REME • Rev Min Enferm. 2021;25:e-1403
DOI: 10.5935/1415-2762-20210051

RESEARCH

CARE CONTINUITY: HOSPITAL NURSES' PERFORMANCE IN THE TRANSITION OF PATIENTS WITH WOUNDS

CONTINUIDADE DO CUIDADO: ATUAÇÃO DO ENFERMEIRO HOSPITALAR NA TRANSIÇÃO DO PACIENTE COM FERIDA

CONTINUIDAD DE LA ATENCIÓN: DESEMPEÑO DE LOS ENFERMEROS DEL HOSPITAL EN LA TRANSICIÓN DEL PACIENTE CON HERIDA

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Funding: No funding.

Submitted on: 2021/01/23
Approved on: 2021/10/10

Responsible Editors:
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ABSTRACT

Objective: to understand nurses' performance for continuity of the care provided to patients with wounds in the transition from the hospital to the other services of the Health Care Network. **Method:** a qualitative study based on the Grounded Theory. Semi-structured interviews were conducted with 14 nurses in a hospital from southern Brazil between December 2018 and February 2019. **Results:** the central category called "seeking to establish care continuity for patients with wounds facing the transition between services" was supported by three categories and 12 subcategories, which showed that preservation of care continuity and adequacy of the transition between the health services occur through standardization and planning of hospital discharge. **Final considerations:** nurses stood out for their initiatives and specialized and qualified care for people with wounds within the hospital, but their role in the care transition and continuity process lacks institutional support.

Keywords: Transitional Care; Wounds and Injuries; Nursing Care; Patient Discharge; Continuity of Patient Care.

RESUMO

Objetivo: *compreender a atuação do enfermeiro para a continuidade do cuidado ao paciente com feridas na transição do hospital para os demais serviços da Rede de Atenção à Saúde.* ***Método:*** *estudo qualitativo, baseado na teoria fundamentada em dados. Foram realizadas entrevistas semiestruturadas com 14 enfermeiros em um hospital ao Sul do Brasil, entre dezembro de 2018 e fevereiro de 2019.* ***Resultados:*** *a categoria central "buscando estabelecer a continuidade do cuidado a pacientes com feridas que enfrentam a transição entre serviços" foi sustentada por três categorias e 12 subcategorias, as quais mostraram que a preservação da continuidade do cuidado e a adequação da transição entre os serviços de saúde ocorrem mediante padronização e planejamento da alta hospitalar.* ***Considerações finais:*** *o enfermeiro destacou-se por iniciativas e pelo cuidado especializado e qualificado às pessoas com feridas dentro do hospital, porém sua atuação no processo de transição e continuidade do cuidado carece de apoio institucional.*

Palavras-chave: *Cuidado Transicional; Ferimentos e Lesões; Cuidados de Enfermagem; Alta do Paciente; Continuidade da Assistência ao Paciente.*

RESUMEN

Objetivo: *comprender el rol del enfermero para la continuidad de la atención de los pacientes con heridas en la transición del hospital a otros servicios de la Red de Atención a la Salud.* ***Método:*** *estudio cualitativo, fundamentado en la Teoría Fundamentada. Se realizaron entrevistas semiestructuradas con 14 enfermeros en un hospital del sur de Brasil, entre diciembre de 2018 y febrero de 2019.* ***Resultados:*** *la categoría central "que busca establecer la continuidad de la atención para los pacientes con heridas que enfrentan la transición entre servicios" se sustentó en tres categorías y 12 subcategorías, lo que demostró que la preservación de la continuidad de la atención y la adecuación de la transición entre los servicios de salud se realiza mediante la estandarización y planificación del alta hospitalaria.* ***Consideraciones finales:*** *el enfermero se destacó por iniciativas y atención especializada y calificada a las personas con heridas dentro del hospital, pero su actuación en el proceso de transición y continuidad de la atención carece de apoyo institucional.*

Palabras clave: *Cuidado de Transición; Heridas y Lesiones; Atención de Enfermería; Alta del Paciente; Continuidad de la Atención al Paciente.*

How to cite this article:
Goularte AF, Lanzoni GMM, Cechinel-Peiter C, Koerich C, Magalhães ALP, Costa MFBNA. Care continuity: Hospital nurses' performance in the transition of patients with wounds. REME - Rev Min Enferm. 2021[cited _____ ___ __];25:e-1403. Available from: _____
DOI: 10.5935/1415-2762-20210051

