QUALITY OF NURSING INTERVENTION IN PATIENTS ITH HIP REPLACEMENT

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Abstract

This revision article discusses strategies of nursing for the functional readapt ion of the patient undergone hip replacement, based on the listed descriptive standards of quality of nursing care. The methodological option was guided by a review of existing literature and studies developed at this level.

The patient and the family must be integrated as partners in the whole process of caring. Through the identification, analysis and reflection on the nursing interventions will be possible to improve the quality of nursing care with the aim of the functional readapting of the patient.

Key words: Hip replacement, continuity of cares, Standards of quality.

Introduction

What we commonly see in hospitals at the time of discharge, is a sequence of routines, which the only function is to send the patient to the primary health care, forgetting themselves from their own responsibilities. "(...) *The experience in the post-discharge period, is not something that the hospital can ignore, nonetheless, if we desire continuity in the care process, it is precisely in the hospital, that the discharge should be planned in advance."* [1] The nursing action fits into a context of multidisciplinary action and assumes here a major role. "(...) *The nurses have some very specific ways that are part of their resources and that confer them the specificity required to ensure their roles as experts and advisors."* [8]

Nurses have some very particular methods, belonging to their resources which contribute to their specificity, to intervene with the patient and his family. The practice of nursing cannot prove if it is limited to the implementation of acts and tasks. [8]. The quality standards in nursing care are an important tool to provide excellence of care provided to citizens. Referring to the methods that nurses have in order to intervene with the patient / family, we mention the quality standards of nursing care of the Nurses Order (2001). These methods report important strategies to address, and among other things, the functional rehabilitation of the patient:

- "***The maintenance*** *of the process of providing nursing care;*
- ***The planning of the patient discharge*** *admitted in health institutions in accordance with the needs of the patients and the community resources;*
- *The maximum utilization of the different community resources;*
- *Optimizing the* ***capabilities*** *of the patient and of the significant cohabiting to manage the therapeutic prescribed;*
- ***The teaching, the instruction and the training*** *on the patient's individual adjustment required in the face of functional rehabilitation. "* [16]

These aspects are of particular interest in the case of patients who underwent hip replacement (hip arthroplasty), once the functional rehabilitation is an important subject in the nursing action, and therefore they will be discussed below in greater detail.

The main purpose of this article was to collect and summarize focus of attention in the nurses practice related with the functional rehabilitate of the patient undergoing hip arthroplasty, based on the Standards of Quality Nursing Care.

The methodology was guided by a review of existing literature and published studies at this level. Although this article are discussed some aspects of nursing intervention on patients undergoing hip replacement, these aspects can be transported to another kind of reality.

Rationale

The hospital represents a place of passageway, since after resolving the problem that took him there; he may continue his recovery outside the hospital. [15] The alternative to hospitalization, is most of the time, by returning home, resulting in lower

costs and available beds. Despite the advantage in profitable resources at the lowest possible cost, the quality of care should be maintained and also ensure the continuity of care.

For patients undergoing hip replacement (hip arthroplasty) the discharge occurs early, usually between the 7th and the 8th day, i.e., much of the recovery is performed in the outpatient clinic. When the patient returns home, he contains some degree of dependence for several activities, which is necessary to intervene to ensure that there is not a discontinuity of care.

What do we mean by **Continuity of Care**?

Cabete [3] defines the continuity of care as *"The set of actions to ensure an appropriate transition of care when changing providers. (...) Shall guarantee that an intervention plan is continuous, that the care is not interrupted, and that quality is maintained. Continuity of care is a person right and a duty to the professionals and institutions involved.* "Santos goes further defining them*" as a set of activities involving patients and health care providers, in a work team in order to smooth the progress of the transfer of care from one institution to another or to home".* [18] *"The continuity of care promotes the knowledge of the patient not as an isolated element, but closely integrated in an family group and in the community.*" [10]. In the continuity of care is proposed that all the elements belonging to the process of care: multidisciplinary team, patient, family and other health institutions have a role predominantly active in the form of partnership. Continuity of care is an end itself, not a concept restricted to the planning of the discharge as it is commonly associated.

