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RESEARCH

Atuação do enfermeiro no preparo para a alta hospitalar de pacientes cirúrgicos

Nurse's role on preparing for discharge of surgical patients

El papel de la enfermera en la preparación para el alta médica de los pacientes quirúrgicos

Kaisy Pereira Martins ¹, Kátia Neyla de Freitas Macêdo Costa ², Danielle Samara Tavares de Oliveira ³, Stella Costa Valdevino ⁴, Laura Cristhiane Mendonça Rezende ⁵, Tatiana Ferreira da Costa ⁶

ABSTRACT

Objective: Analyzing the role of the nurse in preparation for discharge of surgical patients. **Method:** this is a descriptive study with a qualitative approach, performed with 26 patients in the Surgical Clinic of a university hospital in the city of João Pessoa. Data were collected through interviews recorded in September 2011, after approval of the ethics and research committee, under protocol No. 363/11. Data analysis was performed using the technique of content analysis. **Results:** it was found that the professional presentation occurred in some interactions and that guidance provided to patients and family was just of basic care. It was identified that the nurse did not enter the family for assistance, making continuity of care at home. **Conclusion:** it is suggested that nurses document the guidelines dispensed to hospital, seeking to facilitate the understanding of the patient, family and against reference. **Descriptors:** Nursing care, Guidance, Discharge.

RESUMO

Objetivo: Analisar a atuação do enfermeiro no preparo para alta hospitalar de pacientes cirúrgicos. **Método:** trata-se de um estudo descritivo com abordagem qualitativa realizado com 26 pacientes na Clínica Cirúrgica de um Hospital Escola do município de João Pessoa-PB. Os dados foram coletados por meio de entrevista gravada em setembro de 2011, após aprovação do comitê de ética e pesquisa sob o protocolo de nº 363/11. A análise dos dados foi realizada pela técnica de análise de conteúdo. **Resultados:** verificou-se que a apresentação profissional ocorreu em algumas interações e que as orientações fornecidas aos pacientes e familiares foram apenas de cuidados básicos. Identificou-se que o enfermeiro não insere o familiar durante a assistência, dificultando a continuidade do cuidado no domicílio. **Conclusão:** sugere-se que os enfermeiros documentem as orientações dispensadas para a alta hospitalar, buscando facilitar a compreensão do paciente, familiar e contra referência. **Descritores:** Cuidados de enfermagem, Orientação, Alta hospitalar.

RESUMEN

Objetivo: Analizar el papel de la enfermera en la preparación para el alta de los pacientes quirúrgicos. **Método:** se realizó un estudio descriptivo con enfoque cualitativo realizado con 26 pacientes en la clínica quirúrgica de un hospital universitario de la ciudad de João Pessoa. Los datos fueron recolectados a través de entrevistas grabadas en septiembre de 2011 después de la aprobación por el comité de ética e investigación bajo protocolo No. 363 /11. El análisis de datos se realizó mediante la técnica de análisis de contenido. **Resultados:** se encontró que la presentación profesional se produjo en cierto grado de interacción y las directrices proporcionadas a los pacientes y familiares, eran sólo cuidados básicos. Se identificó que la enfermera no inserta la familia durante el servicio, complicando la continuidad del cuidado en casa. **Conclusión:** se sugiere que las enfermeras documenten las directrices dispensadas para el alta hospitalaria, tratando de facilitar la comprensión del paciente, familia y en contra de referencia. **Descriptorios:** Cuidados de enfermería, Orientación, Alta hospitalaria.

¹ Nurse, Masters' student of the Postgraduate Program in Nursing of the Federal University of Paraíba (UFPB). Email: kaisyjp@hotmail.com. ² Doctorate in Nursing, Lecturer in the Department of Clinical Nursing and of Postgraduate Program in Nursing of UFPB. Email: katianeyla@yahoo.com.br. ³ Master of Nursing, Resident expert with emphasis on attention to Critical Patient. Email: daniellesamara@hotmail.com. ⁴ Master of Nursing, Lecturer in the Department of Clinical Nursing of UFPB, Director of the Division of Nursing HULW/UFPB. Email: stellaaj@yahoo.com.br. ⁵ Nurse, Masters' student of the Postgraduate Program in Nursing of UFPB. Email: lauracristhiane@hotmail.com. ⁶ Nurse, Master of Nursing. Email: tatxianaferreira@hotmail.com.