INTRODUCTION

Multiple factors can alter skin integrity, such as mechanical or physical trauma, intentional factors and surgeries which, from skin rupture, result in the formation of a wound.[1] Wounds are classified as acute and chronic, according to size and complexity, as well as to the causative agent; content; amount of exudate; degree of complexity and depth. They also generate an unpleasant experience; pain; discomfort; immobility and emotional problems,[2] which are responsible for high morbidity and mortality rates, being considered a global problem and resulting in a significant increase in public spending.[3]

Wound management aims at improving appearance, treating the cause and promoting healing.[2] Nurses are the health team professionals trained to care for people with wounds[4] since, in addition to technical-scientific knowledge, they have a systemic view of the patient, which contributes both to the wound healing process and to the patients' general well-being.

The interventions by nurses regarding transitional care include guidance to patients and family members, with the objective of ensuring continuity of the care initiated during hospitalization. Although this process occurs during hospitalization, it is at the time of hospital discharge that transition of the patients to the other services of the Health Care Network (HCN) takes place, when they no longer receive care from the hospital Nursing team and initiate follow-up in Primary Health Care (PHC).[5,6]

Nurses are seen as the key professionals for the care continuity process, being responsible for contacting other professionals, organizing documents and transport for the patient's transfer, exam scheduling, in addition to being responsible for the guidelines provided to patients and their family members.[7]

The guidelines given to the patients and family members during hospitalization and discharge must be clear, effective and consider the particularities of each case, avoiding poor adherence to the treatment and unnecessary readmissions. It is fundamental that the HCN facility that will assume care is also included in the discharge and transition process, generating more safety for the patient,[8] as well as strengthening adherence to the treatment proposed.

Care continuity is related to changes in the time and environment of patient care and presents an interdependent relationship between the dimensions that involve the patient-professional relationship, communication and management mechanisms. Consequently, care continuity has been increasingly present in the discussions about health care transitions.[9]

Considering the principle of comprehensiveness in the Unified Health System (*Sistema Único de Saúde*, SUS), care continuity makes it possible to integrate the HCN facilities, reduce health costs and increase quality of life both in patients and in their family members.[11,12] Based on the above and considering the gap in the production of knowledge about care continuity,[12] this study was based on the following research question: "Which are the nurses' difficulties and strategies in the continuity of Nursing care provided to patients with wounds in the transition process between the health services?" The objective set out was to understand the performance of hospital nurses in the transition of patients with wounds for continuity of care in the network.

METHOD

This was a qualitative study that used the Straussian Grounded Theory (GT) for data analysis, which encompasses the reality experienced from the understanding or meaning that the context or object has for the person, providing a significant guide for actions.[13]

Data collection was carried out between December 2018 and February 2019 by the main researcher of the study, a student of the Nursing course who had been involved in the research topic for two years, with nurses working in two surgical inpatient units and in the outpatient clinic of a public hospital located in southern Brazil. The first contact with the participants was in-person, when the researcher presented the study and scheduled an appropriate time to conduct the interview. The technique used for data collection was a single and individual semi-structured interview, conducted in a private place and audio-recorded, lasting a mean of 15 minutes. The meeting for the interview was initiated by reading and signing the Free and Informed Consent Form (FICF), followed by the interview itself, which began with the following guiding question: "Tell me how you perceive continuity of Nursing care and the nurses' performance in the transition of patients with wounds between the health services".

The inclusion criteria were working as a nurse and/or Nursing resident in the surgical and/or outpatient units, having at least three months of experience in the unit, and/or being a reference nurse for the sectors. It is noteworthy that, of the 18 clinical nurses and two residents who worked in the inpatient unit, only three professionals were excluded from the study for having a contract of less than three months; there were no withdrawals or refusals.

The professionals were invited to participate in the study and, with each interview conducted, they were asked to indicate other three professionals working in the sector to be invited as participants.

Fourteen nurses participated, organized into two sample groups: the first consisting of nine clinical nurses (including two residents), with whom the care methods used for continuity of the care provided to patients with wounds were identified, giving rise to the following hypothesis: Which institutional initiatives and strategies foster transitional care? The second sample group consisted of a clinical nurse who was a member of the wound commission and four nurse-managers, one from the outpatient clinic and a leader of the wound commission. Theoretical data saturation was achieved based on the analysis of the second sample group, when the hypotheses were answered and the categories were considered complete in their properties and dimensions.

