Short note

Patient awareness about discharge instruction in the postoperative period in Elmek Nimer University Hospital, Sudan

Faiza Ahmed Saeed **Mousa***, Amna Omer Abdalrahman **Alrayah**, Safa Babiker **Alamin**

Department of Medical Surgry, Faculty of Nursing Science, Shendi University, Shendi, Sudan,
**fairoza151@gmail.com*

Abstract

A cross-sectional descriptive hospital-based study was conducted in 2020 at Elmek Nimer University Hospital, Shendi, Sudan, to assess a patient awareness on postoperative discharge instruction. Sixty participants were included and their data were collected using a prepared questionnaire. Results showed that most of the participants had poor knowledge about a sign of healing; likewise, most had poor knowledge about a sign of infection. Less than two third are going to follow up regularly. In addition, most of the participants use to walk after surgery.

Keywords: Patient, awareness, discharge instruction.

Introduction

Patients who have undergone surgical procedures often have self-care concerns in their preparation for discharge from the hospital. The most common concerns were the incision/wound care, pain management, activity level, monitoring for complications, symptom management, elimination, and quality of life. Because of their clinical knowledge of the per operative experience, wound, ostomy, and continence nurses and other advanced practice nurses have a critical role in the development of discharge-educational programs for postoperative patient sand caregivers. The period following discharge from the hospital is a vulnerable time for patients. About half of adults experience a medical error after hospital discharge, and19%-23% suffers an adverse event, most commonly an adverse drug event [1] . A decreased length of hospital stay for surgical patients dramatically reduces the time available for nurses to teach patients how to manage post discharge self-care. Nurses need guidelines to prioritize teaching content [2].

Patient assessments of discharge instruction quality varied systematically among conditions. Patients with musculoskeletal diseases and disorders (MDC-8) rated discharge instruction considerably lower than all other patient groups. Patients' age, sex, self-described health status and length of stay did not predict patients' evaluations of discharge instructions. U.S. hospitals may not be meeting existing AMA and JCAHO standards for patient education and discharge [3].

Recent studies have substantially increased the body of knowledge and understanding of patients' informational and educational needs in preparation for discharge [4,5]. Patients desire information on follow-up, home care, symptom

management, pain management and coping with potential health problems [6]. Patients want specific written information and resources on follow-up and community services [7,8] pain treatment [5,7] and life activities.

The period following discharge from the hospital is a vulnerable time for patients to ensure good outcome after surgery and prevent complication and medical error after hospital discharge, suffer an adverse event, most commonly an adverse drug event, readmission and overcrowded in hospital and difficult understanding of instruction by patient unmet discharge needs can contribute to poor patient outcomes and readmission, it is critical that wound, ostomy, and continence nurses, advanced practice nurses, and clinical staff nurses accurately identify patients' in-formational needs and find ways to meet these needs especially with the aging population, new/advanced surgical procedures ,vulnerability/poverty, and literacy level of patients so this study conduct to assess fill gap of barrier information of discharge [9].

Hospital discharge is cited as a vulnerable point in a patient's care transition. Its effective execution has significant implications on a patient's recovery trajectory. The most effective tool in a clinician's toolbox to promote patient healing is the effective delivery of communicating discharge instructions for patients discharge instructions serves a number of important purposes. They inform the patient of the known, suspected, or preliminary diagnosis and the name of their treating physician. In addition, properly written discharge instructions can inform the patient and his or her primary care physician about the extent of the evaluation performed, including preliminary diagnostic test results and medications administered in the emergency department. This may also be of help when a patient returns unexpectedly to the same or another emergency department. Discharge instructions can also outline a plan for outpatient follow-up care with the patient's primary care physician and can explain circumstances under which a patient should return to the emergency department discharge instructions should be written in language that can be easily understand by a layperson it important to avoid the use of medical jargon research suggests that in medical when providing written health care information Discharge from the hospital represents a serious and complex transition in patients' lives. Patients and their families begin to cope with the repercussions of illness in their daily life absent the comprehensive support of nurses and physicians. The stress and anxiety involved only serve to intensify patients' needs for information, education and reassurance.

This information is critical to the patients welfare nineteen percent of patients have adverse events after discharge the patient is instructed to take bed rest at home and to minimize physical activity for minimum 6–7 days following the surgery. An oral antibiotic is prescribed for next 5 days. Pain medication is prescribed along with the oral educate patients about medications, and communicate effectively with post discharge providers contribute to preventable read missions [10].

Materials and methods

Study design and sampling

A cross sectional descriptive hospital-based study was conducted in 2020 at Elmek Nimer University Hospital, Shendi, Sudan, to assess the patient awareness on the postoperative discharge instruction.

Sixty patients from the Surgery Unit participated. A questionnaire was prepared whereas some data was collected from the participants include demographics, knowledge on the definition and the barrier in understanding instructions.

Ethical considerations

The study was approved by the Ethical Committee, Faculty of Nursing Science, Shendi University. Before initiation, verbal permission was taken from any participant, the purpose of the study was explained to them and their information will remain confidential.