INTRODUCTION

The high cost of admissions to health facilities, in addition to technological advances and medical sciences and the increase of infections in patients, are factors that have reduced the hospitalization period, leading often to an early discharge. In this sense, it is highlighted that the discharge planning should be the focus of nursing care from the moment the patient is admitted to hospital, it is essential to consider factors such as: anxiety, experience of previous diseases, physical and mental ability, culture, family relationships, among others, requiring close attention of the nurse, as a professional who is in direct contact with patients and their families, and therefore indispensable on the promotion of guidelines for self-care after discharge.¹

Regarding the guidelines for discharge of surgical patients, the approach of the nurse becomes even more relevant; since, commonly, these patients can return to domicile, with dressings, sutures, in use urinary catheters and/or enteral, colostomy drains and other invasive procedures, which are unknown to both the patient and its family, often being considered to cause tension and stress from lack of knowledge of care to be implemented in these situations.

However, what is observed empirically is that the guidelines for discharge performed by nurses are usually made at the time the patient is about to leave the hospital, making it difficult to understand and explains the occurrence of errors in the guidelines offered by the professional. Moreover, they are often performed mechanically, not considering the conditions and individual needs presented by the patient and its family.²

In a study conducted with nurses in a teaching hospital in order to understand the process of discharge from the perspective of a group of nurses, there has been a lack of planning for discharge without interaction among professionals involved in the care.³ This deficiency in nurses' work process often leads to discontinuity in patient care resulting in rehospitalization due to unpreparedness of the client or family about the care to be developed at home.

In this context, the authors emphasize the importance of preparation for discharge, ensuring continuity of care after hospitalization, and as an integral part of this process is the information to the patient and family about what they need to know and understand. Furthermore, the proper orientation will lead to better ways of coping with the patient postoperatively, assisting in the resolution of changes due to his health.

Based on this perspective and considering the topic remains a major challenge for nurses to understand that quality care must be based on technical and scientific skills and be without risks to patients, this study aimed to examine nurses' performance in preparation for discharge of surgical patients, from patients' reports, in order to contribute to the improvement of care.

METHOD

This is a descriptive study with a qualitative approach, performed in a teaching hospital located in the city of João Pessoa-Paraíba, in the Surgical Clinic sector, comprising 32 beds and performs elective surgery and emergency considered only for occurrences own inpatients. Procedures of general surgery, and some, except neurological, orthopedic and cardiac specialties are made.

The study included 26 patients. The selection met the following criteria: patients older than 18 years old that were aware of their discharge and agreed to participate by signing an informed consent and informed (WIC). The numerical definition of the participants was determined by saturation of information, which occurred with 26 interviews. Data were collected in the month of September 2011; using the technique of structured taped interview, guided by the following questions: 1) What were the guidelines you received to discharge? And by whom they were made? 2) Your companion / family received some guidance from nurses about their high? 3) What difficulties you will have to keep the care that must be taken at home?

Data analysis was performed by means of content analysis, where we tried to figure out the relationship between the outside and the speech itself, involving also dismemberment operations and rating of their record units.⁴ It followed the steps: first, readings were taken for the organization of the material to be analyzed, resuming the initial research objectives against the collected material, then aggregating the data trying to identify the categories and soon after, reflections and interpretations of each category presented using fragments of the speeches of the subjects participating in the research.⁵

The participants were decoded with alphabet letters and Arabic numbers to ensure anonymity and meet the requirements of Resolution 196/96 of the National Health Council, which governs the standards and regulatory guidelines for research involving humans.⁶ The project which derives this study obtained approval of the Research Ethics Committee of the University Hospital Lauro Wanderley (CEP/HULW) and is registered under protocol No. 363/11.

RESULTS E DISCUSSION

The 26 participants were predominantly female (57,7%), being 42,3% male; the age range that prevailed was between 40-59 years old (46,2%). Regarding the type of surgery, 19 (73%) were elective surgeries and seven (27%) of urgency. For the period of hospitalization

was defined as extending from the day the client was admitted to the day of his discharge. The minimum period of stay was found four days and a maximum of fifteen days, with an average of seven days.

From the obtained empirical data we could identify five categories: identification of the nurse; guidelines of the nurse in the surgical patient at discharge; family involvement in patient care; opportunity offered by the nurse for the patient to express in preparation for discharge; and maintenance of home care after hospital discharge.

Identification of the nurse

It is understood that the preparation for discharge starts from the arrival and stay of patients in the health institution. We sought to investigate how the presentation and identification of the nurse during the guidance provided to surgical patients to discharge occurs. There were obtained the following statements:

“Was any of the girls at the front desk [...] (P2).”

“The staff is there at all in white [...] (P6).”

“I don't even know who it was, but I think it was or the nurse or doctor [...] (P16).”

“This is very difficult to know who is who, because sometimes identifies itself, but sometimes it doesn't, but it was one of the girls who come here often in the room [...] (P19).”