The analysis process, as recommended by the method, presents open, axial and integration coding, which occurs concurrently with data collection.[13] This study developed the open coding stages in which the data were carefully analyzed, identifying each incident, generating codes that were later grouped. Axial coding was also performed, where the data were regrouped, obtaining a clearer and complete perspective about the phenomena. In the phase called "integration", there was articulation of the categories and subcategories found, as well as of the central category, thus emerging the study phenomenon. During this process, memos and diagrams were used as a strategy to reflect on the data and concepts that emerged in the analysis.

Organization of the categories and subcategories followed a paradigm consisting of three components: *condition*, answering the reasons for the occurrence of such phenomenon; *action-interaction*, responses expressed in the occurrence of the phenomena; and *consequence*, referring to the results arising from such action.[13] Considering respect for human dignity and for the participants' protection and in order to guarantee confidentiality and anonymity of the professionals interviewed, the letter E for interviewee ("*Entrevistado*" in Portuguese) was used, followed by the number corresponding to the order of the interviews (E1, E2, E3,...) .

This study met the ethical precepts set forth in Resolution No. 466/2012 of the National Health Council (Conselho Nacional de Saúde, CNS). The project was approved by the Committee of Ethics in Research with Human Beings (Comitê de Ética em Pesquisa com Seres Humanos, CEPSH).

RESULTS

The data analysis and systemic integration process expressed the phenomenon through the central category called "seeking to establish care continuity for patients with wounds facing the transition between services", supported by three categories and 12 subcategories.

The "condition" component is represented by the category called "concern about care transition and continuity for patients with wounds at hospital discharge", which consists of two subcategories. The first subcategory, "concern about care continuity", expresses the nurses' concern to leave the patient unattended, without resources to continue treatment of the wound, especially when discharge takes place on weekends or holidays. In order to overcome the situation, the professionals provide materials so that the patient and/or family member can perform the necessary care with the wounds until they can access the PHC services.

> *He receives* [dressing material] *when he's discharged during the weekend* [...] *because patients are often discharged on Fridays, and the health center* [PHC] *only opens on Monday, so we provide* [...] *but we avoid sending very special dressings* [...] (E2).

In the second subcategory, "holding PHC responsible for the failure in care continuity", nurses assign the responsibility for failed continuing care to PHC, highlighting the lack of adequate materials to apply the dressing. In this sense, the professionals tend to adapt the dressings used in wound treatment during hospitalization according to the materials available in PHC, or those of a lower cost, so that patients can access them.

> [...] *but in the dressing we use a lot of material that we know that the health center doesn't have; sometimes the patient goes home and we give papain here in the hospital, but what happens when it runs out? What can patients do?* (E11).

Nurses consider that the lack of PHC support, especially with regard to the lack of specific materials and professionals to carry out this monitoring of the patients, reflects in frequent readmissions and prolonged hospitalizations.

> *Rehospitalization, worsening, loss of limbs due to lack of follow-up, because the patients often have an indication to maintain the treatment, when they leave the hospital, we even provide something for them to continue, but after that the health center can't provide* (E14).

The "action and interaction" component consists of the category called "perceiving the possibilities and obstacles in the care transition and continuity process for patients with wounds" and of six subcategories. The first subcategory, called "relevance of the role of the trained nurse", portrays the importance of the nurse's initiative in seeking to improve their knowledge regarding wounds and dressings. It shows the relevance of having professionals specialized in wounds in the team, such as the stomatherapist nurse, who has more knowledge on the subject matter and provides support for the team in choosing the appropriate material.

> [...] [the stomatherapist nurse] *was a very strong presence for us there* [hospital], *with very difficult dressings, so she* [stomatherapist nurse] *would go, look, explain to us and give the direction, saying that we had to do "like this or like that" and then, the next day, I would see if it got better, if it didn't, let's try "this, this and this", and it worked* (E4).

The second subcategory, "perceiving institutional support in the treatment of wounds", the professionals perceive the institution's support through internal training, courses, creation of protocols, availability of new dressings and of the wound commission, whose members support the professionals in wound evaluation and dressing choice.

> *The institution supports us, gives us the freedom to argue, provides us with an infinite range, I doubt who has more variety of material, dressings like we have here. Then it gives all the support, all the help, guides us, promotes courses,* [...] (E6).