The discharge planning

The discharge planning is an important tool for the functional and social rehabilitation of the patient. However, Martins [11], in her study of hospital discharge planning for elderly, concluded that *"(...) every professional provides undifferentiated care mostly with no explicit intention of programming discharge, or of continuity care (....) The practices performed by nurses in programming the discharge for the elderly, are resulting mostly from medical procedures.*

The discharge planning should include education and training in seeking a greater level of independence of the patient, or if not possible, ensure that care is provided by a family member. *"Information should be given according to the needs of the patient also going to meet the needs of the family members, avoiding potential problems and providing a supportive environment. Should be carried out based on the user's abilities and disabilities, primary caregiver, in an encouragement and hope attitude, answering the questions clearly, objectively and in a privacy atmosphere. "*[15]

Many of the numerous activities performed by nurses, may seem trivial and insignificant or even simple to the human eyes, however, in the eyes of the patient or of the caregiver element, these same tasks seem impossible to perform. Therefore *"Many times the teaching goes through the training to give a bath, get out of bed, sit in the chair, (...) when the patient is fully or partially dependent."* [18] [17]: *"Today, there is an increase of the number of situations where the need for health care to people and communities is not focus on the illness, but above all, in the help to people to cope with health responses or to the life processes."*

Mc Daniel [13] emphasizes that the discharge preparation should include: high dialogue with the family as soon as possible; contact with the team of primary health care; family support; working with the patient, allowing his presence and participation in care as well as his participation in teaching sessions; early programming of the discharge, together with the patient and the family; identification of resources needed and available; Encourage the family to hold a meeting with the social assistance, in parallel receive the latest nursing information and training for care after discharge, as well as the therapy adopted and to ensure a meeting with the family before discharge to guarantee that the patient and the family have all the necessary information and that they are prepared to take care of the patient at home. Augusto et al. [1] identify strategies for planning the discharge, which consist of: - *Identifying the needs of the affected user and the likely level of dependency after discharge,*

(...) Knowledge of the social and family reintegration and available resources, (...) Adequacy of the physical hospital conditions to the practical implementation of knowledge acquired by the family, (...) participation of the family reference in the process of care and in the preparation for discharge, (...) Relation to primary health care."

The preparation for the discharge for patients undergone hip arthroplasty, allows the patient to continue to rehabilitate himself without the risk of clinical regression, with all the damage that this can bring to the patient / family / community. However Legendre-Parent [9] remarks that *"The preparation for the discharge goes far beyond from a structured organization of 'how or with whom, which way, for how long, etc..',* Legendre refers to the particular way in which the patient and the nurse *"seek together." What is appropriate for that person to learn to manage the 3 to 6 months ahead after hip arthroplasty."* There is still a long journey to change the current situation, it takes much more than many filed procedures, and it consists of changing the way to see the nurse profession.

Community Resources

In nursing career is referred, among others, the need for nurses *"to participate in the actions which seek the connection between primary and differentiated care."* Wong et al [19], emphasize the importance for the presence of the nurse of the primary health care, in the regular visits to the patient's home. By doing this the nurses are supporting these people to well adapt to the activities of everyday life as a fundamental element to ensure continuity of care. However, as cited by Martins [12] *"The relationship between the hospital and the health centre is still far from being a reality (...)."* Many times this *relationship* is only obtained through the discharge letter, which constitute *" an excellent communication tool, since it gives important information to the nurses to enable them to continue providing health care. "* [10]. However, this may never have been accomplished, or even have never been delivered. Martins [11] refers that *"The relationship between both institutions, seen from the viewpoint of the health centre nurses, is focused in the discharge letter from the hospital, which not always is a arrives to the destination".* It is necessary to act in the relationship between the health centre and hospital in order to obtain better information and cooperation.

Currently the discharge letter is one of the only vehicles of information between the hospital and primary health care. Augusto et al. [1] describes what the discharge letter should mention *"(...) a brief summary of admission; problems of the patients which still require intervention and nursing care; guidance provided to the patient / family and the subsequent response."* Luz [10] refers that *"(....) performing the records of the discharge letter depends on the importance assign by each nurse that execute its. (...)"* The same author, is sceptical about the topic includes that *"(...) send a discharge letter is not enough to strength the bonds among professionals. The personal contact is a preferred approach of exchange experience and it contributes to the growth of the Medical professionals. The development of a culture cooperation between institutions goes through the development of partnership projects between them. "* [10]

This inter-institutional coordination is clearly visible in the project used by Augusto et al. [1] in a Health unit of Coimbra. After the patient's admission, the nurse in charge will contact the health centre nurse (the Family Nurse), communicating the occurrence and requesting information about the patient history. At the discharge moment, the nurse contact (by telephone) the health centre nurse (the Family Nurse), reporting the clinical condition of the patient and his problems, his teachings made and his difficulties, warning the aspects to be able to give continuity of care at home. The family nurse, takes care of the occurrence, and provides continuity of care according to the diagnosis of the situation.

