



Discharge education delivered to general surgical patients in their management of recovery post discharge: A systematic mixed studies review



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ABSTRACT

Background: Discharge education is essential for postoperative general surgery patients for their self-management of care at home post discharge. The first 30 days' post-surgery is pivotal to the post-operative recovery process as this is when most post-operative complications occur. Insufficient discharge education can compromise patients' recovery process causing postoperative complications and unplanned hospital readmissions.

Objectives: To identify the discharge education provided to general surgery patients.

Design: Systematic mixed studies review.

Data sources: Literature data sources were searched from December 2017 to January 2018 using the four databases: EBSCO CINAHL Plus, EBSCO MEDLINE, Ovid EMBASE and COCHRANE Library. Searches were supplemented with hand searching of reference lists.

Review methods: The relevance of the articles was reviewed using the inclusion and exclusion criteria; included data were extracted and presented in a summary table. Two reviewers appraised the methodological quality of the articles using the Mixed Methods Appraisal Tool. Discussions were held to examine emergent themes, quality scores of the studies, and agreement reached by consensus. Themes were derived through inductive analysis.

Results: A total of 468 records were screened for titles and abstracts and 7 studies met the inclusion criteria. There was a mix of qualitative and quantitative studies. The majority of the included sample were patients with one quantitative study including patients' family and nurses. Discharge education was delivered at various timing and at different doses during the surgical process. Education delivered was mostly standardised and some of the discharge interventions were tailored and included a checklist for stoma care and a discharge warning tool. Four themes were identified: *quality of discharge education influences its uptake, health care professionals' perceptions of their role in the delivery of discharge education to patients, patients' preferences for education delivery and patients' participation in their self-care.*

Conclusions: The quality of discharge education has an influence on patient participation in their management of care post discharge. Assessing patients' preparedness for discharge is an essential component of discharge planning process. The presentation, timing and frequency of discharge education was important in the delivery of information. Tailored education reflecting the learning needs of patients using multiple media delivered in varying doses enhanced patients' overall knowledge for successful management of recovery post discharge. The scarcity of recent literature in discharge education indicates that the quantity of evidence regarding discharge education intervention in general surgery patients is low and further work in this area needs to be undertaken.

What is already known about the topic?

- Discharge education delivered as an individualised intervention was found to be more beneficial to standardised discharge education interventions.
- There are mixed results on the impact of patients' understanding of

the delivery of discharge education delivered at different timings and doses.

What this paper adds

- The quality of discharge education influence the extent to which

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- patient participate in their care.
- Health care professionals' perceptions of their role impacts on the delivery of discharge education.
- Who, how, what and when discharge education is delivered is important to patients and has an influence on their recovery.

1. Introduction

Post-operative complications from surgical procedures such as bleeding, surgical site infection and gastrointestinal complications are some of the issues general surgery patients face following discharge from hospital (Merkow et al., 2015). Information on self-care and education about the surgery and the strategies to prevent postoperative complications after hospital discharge is crucial as it may enable patients to recognise when professional intervention is required. With improved postoperative education and closer follow up, it is estimated that 50% of hospital readmissions may be preventable (Dawes et al., 2014).

1.1. Background

For surgical patients, management of self-care during the post-operative period is often altered because of pain, fatigue and the presence of a surgical wound (Pieper et al., 2006a, 2006b). Discharge education is critical for post-operative patients to promote their ability to adhere to self-care instructions and regain independence, enhancing their recovery. One of the key functions of discharge education is to prepare patients with the necessary knowledge to participate in their care post discharge (Polster, 2015).

The first 30 days' post-surgery is pivotal to the post-operative recovery process as this is when most post-operative complications occur (Kassin et al., 2012). One in four surgical patients may develop post discharge complications within 14 days after discharge (Kazaure et al., 2012) with about 11.3% of general surgery patients readmitted within 30 days of discharge (Kassin et al., 2012). Unplanned readmission within 30 days due to postoperative complications cost the US Medicare program about USD\$17 billion per year (Jencks et al., 2009). For surgical patients, insufficient discharge education contributes to poor outcomes including wound and gastrointestinal complications, pulmonary embolism, and deep vein thrombosis resulting in increased morbidity, return visits to the emergency department and unplanned hospital re-admission (Jack et al., 2009; Pieper et al., 2006a, 2006b; Sivarajan and Ganesan, 2012).