In the third subcategory, "effective multi-professional communication in need of improvement", it is revealed that communication within the multi-professional team, especially with the medical team, is deficient or even nonexistent, lacking incentive.

> [...] *I don't know if it's cultural here, the physician doesn't interact with the team, we don't know anything, they don't tell us anything; if you don't ask, they just don't say, I don't know if they think we don't need to know, I don't know.* [...] *Communication here is awful* [...] (E8).

The fourth subcategory, "noticing weakness in communication across units in the network", concerns miscommunication between the inpatient units and the HCN, as well as with the hospital's own outpatient clinic, causing care fragmentation and discontinuity. It is noteworthy that, when performed by the nurse, communication with PHC is a personal attitude and not an institutional norm.

> *Through the phone, sometimes, depending on how this treatment is going to be* [...] *if we are not able to contact the nurse at the primary care unit, we write a letter with some guidelines, which dressing and how it is being done here in the unit, and how to proceed* (E10).

In the fifth subcategory, "noticing the lack of institutional standardization for care continuity", the professionals report that there is no standardization in the institution for the discharge guidelines. Thus, each nurse performs this task in the way they consider most appropriate for a given situation. The following outcome possibilities can be identified: through drawings, written guidelines and verbal guidelines in simple language, among other ways that seek to facilitate understanding of the patient and family member.

> *We actually make the guidelines according to what is being done here, so that it can be continued. So we want continuity of the treatment that is working here, but there's no standardization of the unit for care continuity at home* [...] *because of this particularity of each patient..* (E12)

The sixth subcategory, "Nursing forms contributing to the guidance provided to patients with wounds", is related to the forms and documents under responsibility of the Nursing team at the time of hospital discharge. Although not standardized by the institution, some forms are considered important instruments for care continuity, as they support the guidelines given at the time of discharge, in addition to helping the patients with day-to-day care at their homes.

> *Yes, because if you tell them there, sometimes, the patient doesn't assimilate and so it could be a resource* [a form] *so that the patient can read again and again* [...] *those care measures, because if you just say once, the patient can forget, do something wrong, inappropriately* (E4).

The category called "seeking ways to improve care transition and continuity for patients with wounds" represents the "consequence" component and consists of three subcategories. In the first subcategory, "guiding for self-care and care continuity", the professionals report that the guidelines provided to the patients and/or family members for hospital discharge are given in order to meet the needs and demands of the person and the family.

> [...] *For example, we know that the patient is likely to be discharged this week, then when it's time of the dressing, we ask the family member to come closer, to show how we do it in that region, what to do, and try to explain every injury. We won't speak in our language, we have to explain it as simply as possible to them* (E1).

In the second subcategory, "initiatives and empowerment of professional nurses to improve the transition process", the nurses present tools to improve the transition. They also bring about aspects related to the empowerment of nurses in the institution and their participation in the hospital discharge decision.

> *So the ideal is always to reference, to write exactly what you are using* [...]. *Sometimes I also see the patients saying that they have already gone to primary care for dressings and get there and they don't know what to do; we really need to send it in writing because they look and don't know what to do. We don't know their training there, and it's not just in primary care, because we receive people from all over the state* (E9).

The third subcategory, "communication impacting on the organization and planning of discharge", deals with the programming and planning of the Nursing team for hospital discharge. Despite lack of communication, the team manages to plan for discharge, considering the expected mean hospitalization time.

> *We have a prediction, from experience, that the patient who underwent a rectosigmoidectomy surgery will be hospitalized for five to seven days; he has a colostomy, so in the second postoperative period we'll start to guide him on how to take care of the skin, the stoma, how to change the bag* [...]. *So we do an insistent service, every shift we go and do the same thing,* [...] *care for a surgical wound? The same thing!* (E6).

Thus, despite the communication difficulties among the multi-professional team members, which ends up interfering in the care transition and continuity process between the health services, it is remarkable that nurses perceive this obstacle and seek initiatives, either individually or with the institution, in order to overcome them.