The capabilities optimization of the patient and significant cohabiting

The patient/family participation in the cares, in order to maximize their capabilities, can be a powerful strategy to ensure continuity of care. According to Cunha [6] the

participation in the cares *"(...) nowadays acquires a great relevance, since the hospital discharge are becoming shorter, and for that reason it is vital that the families will be prepared to continue the basic care for the patient needs at home."*

The family represent a great ally in the care process. However, in the hospitals is visible the great difficulty of the family members in accessing information, dialogue, participation, among others. The family, most often surrounds from the outside the process of care. The relationship care is between the nursing and the patient and the family is not included in the process. We all, perchance have already been or will be one day in the patient or family role and then perhaps we will realize the huge barriers to information and participation in care. Perhaps then, some of us will review their actions and will transport these valuable experiences for the caring treatment.

Once again, the nurse assumes the crucial importance at this level, identifying the provider and promoting the participation in care, *"Motivating the participation, offering help, including the family, helping the family in developing skills to care, managing requirements, promoting the continuity of care."* Freitas, [7] This is because. *"A bigger involvement of the family members helps to keep the patient's place in the family, promoting continuity between the social environment and the hospital. To be able to participate and feel included increases the sense of usefulness, thereby decreasing the anxiety and stress that they have been subjected. "* [5] However, this reality still faces major obstacles for some professionals *"(...) who believe that the presence of relatives closely to the patient means that the work is being observed and evaluated, feeling threatened by it (...)"* [6]

In a study by Cunha [6] on the topic, the author refers that *"The involvement of the partner in care is not consensus among patients, as it would be good for some but not for others."* The positive aspects described were that they could be more relaxed, with a help always close to not have to bother the health professionals, about the negative aspects were the lack of preparation of the partner, and the fact that the hospital contain who have been paid for that purpose. [6] However *"(...) to be able for the caregiver to give continuity to the care, the nurse should not only limited to providing information about diagnosis or condition of the patient, it is necessary to teach what the family can and should do (....), without the patient taking risks and being themselves scared. "* [15]

The teaching, the instruction and training

Teaching is an important function of nurses, according to Quality Standards in Nursing, established by the Nurses Order [16], they refer that with the nursing intervention "(...) *they look for, "(...) promoting the process of upgrading, (..) the maximum independence in performing activities of life, seeking the functional adaptation for the deficits and for the adaptation to multiple factors - often through knowledge processes of the patient. "*

The aim of teaching to patients and families more than giving them information, it should be providing them with support and knowledge in order to provide them the efficient handling of self-care deficits. Nogueira [15] refers that education exists only if there is learning, because Education is to go beyond the teaching, is to achieve learning. Nurses know that *"(...) Education for Health is part of the caring action and has therefore an important role in the team context. However, they need to demonstrate more clearly the desire to take the leading role that the law itself gives them in promoting health of individuals, families and communities*." (Rodrigues in the preface of Carvalho and Carvalho) [4]. It is important to note that nurses should be alert to the low level of education that can and usually is present, so that the language would be as accessible as possible. Since many professionals behaviours contribute to the existence of failures in communication and patient interaction. As pointed out by Melo [14] *"Health care workers generally use a technical language."* Professionals use a complex language, often difficult to understand, in some cases is used to keep the distance of the patient restrain him to questioning. Or in contrast the professionals are so familiar with that vocabulary, used between them, that they forget that the patient does not share this vocabulary. However when they identify this situation they can go the opposite extreme

and use language that is childless, with simplistic explanations that do not clarify the patient.

Conclusion:

The statements described about the quality of practice nurses seek to clarify the nurses role in relation to the patients, citing in this context important strategies for the patient rehabilitation undergoing hip replacement. The nursing intervention cannot allow the discontinuity of care. For this purpose it is necessary to an effective discharge planning, identifying earlier the needs for care after discharge, informing, teaching and training the patient and his family. For ensure the coordination with the existing resources in the community, it always relying on the indispensability participation of the patient and his family.

The nurses focus should be in to promoting the process of upgrading the health challenge. The success of all this process is to consider the family and the patient, some allies in the recovery process of the client at home, investing in their participation strengthening their capabilities and self-esteem, and finally blaming them for the successful recovery. It is therefore necessary to contradict the current trend of cares and move to a relation of partnership.

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