this professional are performed according to the needs of the patient and the caregiver, through the Nursing process, which is applied along with the conducts of other professionals, which makes it a link between the specialties,² promoting the well-being and the necessary resources for the client after discharge.⁸

It is specifically believed that at the time of discharge, an ambiguous feeling can be generated for patients, family members and/or caregivers, because there is a mixture

of feelings of happiness and insecurity regarding continuity of care.⁹ It is understood that, in the guidelines provided by the nurse, it is guaranteed continuity of care initiated in the hospital, which, in addition to contributing² to patient recovery, prevents complications or comorbidities secondary to the initial treatment.¹⁰

It is imperative for the nurse to approach the patient and the relative, as a means to identify their abilities and their interest in care, in order to make them able to develop care at home.⁷ It should be emphasized that all these activities should always be supported by scientific evidence,⁹ so that they can provide patient safety⁸ and support the professionals involved.¹¹

It is justified to carry out this research, which seeks to verify the performance of nurses in relation to hospital discharge planning, and for once, the scientific evidence presented in the literature discusses the importance and necessity of this professional to be directly related to this process. It is believed that the results of this research can contribute to the presentation of the current positioning of this professional in the hospital environment.

The following guiding question is affirmed: "What is the nurse's opinion about her participation in hospital discharge planning?"

OBJECTIVE

- To evaluate nurses' participation in hospital discharge planning

METHOD

It is a quantitative, descriptive and exploratory study. This study was developed in the ward of a philanthropic hospital in Curitiba, Paraná, reference in clinical and surgical treatment of patients with oncological diseases in the South of Brazil. It is stated that this institution admits patients who need oncological treatment, such as: Surgical, Chemotherapeutic, Radiotherapeutic, Pediatrics, Adult and Pediatric Intensive Care Unit, Palliative Care, Nutrition, Physiotherapy, clinical analysis laboratory and has all the facilities of a tertiary hospital, and patients from the States of Paraná, Santa Catarina and other regions of Brazil. Its functional staff is composed of 1,500 employees, and this hospital has 150 beds among the infirmaries, apartments, adult and pediatric intensive care units, satisfying all the needs demanded by this institution. It is known that, in addition to providing care to the cancer patient, this institution provides

the field of clinical teaching for undergraduate, undergraduate and specialization courses in the interdisciplinary areas in health.

As a study scenario, adult hospitalization wardens were chosen, with hospital discharge planning, involving the following sectors: Ward A and Ward B, wards that attend the Unified Health System (UHS) and Ward D, which provides assistance to patients from covenants and individuals. Data was collected between June and September 2017.

The following inclusion criteria were used: nurses who were active in the institution's Nursing service during the chronological time proposed and nurses who participated in the planning of the hospital discharge. Assistance nurses were excluded from other areas that did not require planning for hospital discharge and were allocated to the Pediatrics department.

The following phases were fulfilled for the operationalization of the research: elaboration of data collection forms; definition of study sample; survey of the participants' profile and application of the evaluations, treatment of the data and analysis of the results.

Two forms of data collection were prepared in the first phase: Form 1 - survey of the participants' profile (composed of six variables referring to clinical and epidemiological data, in order to characterize the study sample) and Form 2 - evaluation of participation (structured in nine questions, with closed answers, arranged in the Likert Weight Concordance Scale, which ranged from 5 to 1 - strongly agree (weight 5), agree (weight 4), indifferent (weight 3), I disagree (weight 2) and strongly disagree (weight 1).¹²

The study sample was defined in the second phase, after the inclusion and exclusion criteria were applied, and the nurses were invited, explaining the evaluation, including its risks and benefits to the participant, as well as the relevance and the importance of research. After consenting to participate in the research, the Free and Informed Consent Term (FICT) was signed, and the sample was completed with 21 nurses.