Data analysis

Data were analyzed using statistical software (SPSS, version 20). Different statistical measures were used (frequency, percentage), then presented in form of tables or figures.

Table 1. Distribution of the study participants according to their occupation

Occupation	Frequency	Percentage
Farmer	2	3.3%
Housewife	29	48.3%
Student	7	11.7%
Free worker	11	18.3%
Governmental employee	7	11.7%
Non governmental employee	1	1.7%
Retrain	3	5.0%
Total	**60**	**100.%**

Results and discussion

The period following discharge from the hospital is a vulnerable time for patients to ensure good outcomes after surgery and prevent complications and medical errors after hospital discharge. Discharge instructions a plan for outpatient follow-up care with the patients primary care physician and can explain circumstances under which a patient should return to the emergency department.

The present study showed that less than one third (30%) of the study group their age above 45 years, the majority (70%) of them were female, less than one third (26.3%) of them their educational level were primary school, 48.3% of patients were housewife (Table 1).

The study showed that all patients 100% (60/60) had poor knowledge about discharge instruction; likewise, the majority 85% (51/60) had poor knowledge about the importance of the process. This result agree with a previous study done in America which stated that gaps in communication between patients and doctors lead to patient return home without complete understanding instruction, this makes them return to the hospital again with complication [11], likewise agree with another study which stated that patients have a poor understanding of the discharge instructions provided from the emergency department [12].

On other hand, the majority (70%) of the surgery type was an appendectomy, (cholecestoectomy 10%, tonsillectomy 3.3%, others 16.7), and more than two third of wound type were sutured. Most of the patients 81.7% (49/60) had poor knowledge about a sign of healing; similarly, most of them 85% (51/60) had poor knowledge about a sign of infection.

Moreover, less than two third, 61.7% (37/60) were going follow up in regular. Less than two third of them had dressing every three days (daily 16.7%, day after day 31.7%), less than two third of them start nutrition by fluid (solid5%, semi liquid 41.7%), near to two third of them 60% (36/60) taken injection as medication (tablet 3.3%, iv fluid 36.7%).

In addition, the study illustrated that most of the participants walking after surgery, more than one third of them taken instruction from the doctor, more than one third of them had difficulty in understanding instruction due to poor communication, this result agrees with a study that many patients returned home with incomplete understanding their instruction and care related failure in communication [13].

In conclusion, the majority of the patient had poor knowledge about discharge instruction and the importance of discharge instruction and the most common barrier to understanding instruction was communication between patient, nurse and doctor.

The study recommended further studies. The nurse must increase awareness of patients about discharge instruction using health education programs through pictographs, posters, videos. Nurses must encourage good communication between patient and doctor using simple language and words; provide standard framework

nursing sheets guidelines to apply in nursing services.

Acknowledgements

The authors would like to thank all regional bodies and the health authorities of Elmek Nimer University Hospital for their assistance in conducting this work.

References

[1] Kripalani S, Jackson A, Schinipper J, Coleman E. 2007. Promoting effective transitions of care at hospital discharge: a review of key issues for hospitalists. *J Hosp Med* 2: 314–323.

[2] Henderson A, Zernike W. 2001. A study of the impact of discharge information for surgical patients. *J Adv Nurs* 35: 435–441.

[3] Jacobs V. 2000. Informational needs of surgical patients following discharge. *Appl Nurs Res* 13: 12–18

[4] Bubela N, Galloway S, McCay E, McKibbon A, Nage L, Pringle D, Ross E, Shamian J. 1990. Factors influencing patients' informational needs at time of hospital discharge. *Patient Educ Couns* 16: 21–28.

[5] Burney M, Purden M, McVey L. 2002. Patient satisfaction and nurses' perceptions of quality in an inpatient cardiology population. *J Nurs Care Qual* 16: 56–67.

[6] Armitage SK, Kavanagh KM. 1998. Consumer-orientated outcomes in discharge planning: a pilot study. *J Clin Nurs* 7: 67–74.

[7] Lithner M, Zilling T. 2000. Pre- and post-operative information needs. *Patient Educ Couns* 40: 29–37

[8] Reiley P, Pike A. Phipps M, Weiner M, Miller N, Stengrevics SS, ClarkL, Wandel J. 1996. Learning from patients: a discharge planning improvement project. *Jt Comm J Qual Improv* 22: 311–322.

[9] Pieper B, Sieggreen M, Freeland B et al. 2006. Discharge information needs of patients after surgery. *Wound Ostomy Continence Nurs* 33: 281–289.

[10] www.google.com\slideshare.netpostoperative instruction.30.12.2019-4;44pm.

[11] Pietrangelo A, Stephens C. Health line. Postoperative care, updated on July 7, 2018 (www.healthline.com/health/postoperative-care).

[12] Sheikh H, Brezar A, Dzwonek A, Yau L, Calder L. 2018. Patient understanding of discharge instructions in the emergency department: do different patients need different approaches? *Int J Emerg Med* 11: 5.

[13] Kirsten Engel 2013. Cases and commentaries, discharge instructions in the PACU.