ISSN: 2230-9926

Available online at http://www.journalijdr.com

IJDR

International Journal of Development Research
Vol. 10, Issue, 01, pp. 33506-33510, January, 2020

RESEARCH ARTICLE OPEN ACCESS

TRENDS IN BRAZILIAN THESIS AND DISSERTATIONS ON THE TRANSITION OF CARE IN HEALTH SERVICES

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ARTICLE INFO

Article History:
Received 22nd October, 2019
Received in revised form
24th November, 2019
Accepted 01st December, 2019
Published online 31st January, 2020

Key Words:

Transitional Care; Patient Discharge; Nursing.

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ABSTRACT

The study aimed to identify trends in scientific production and contributions of scientific knowledge produced in Brazilian theses and dissertations about the transition of care in health services. This is a study of thesis and dissertation trends from a narrative review of descriptive literature, carried out through a systematic search in the Thesis and Dissertation Bank of the Higher Education Personal Improvement Coordination. After reading the titles and abstracts of the productions, four productions that made up the corpus of this review. From reading the abstracts of the productions, two thematic categories emerged: "Adoption of protocols for the care transition" and "The assessment of the care transition through Care Transition Measure (CTM)". Among the evidenced trends, we highlight the adoption of protocols that facilitate the care transition, the use of the MTC as an instrument to evaluate the care transition and the role of nurses in the transition actions. Although the study highlights the shortage of Brazilian productions on the subject as a shortcoming, it made it possible to highlight the important role of the care transition assessment in the management and planning of health services.

Citation: ***Danieli Bandeira, Teresinha Heck Weiller, Adalvane Nobres Damaceno and Vanessa Pucci.*** **2020.** "Trends in Brazilian thesis and dissertations on the transition of care in health services*", International Journal of Development Research*, 10, (01), 33506-33510.

INTRODUCTION

The care transition comprises a set of actions aimed at ensuring the coordination and continuity of health care in the transfer of patients between different health services or between units of the same service. Comprising actions that follow the assistance in the transfer of patients from one health service to another, this transfer refers both between different locations and between different levels of care in the same place (Coleman, 2007). Thus, the care transition involves discharge planning, health education actions with the user and family, logistics organization, articulation between health services and communication between professionals involved in the process (Burke, 2013 and Parry, 2008). Logo is a device that helps overcoming the fragmentation of care and ensuring continuity of care in the health care network (RAS), being an important strategy for the implementation of an integrated health system (Acosta, 2016). It is noteworthy that the transition from care to ideal care needs some domains focused on comprehensive care. The structuring of the domains was symbolically elaborated as a bridge: on one side there is the hospital and on the other the domicile, and the ten domains that support the bridge. When a domain is not addressed or underdeveloped, the care transition may be poor when the user arrives at home.

These aspects include discharge planning, proper communication, medication safety, psychosocial support, care coordination, and follow-up after discharge (Burke, 2013). The discussion about the care transition in Brazil is still incipient. The theme is related to the principles of the Unified Health System (SUS) regarding the universality of access to health services, hierarchization of the RAS and comprehensiveness of care (Brasil, 1990). However, the terminology of the care transition is sometimes confused. With reference and counter reference. It is noteworthy that the referral and counter-referral system is an administrative-managerial mechanism for operationalizing the flow of people between care network services, (Dias, 2012) while the care transition is a comprehensive concept, including patient involvement and family and health professionals in their work space, going far beyond official reference and counter-referral documents (Acosta, 2016). It is known that nurses are strategic professionals to develop devices that assist in the transition of care. The following devices can be considered: drug reconciliation, guidance to the user and / or caregiver, home follow-up of the user after discharge from hospital, effective communication between hospital and other health services, and articulation of care between the hospital and other health care services. Health (Burke, 2013 and Weber, 2015). Based on this assumption, this study has as its guiding question: "What are the trends of scientific productions found in Brazilian theses

and dissertations about the transition of care in health services?". Therefore, the study aims to identify trends in scientific production and contributions of scientific knowledge produced in Brazilian theses and dissertations about the transition of care in health services.