With the increasing provision of financial incentives and 'enhanced recovery' care pathways, greater emphasis has been placed on shorter hospitalisations. Surgical patients are now often discharged once they can mobilise (Carter et al., 2016; Loubani et al., 2000). Depending on the communication skills of the health professionals imparting the instructions, discharge education may be insufficiently conveyed by health professionals facilitating the discharge process (Henderson and Zernike, 2001). Additionally, discharge education delivered to patients may be poorly understood when education provided is standardised and not tailored to meet the needs of the individual patient (Eldh et al., 2006; McMurray et al., 2007). These factors impose a burden on patients who may be ill prepared to manage post-operative complications after discharge.

1.2. Previous reviews

Recent reviews have examined discharge education delivered to surgical patients preoperatively (Fredericks et al., 2010; Louw et al., 2013; Ronco et al., 2012; Veronovici, 2014). Ronco et al. (2012) systematic review focussed on the timing and dose of the discharge education delivered to patients with all types of surgical procedures. They identified education provided to surgical patients preoperatively was delivered several months before and after surgery, and the education

sessions were repeated more than once. Other reviews have focused on various patient outcomes. For instance, Veronovici (2014) review of preoperative discharge education delivered to cardiovascular surgery patients found that discharge education led to positive outcomes such as decreased anxiety and depression, with fewer physical complications after surgery, however, these findings were inconsistent. Louw et al. (2013) systematic review found that preoperative education delivered to joint arthroplasty patients did not lead to a reduction in pain post-operatively.

Other reviews have focused on the ways in which postoperative discharge education programs/resources have been adapted to meet the needs of specific patient groups when education has been provided postoperatively. Fredericks et al. (2010) review on postoperative education suggests that education needs to be tailored to reflect the learning needs of individuals, as 'standardised education' refers to learning resources created for general distribution. A more recent review by Fredericks and Yau (2013) of postoperative education for patients undergoing coronary artery bypass grafting found significant improvement in information retention and self-managements skills in patients who received individualised education compared to those who received standardised education. This review also found no differences in effect when education was delivered preoperatively or post-operatively.

Overall, these reviews concluded that education should be administered as soon as the patient has been informed about the surgery and throughout the hospitalisation period (Fredericks et al., 2010; Louw et al., 2013; Ronco et al., 2012; Veronovici, 2014). However, the overall findings were inconclusive relative to the timing and dose of discharge education provided during either the preoperative or post-operative periods. The majority of the reviews identified focused on specialties such cardiac and orthopaedic surgery rather general surgery. As such, a mixed studies review was undertaken to identify the types, timing and dosage of discharge education provided and by whom to surgical patients in their management of recovery after surgery.

2. Methods

2.1. Design

A systematic mixed studies review guided by Pluye and Hong's framework (Pluye and Hong, 2014) was undertaken to describe, critically appraise and synthesise the types of discharge education delivered to general surgical patients. This method allow qualitative, quantitative and/or mixed methods studies to be included and synthesised to obtain a holistic understanding of a given problem (Pluye and Hong, 2014). To ensure the process for this review is rigorous, the seven stages of conducting a mixed studies review outlined by the mixed studies review guidelines were utilised (Pluye and Hong, 2014). Based on a priori criteria, this review has been registered with PROSPERO (CRD42018086946). We used the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) statement (Moher et al., 2009) to report review findings.

2.1.1. Stage 1: formulate a review question

The aim of this mixed studies review was to identify the discharge education provided to general surgical patients. Subsumed in this aim, the following research questions guided the search strategy:

- 1 Who delivers the discharge education provided to general surgical patients?
- 2 What is the content of the discharge education provided to general surgical patients?
- 3 How is the discharge education delivered to general surgical patients?
- 4 When is the discharge education delivered to general surgical patients?

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