The study was evaluated in the third phase. The nurses' profile form was first applied, with the purpose of raising the characteristics of the professionals and, after, the form of

evaluation of the participation of the nurse in the planning of hospital discharge. This criterion was used for each participant of the study and they were approached in the nursing posts of the institution, in the morning, afternoon and night periods.

The data of the forms was tabulated in the software Excel® 2010 and later they were imported and treated by the statistical package Statistical Package for Social Sciences (SPSS), version 21, forming two data sets obtained from the survey of the profile of the the nurses' evaluations.

The descriptive, mean, median, minimum, maximum, standard deviations, frequency and percentage were used for the statistical analysis. Following the treatment of the statistical data and the grouping of the questions of the evaluations in which the nurses answered "I disagree" and "totally disagree", it was possible to present the results, analyze them and compare them with the literature, finishing the fourth phase search.

This study was approved by the Research Ethics Committees of Unidombosco, in Curitiba (PR), with CAAE approval number: 62963816.0.0000.5223, and the philanthropic hospital participating in the research, in the same city, with CAAE approval number: 62963816.0. 3001.0098, in compliance with the national and international ethical standards of research, involving human beings of the National Health Council (NHC). All ethical precepts were adopted, in order to guarantee the secrecy and confidentiality of the information collected in this study.

RESULTS

The results of the research are presented in three proportions: first, the profile of the participants; then the analysis of the descriptive statistics of the evaluations of the questions and, finally, the nurses' opinions about the disagreement in the questions.

Table 1 shows that female participants predominated, with 19 (90.5%) subjects; the most frequent work sector by the subjects allocated was Ala B - UHS, with ten (47.6%); (71.4%) nurses, and the highest specialization index was in Emergency and Emergency, with seven (33.3%) interviewed emergency workers, as only two (9.6%) of the nurses are not specialists.

Table 1. Frequency and percentage of the descriptive statistics of the nurses' profile. Curitiba (PR), Brazil, 2017.

Variables	(N =21)	%
Sex	Female (19)	90.5%
	Male (2)	9.5%
Work sector	A (8)	38.1%
	B (10)	47.6%
	D (3)	14.3%
Hours worked - weekly	31 to 40 hours (15)	71.4%
	Over 40 hours (6)	28.6%
Title - specialists	Oncology (5)	23.8%
	Urgency and Emergency (7)	33.3%
	Other specialties(7)	33.3%
	Non specialists (2)	9.6%

Table 2 shows that the mean age of the interviewees was 33.9 ± 6.3 years and the average length of service, 35.1 ± 3.5 months.

Table 2. Descriptive statistics scores of the nurses' profile. Curitiba (PR), Brazil, 2017.

Variables	n	Median	Minimum	Maximum	Average	Standard deviation
Age	21	32	22	45	33.9	6.3
Service Time in months	21	36	1	132	35.1	3.5

It can be seen that in the scores obtained in the nurses' concordance evaluation and presented in table 3, the descriptive statistics that resulted in a higher mean of agreement were in the question: "Do you agree that patients who do not receive hospital discharge

guidelines are more likely of complications in their recovery? ", with an average value of 4.8 ± 0.3. The lowest concordance score is observed in the question: "Do you have difficulties in applying the hospital discharge plan?", With a mean value of 3.4 ± 1.2.

Table 3. Evaluation scores by nursing assistants. Curitiba (PR), Brazil, 2017.

Variable	n	Median	Minimum	Maximum	Average	Standard deviation
Do you agree that planning hospital discharge is of great importance?	21	5	4	5	4,7	0,4
Can you apply the standard guidelines available on the patient's electronic chart in your hospital discharge plan?	21	4	1	5	3,9	1,1
How do you consider your knowledge regarding hospital discharge planning?	21	4	4	5	4,3	0,4
Do you agree that the orientation of the hospital discharge must be provided individually by the health professionals?	21	4	2	5	4,2	0,9
Do you have difficulty implementing your hospital discharge plan?	21	4	1	5	3,4	1,2
Do you agree that discharge guidelines should be given to the patient along with family members and / or caregivers?	21	5	3	5	4,7	0,5
Do you agree that patients who do not receive hospital discharge guidelines are more likely to have complications in their recovery?	21	5	4	5	4,8	0,3
Do you agree that a hospital discharge protocol that has images is easier to understand than only those who have texts?	21	5	2	5	4,4	1
Do you agree that discharge guidelines should avoid rehospitalization?	21	5	4	5	4,8	0,4