DISCUSSION

At hospital discharge, preparation of the patient's care plan, with a view to facilitating transitional care to the home, is one of the components to promote care continuity after discharge. For this, the multi-professional team needs to work together during the hospitalization period, performing activities coordinated and determined through discharge planning.[14]

In the study hospital, failure in the PHC professionals' communication and limitations in relation to care continuity were identified. A study conducted in the Family Health Strategy showed that nurses are comprehensively linked to the care of injuries. However, there is lack of supplies for wound treatment and the professionals do not have specific training.[15] The lack of materials and supplies to perform the dressing compromises the patient's access to the health units, compromising care continuity.[16]

The professionals reported understanding that the lack of continuing care by PHC results in longer and more frequent hospitalization. The extension of hospitalizations and readmissions entail high costs for the health system, in addition to exerting a negatively impact on the quality of life of the patients and their families. In the case of patients with wounds, rehospitalization can jeopardize the healing process, considering that hospitalization exposes them to an environment with a high risk of contamination, in addition to affecting them physically and emotionally, which can trigger nutritional, immunological and metabolic processes. It is necessary that transitional care is conducted effectively.[17,18]

Despite the importance of the availability of different materials and inputs in the care of wounds, when isolated, this strategy is not enough. The performance of specialized nurses is urgently needed to provide quality care to these patients,[19] which is directly linked to qualification, a constant process that begins with professional training and continues throughout the professional practice.[18-20] It is of utmost importance that nurses and their teams seek permanent education in the institution to enhance the standard of the assistance provided to the patients.[20,21]

The existence of a wound commission and specialized professionals in a hospital unit provides nurses with more information on the prevention of more serious events, in addition to generating more confidence in decision-making. This resource provides theoretical support, assistance and also consulting services so that the professional has confidence and autonomy to define the best course of action and the most appropriate treatment for a given injury.[21]

Clear and resolute communication enables quality of care, unlike what was found in the study, in which the patients reported divergence in the professionals' guidelines and courses of action.[22]

Effective communication emerges as one of the international goals for patient safety. In addition to that, it is an instrument that determines the quality and safety of the care provided, and it is important and necessary for the professionals to be prepared and able to build a structured relationship among themselves and with patients, where there is adequate exchange of information, avoiding adverse events and risks to the patient and favoring safety and quality in the provision of care.[23] Thus, it is necessary that the professionals have clear and explanatory communication skills, involving the patient and their family, so that care continuity can be achieved.[10]

Articulation between the health services is of great value to ensure the patient's follow-up after hospital discharge and continuity of care provided during hospitalization. However, the PHC patient referral process, which organizes the flow of patients in the health system, is sometimes flawed. Counter-referral can be ineffective, leaving the patient responsible for taking information about their hospitalization from one service to another.[10]

Because of this, it is essential that, during the hospitalization period, the patient is prepared and guided for the time of discharge and receives written guidelines regarding the wound and its treatment, avoiding any discontinuities in care.[24]

The nurses' duties in care transition and continuity are strengthened through educational institutions, during undergraduation, and with the implementation of actions for the patient's discharge. Continuing education in hospital institutions can help the professionals to provide systematized and standardized care, ensuring care continuity and reduction of unnecessary readmissions.[25]

Given the above, the importance of the care transition and continuity process for patients with wounds is reinforced, being necessary to overcome the weaknesses experienced. Nurses are the professionals who are capable of meeting this demand, in addition to promoting the consolidation of practices that are safe and appropriate for care, both in the hospital environment and elsewhere in the HCN.

The sole participation of nurses can be cited as a study limitation. For future research studies, it is suggested to include other professionals from the multidisciplinary team, as the continuity process is of an interdisciplinary nature.

This study contributes to the improvement of the care transition and continuity for patients with wounds by emphasizing the essential aspects for this process to occur properly, avoiding overload in high-complexity services and favoring quality of life both in the patients and in their family members. New studies are recommended on this topic, highlighting other scenarios, in addition to the hospital context, seeking more understanding of care continuity throughout the health trajectory of patients with wounds in different care facilities.

FINAL CONSIDERATIONS

Care continuity is a topic that accompanies nurses in the clinical practice and faces various obstacles for its consolidation. When dealing with patients with wounds, the obstacles become even greater, due to lack of communication and standardization between the multi-professional team and the HCN facilities. In addition to that, treatment and monitoring of wounds require deep knowledge and constant updates from the professionals, in addition to availability of suitable dressings.

However, despite the difficulties and obstacles encountered, the nurses who participated in this study contribute to the care transition and continuity process, guiding the patients towards self-care and making telephone contacts with the professionals who work in PHC, in order to avoid readmissions and improve the patients' quality of life. Furthermore, nurses stand out in the hospital setting for providing specialized and qualified care to patients with wounds, even though they lack institutional support.

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