From what was said above, it is observed that nurses, showed no interest in performing during care. It was noted that this work was not involved in the relationship with the patient, often being confused with the other categories of nursing or even with other professionals in the multidisciplinary team. The nurse when assisting the patient decreases tension and anxiety due to the gap between both, thus enabling a better relationship, and hence success of health care.⁷

This result now found corroborates a study conducted at a large hospital in the state of São Paulo conducted to investigate the preparation for discharge and the role of the nurse in this context, which was also observed by reports of patients who when asked if they knew the nurse of the unit, many do not know how to answer some pointed to the nursing technician responsible for their care and other referred the nurse as those who had a different "coat".²

In this perspective, the fact that patients do not identify the professional responsible for the care provided can trigger lack of interpersonal relationships during the hospitalization. This finding constitutes a negative aspect, as if presenting the patient is the first step in establishing a relationship of empathy and trust, essential for a termination and humanized care.

Guidance to the surgical patient in preparation for discharge

This category refers to the guidelines offered by nurse regarding self-care of the patient after discharge. Follow the lines:

“Said the wound to wash with soap and water and be careful when I bend over [...] (P3).”

“He said my urine [...] said that I was supposed to always look if the urine was clear, then I think that because of the surgery, not? (P5).”

“She said a lot of things [...] sometimes the professionals do not direct the guidelines give several and all at once, there is a little scattered and we end up not getting anything. (P16).”

From the above reports, we identified a deficiency in the guidelines offered by the nurse to the patient in preparation for discharge, not being cleared properly. It is noticed that the patients remained in doubt about the care to be adopted after discharge.

The literature recommends that the patient should receive guidelines established in the plan for discharge before the time set for its formal release from the hospital, preventing the accumulation of information at this time, allowing the evaluation of a better understanding as well, allowing clarification of doubts. Thus, at discharge, the nurse should strengthen guidance on the plan to be followed and the importance of returning control and restoration of health, looking for the team whenever it feels need.⁸

A study in a charity hospital in the state of São Paulo also showed gaps in nursing guidelines for self-care of the patient in postoperative period. The data revealed that only 20% of patients had information on care of the surgical incision and 70% had no guidance on signs and symptoms of surgical site infection. Since this is a relevant issue, for contributing to the increased morbidity and mortality of post-surgical patients, causing physical and emotional harm, such as absence from work and social conviviality.⁹

In this context, to achieve a better result for the information, it is essential that the professional knows what the patient wants to know, seeing its peculiarities, whether physical, emotional, social or spiritual, so that it can assimilate what has been explained. Thus, to be well understood by the patient, the guidelines must take into context quality and not quantity of information, as noted in the report of P16. Another important aspect is that professionals should stop the issues of interest to the patient, in addition, need to transmit them clearly and objectively, in simple vocabulary, and not ritualized and / or repetitive, noting that people are different and therefore need an individualized and a single orientation.¹⁰

Other lines were also related to the lack of an effective professional orientation of nursing during discharge process, such as:

“Guided not only nothing; came here and said I was in discharge. (P9).”

“This guide, they come here to deliver the discharge paper and walk away. (P10).”

“Don't tell me anything about my recovery at home; just came here and said I was in discharge. (P22).”

It is perceived by these patients reported that they received no guidance, occurring inconsistency with regard to the communication process. This lack of information from nurses, can lead to uncertainty, especially when the patient is in a moment of anxiety from hospitalization, surgery and pathology. Therefore, these professional encounters with patients should constitute spaces to explore doubts and uncertainties, particularly the lack of knowledge that they have during the transition from hospital to home.²

Family involvement in patient care

The category notes if the nurse inserts the date the patient/family during its guidelines for hospital discharge. Thus it was possible to obtain the following reports:

“She mentioned the bandage for my aunt, but I don't know if she will be able to do it. (P1).”

“No, for my date she has nothing. (P2).”

“Said that if my daughter could was to's helping me in that I needed, but didn't explain anything to her. (P8).”

There was identified in reports the absence of nurses in the families involved in the surgical patient care. It is observed that the relatives were not informed as to the continuity of care in the home, yet it is evident that P1 relates find that your aunt may not be able to continue to care started in the hospital environment. The dilemma of relatives of hospitalized patients is the existence of need specialized care after discharge, which often are not included in the set of activities routinely offered by health professionals from hospitals. However, it is just before the exit of the hospital that begins the adaptation phase of the family, because the gap between the hospital and the house seems to stimulate human responses to the condition of illness or injury which is the responsibility of the family.¹¹

For that, at the time health professionals inform families the patient's situation and needs care at home, it is necessary that these have attention to way to express yourself and how to explain, because depending on some aspects, as the formal instruction of this family, these guidelines can be interpreted in different ways, creating different and even conflicting understandings.

Thus, it is necessary for nurses to be aware of the peculiarities of each family to exchange information, clarifying issues related to post-operative which helps to reduce complications, reduce the number of readmissions for infection, wound dehiscence, among others, and thereby promote effective continuity of care in the home.¹²

Opportunity offered by the nurse for the patient to express itself

This category has been possible to observe some reports of patients about the need to express their concerns and aspirations, and the nurse's stance against this condition. Follow the lines:

“I said what I wanted to talk, but if we're going to wait she ask me if I wanted to talk, so I didn't speak not [...] (P2).”