It is described in table 4 that the most concordant question is the one that presented the highest frequency where, of the 21 respondents, 13 had the same response, that

is: "Do you agree that patients who do not receive hospital discharge guidelines are more likely to have complications in their recovery? ", where 18 (85.7%) nurses fully agreed and

three (14.3%) agreed with this question, that is, there was a 100% agreement among the participants. It was identified that the question that resulted in less agreement by the interviewees was the one that presented the lowest percentage, ie: "Do you have

difficulties in applying the hospital discharge plan?", Where two (9.5%) nurses fully agreed, three (14.3%) nurses agreed and two (9.5%) indicated that they were indifferent, but that they had difficulties in applying hospital discharge planning.

Table 4. Evaluation questions of the participating nurses. Curitiba (PR), Brazil, 2017.

Variable	Agreement	n=21)	%
Variable	Agreement	6	28,6%
Do you agree that planning hospital discharge is of great importance?	Agree	15	71,4%
	Fully agree	2	9,5%
Can you apply the standard guidelines available on the patient's electronic chart in your hospital discharge plan?	Fully disagree	1	4,8%
	Indifferent	12	57,1%
	Agree	6	28,6%
	Fully agree	13	61,9%
How do you consider your knowledge regarding hospital discharge planning?	Agree	8	38,1%
	Fully agree	10	47,6%
Do you agree that the orientation of the hospital discharge must be provided individually by the health professionals?	Fully agree	9	42,9%
	Agree	2	9,5%
	Disagree	2	9,5%
Do you have difficulty implementing your hospital discharge plan?	Fully agree	3	14,3%
	Agree	2	9,5%
	Indifferent	13	61,9%
	Disagree	1	4,8%
	Fully disagree	1	4,8%
Do you agree that discharge guidelines should be given to the patient along with family members and / or caregivers?	Indifferent	3	14,3%
	Agree	17	81%
	Fully agree	3	14,3%
Do you agree that patients who do not receive hospital discharge guidelines are more likely to have complications in their recovery?	Agree	18	85,7%
	Fully agree	3	14,3%
Do you agree that a hospital discharge protocol that has images is easier to understand than only those who have texts?	Disagree	2	9,5%
	Fully agree	16	76,2%
Do you agree that discharge guidelines should avoid		4	19%
		17	81%

The results of the disagreements in the questions are shown in figure 1, presenting the justifications when it was marked "disagree" and "strongly disagree". It is noticed that the question that generated the greatest impact of justification among the interviewees was: "Do you have difficulties in applying the hospital discharge plan?", Where, of the 21 (100%) of the nurses, five (23.8%) agreed who have difficulties in participating in high-quality planning.

Question	Justification
Can you apply the standard guidelines available on the patient's electronic chart in your hospital discharge plan?	E19: As it deals with the sector of agreements, the assisting physicians give the necessary orientations to the patient, who, in most cases, are already released by them, leaving open the Nursing guidelines. E21: I can not perform because the demand of patients is greater than my ability to perform, in the electronic system, the planning.
Do you agree that the orientation of the hospital discharge must be provided individually by the health professionals?	E9: It has to be multiprofessional. E16: Hospital discharge should be planned and provided by a multidisciplinary team.
Do you have difficulty implementing your hospital discharge plan?	E9: Difficulty of doctor versus team communication. E11: Sometimes I have difficulties. E16: I can not apply hospital discharge planning well. E19: High demand at the start of the shift does not allow time for the Nursing guidelines to be implemented, with only medical orientations. E21: Due to the large number of patients and at night being only one nurse in the ward.
Do you agree that a hospital discharge protocol that has images is easier to understand than only those who have texts?	E8: No image needed, just good explanation. E1 - E20: They did not justify the question.