“I kept just listening didn't want to ask anything, I realize that they don't like... (P5).”

“[...] she was talking a lot, and then I was just listening to same. (P20);”

“I didn't feel the urge to say what I wanted [...] (P22).”

From the reports, it is observed that only P2 spoke what he felt without even having to open it. Others have reported that patients were only listening because not had the opportunity and did not feel free to speak what they wanted. In this sense, it emphasizes the importance of nurses in seeking to hear and understand the real needs and concerns of the patient, because only in this way care will be directed appropriately.

Also, another negative factor are gaps regarding the psychological and spiritual preparation of the patient, for the lack of opportunity for it to express their doubts and anxieties, generates psychological conflicts which may reflect physical health, especially when it is hospitalized for often present imbalance in their basic human needs, which may cause stress as a result.¹³ Thus, we emphasize the importance of nurses in acquiring the

ability to comprehend and understand the human being in front of their complexities, as well as skills interpersonal communication in the nurse-patient practice.¹⁴

Maintenance of care at home after hospital discharge

In this category sought to investigate whether the nurse provides the necessary information so that the patient can give continuity to care at home. The lines presented below can realize that patients remain with difficulties to undertake such care. As examples:

- “[...] often doesn't explain right here is one thing and when you come home is harder, we feel much difficulty, not? (P5).”
- “Should give many guidelines, because home is different [...] say what we should or should not do, because it would be easier to complete the treatment [...] I think that should be said at the time of high. (P6).”
- “Indicate what the person should do at home, so I can do the right things and don't come back here with problem. (P16).”
- “[...]at home is going to be different, I think I'm going to have trouble, but then if you explain everything here, would at least try to do everything right. (P22).”

It is observed by reports that patients are leaving the hospital with doubts and transpire getting confused with regard to their rehabilitation and independence at home. The absence of formal guidance from the nurse makes the continuity of treatment at home as something complicated and prone to errors that may reflect the return to the hospital as regards P.¹⁶ Thus, it is possible to observe, and also seen in some studies, the guidelines for hospital discharge included just the delivery of the prescription, the verbal information provided orally by the doctor about the medications, referrals to special care and outpatient. Therefore, nurses are responsible for providing information throughout the hospital stay and at discharge accomplish writing, facilitating patient understanding and reducing the occurrence of errors.¹⁵

Corroborating with it is possible to identify which part of patients remains with doubts about the prescribed medications, diet to be followed, the surgical wound care and returns for following-up activities that may perform.⁷ It is possible to observe these facts in some testimonials:

- “I'm actually worried about three things, the medication at the right time, feeding the right amount and watch your footing to make effort and to do the dressing right. (P19).”
- “I have difficulty to control the medication, the timetables straight, feeding, and also the dressing that I don't know how to do. (P25).”

These reports suggest how patients have difficulty performing the post-operative care. You can see that the doubts are varied, and often, the concern is to resume your daily routine, especially with feeding and care dressings. A study in a municipality in the state of Parana, in which surgical patients when questioned about what would like to know regarding your situation on the day of hospital discharge, 74% of respondents said they wanted to obtain clarifying information about how they should behave at home after surgery.¹⁶ In this respect, the nurse is a very capable professional to perform this function, establishing itself as a major contributor in providing these guidelines.

CONCLUSION

Analyzing the findings resulted from this study, it was found that simple procedures, such as the act of presenting, which should be done by professional as something still did not occur in some of the nurse-patient interactions, there is a gap in that refers to interpersonal relationships. It was also observed that the guidance provided by the nurse, both the patient and their families, most were basic care information. It was further observed that the nurses did not enter the family in care, hindering the continuity of care at home. Thus, it was found that often the professional keeps its main focus on instrumental techniques of the profession, to the detriment of holistic care, aimed at physical, emotional, social and spiritual needs of individuals.

At discharge the patient needs to receive individualized attention and care, especially from nurses; however, the results, it was found that patients were not at ease to ask questions and to express what he was feeling, and also reported finding difficulties regarding that should take care, as the professionals did not describe clearly the accurate information, creating a barrier when it comes to effective communication.

This fact leads to a reflection on the care, guidance and preparation of surgical patient, and, above all, the need to systematize the work of nursing and the use of basic instruments of care, which implies changes in attitudes of these professionals. Finally, it is suggested from these findings that nurses can plan and document what was offered as guidance at the time of hospital discharge, seeking to facilitate the understanding of patient, family and against reference needed for quality care.

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Contact of the corresponding author:
Kaisy Pereira Martins
Cidade Universitária - João Pessoa - PB - Brasil-CEP: 58051-900
Email: kaisyjp@hotmail.com