Figure 1. Rationale for the disagreements of the nurses' questions. Curitiba (PR), Brazil, 2017.

It was evidenced that the justifications for ineffective planning do not change among nurses, and the institution promotes a discharge planning model, which makes the process viable. It was stated, for the same, that they can not participate in the planning, relating the failure in communication between the multidisciplinary teams and the inadequate dimensioning of nurses by the demand of patients to be oriented.

DISCUSSION

It is understood that, to better understand the discussion about the data obtained, the nurses' profile will be presented first, and afterwards, the evaluation of the participation of the interviewees.

It is recognized that the highest participation rate of the nurses interviewed belonged to the female gender. It can be stated that the result is compatible with a study on the process of systematization of hospital discharge from Roy's Adaptation Model,¹³ where part of the study sample is female and, in the results of this evaluation (Table 1) and in the cited article, it was not evident if the variable sex interfered in the results.

It was observed that the work sector that presented the highest frequency among the interviewees was Ward B UHS, according to the data presented (Table 1). It is possible to compare this result with part of the participants of a study on the nurse's role in the guidelines for patients after renal transplantation¹⁴ performed in a philanthropic hospital. It is stated in both studies that the service sector did not present significance in the research results.

It is observed that most professionals have a workload of assistance between 31 to 40 hours a week, characterized by the essentiality of continuous care to the patient, through fixed scales and weekly gaps. This result can be compared to the time of service of the professionals participating in a quantitative study that evaluates the Nursing orientations to accompanying pediatric oncology patients⁹. It is shown in the cited article and in this research that it was not evident if the nurses' time of service influenced the results.

It was noted, in relation to the professional specialty, that only two nurses are not specialists. It is observed that these data are similar to those of the study of work capacity of nurses of a university hospital.¹⁵ They have been increasingly seeking the qualification in the labor market, to reflect on the improvement of patient care and clarity to the professional and the institution. It is observed that the study nurses are professionals qualified and qualified to meet the complex and diverse demands of the field of research.

It was noticed that the mean age found corresponded to the age of the study participants about the application of the Nursing process by nurses and that they perform functions in hospital institutions.¹⁶ It is shown, in the cited article and in this research, that age did not interfere in the presented results.

It was verified that the average length of service is compatible with the length of service on the part of the professionals of the study on the difficulties faced by the nurses in the hospitalized patient care in palliative care.¹⁷ It was identified, in the quoted article and in the presented mean (Table 2), that it

was not evident if the time of service interfered in the results.

It can be affirmed, then, that the nurses of this research are able to respond to the questionnaire proposed, since the participants have the profile statically compatible with the characteristics of other results of studies evidenced in the literature.

It was revealed that after the nurses' evaluations and data analysis, the factors that contributed to nurses' difficulties in participating in hospital discharge planning were identified.

It can be seen from the questionnaire applied to professionals that the question that reached the highest concordance value, referenced in Tables 3 and 4, was: "Do you agree that patients who do not receive hospital discharge guidelines are more likely to have complications in their recovery?" It can be stated from the evidence in the literature^{2, 8-9} that a high unstructured planning and without the necessary recommendations to the patient and caregiver may increase the chances of worsening the patient's clinical condition,¹⁰ compromising their recovery by the reason of your internamento.⁵

It should be pointed out, through evaluative studies,²⁻⁹ that hospital discharge planning is done at the moment of leaving the patient at the hospital and not during the hospitalization period as it should. It should be noted that, at the same time, many information is transferred at the same time to patients and caregivers, making it difficult to understand and not considering the conditions and needs of each one.¹⁰ It should be noted, in other evidence in the literature,⁴⁻⁶ that the start of hospital discharge planning should be given from the moment the patient is admitted to the institution and developed during the entire hospitalization period, thus performing the health planning and providing the understanding of all those involved.¹⁸

It is worth noting, in the question presented in Tables 3 and 4: "Do you have difficulties in applying hospital discharge planning?", That a proportion of nurses said they had difficulties in applying and participating in discharge planning. This statement is underscored by a qualitative analysis of the perspectives of nurses in hospital discharge planning, showing that the planning involved causes difficulties in home care and in intermediate care services.⁴ This point was verified with the other studies in the literature,⁸⁻⁹⁻¹⁰ which describe that it is imperative that nurses perform and participate in this planning in an effective way

so that the continuity of care assistance is not compromised.

It was identified, in the justifications of the difficulties in the participation of discharge planning, presented in figure 1, that part of the nurses reported the lack of communication between the health teams. This result is assimilated with a study on the preparation for discharge from patients with dementia and their relatives.¹¹ It was stated by the authors that discharge should not be performed in any way and it needs planning and systematization to be able to assist the multiprofessional team in the execution of the process, organize the steps to be followed by each health specialty, promote a safe transfer avoiding difficulties for the patient and his / her relatives and avoiding rehospitalization, which results in a reduction of costs for the health system and, above all, the guarantee of continuity of care.

It is also pointed out in the difficulty reported by the professionals about the inadequate dimensioning of nurses by the demand of patients to be oriented, that this justification can be compared with the research on the classification of patients and the dimensioning of Nursing professionals.¹⁹ It is stated by the authors of the study that the ineffective design and the absence of nurses in the sectors could bring damages to the care and administrative practices. This difficulty can be compared with other evidences in the literature^{2,13-7} which reveal that the absence of the nurse in the sector that has discharge planning may lead to an unsecured activity, since the patient may or may not be exposed to limitations treatment and continuity of care after unplanned hospital discharge.

It is understood, then, that the need for health institutions to maintain the scale of Nursing professionals in an adequate manner and according to the patient's need, since the same, incomplete, can cause assistance damages and compromise the safety of nurses and the patient, making the activity unsecured.²⁰

It has been revealed through evidence in the literature that^{2,8-10} that discharge planning, when properly applied by the nurse, adds to the patient and caregivers a knowledge regarding the continuity of care after discharge, allowing: the demand for adequate health care (primary, secondary or tertiary); the reduction in the time spent to start their care and the optimization of the services provided by the health institution, thus avoiding queues, delay in care and delinquent referrals.

Considering the results found in this research and compared to other studies in the literature, the importance and difficulties of nurses in planning participation at hospital discharge are contemplated considering the risks presented in the absence of a process aimed at planning the discharge hospital.

CONCLUSION

It is evidenced by the findings of this study, the evaluation of nurses' participation in hospital discharge planning. Knowledge was added through descriptive statistics to nurses' agreement on the importance of patient inclusion in discharge planning. It is worth noting the justification, on the part of the interviewees, that the non-participation of discharge planning was due to difficulties where the lack of multiprofessional communication predominated and the inadequate design of nurses to include patients in discharge planning, which corroborates the results found in the literature.

It is important to emphasize the importance of health institutions to maintain their scale of nurses and the appropriate dimensioning according to the needs of the patients, since the absence of professionals could cause damages and compromise patient safety in the hospital discharge process.

During the analysis of the data found in the evaluation, the limitation of evaluative and experimental studies involving nurses in hospital discharge planning was observed. It is suggested the importance of Nursing to participate, contribute and include the patient throughout the discharge process, since the absence of such planning may have an impact on its recovery and increase the rate of rehospitalization due to treatment complications.

Finally, it should be emphasized that this study should be a great incentive for future research on the participation of nurses in hospital discharge planning, involving patients and caregivers, since the results of this research had an impact with the available literature.

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