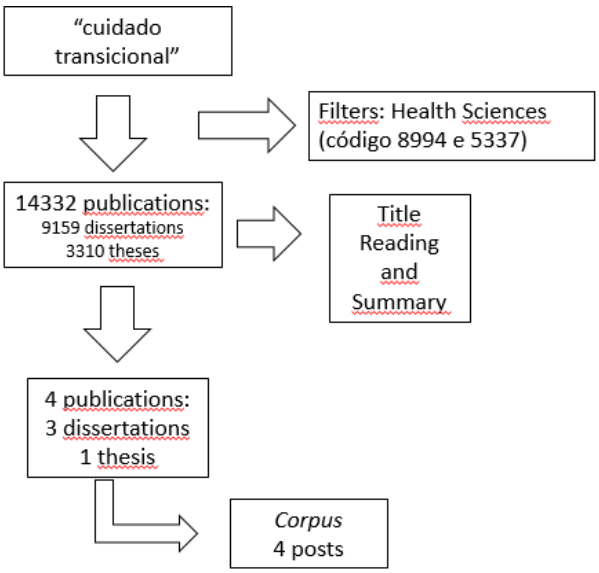
MATERIALS AND METHODS

This is a study of thesis and dissertation trends from a narrative review of descriptive literature, carried out from a systematized search of the Higher Level Personal Improvement Coordination (BDTD / CAPES). The narrative literature review makes it possible to characterize the productions on certain subjects. In addition, it intends to investigate comprehensive themes that focus on trends, natures, as well as the overall production of a proposed theme. Its main advantage is to enable the researcher to appropriate the object of study from a comprehensive search on the phenomenon to be studied (Lacerda, 2016). The database was also selected based on its scope. The BDTD / CAPES, allows access to metadata and complete digital files of theses and dissertations produced in Graduate Programs recognized by the institution, which is the body that evaluates and finances the Graduate in Brazil. Inclusion criteria were: Brazilian theses and dissertations with complete abstracts that answered the research question, being available online, in full or in part (by request of the author) in the BDTD / CAPES itself or in the websites of the referred graduate programs. No temporal clipping was adopted in the present research. We chose to analyze the theses and dissertations found, because the discussions on the subject are relatively new. It is noteworthy that the theses were identified by the letter "T" referring to the thesis and dissertations by the letter "D" and were successively numbered according to the order.

This study followed the steps: identification of the theme / theme; formulation of the research question and definition of the objective; establishment of inclusion criteria; selection of studies; construction of synoptic tables; characterization of the findings; analysis of the studies as results, seeking approximations and divergences in the approach of the care transition. The survey was conducted on June 11, 2019, in the catalog of theses and dissertations of the Coordination of Higher Level Improvement (CAPES) using the descriptor, according to the Descriptors in Health Sciences (DeCs) "transitional care", In order not to limit the search, no other terms or descriptors were associated in the strategy and we chose to use only the large area of knowledge filter, selecting the health sciences areas (code 8994 and 5337). After reading the titles and abstracts (concomitantly) of the productions, four (04) productions made up the corpus of this review. To assist in the data mapping, the construction of synoptic tables was performed, composed by the variables: code / title / authorship, Graduate Program (PPG) / region / year, objective, subjects / scenario, theoretical / methodological approach, main results. This study describes such mapping as absolute (n) and relative (%) frequencies. In addition, the results of the studies found were analyzed, identifying their approximations and categorized according to Minayo's operative proposal. This technique allows us to infer data from a given context, by organizing, reading and discussing the collected data (Minayo, 2014). As a principle of thematic analysis, the nuclei of meaning are discovered, which constitute a communication in which the frequency or presence of words, phrases or expressions have some meaning for the object of study. Thus, through the analysis of meanings, certain themes, reference values and behavioral models emerge that may be hidden in the discourse. The analysis is operationally divided into three stages: pre-analysis; exploration of the material; treatment of results obtained and interpretation (Minayo, 2014).

RESULTS AND DISCUSSIONS

With the strategy used the base found 23,331 productions, after applying the filter of the large area of knowledge, selecting the areas of health sciences (code 8994 and 5337), there were 14,332 productions. The selection of scientific productions took place at the first moment from the reading of titles and abstracts (concomitantly). The following flowchart (Figure 1) presents the selection process according to the predefined criteria.



Source: prepared by the author.

Figure 1. Flowchart of the selection of Brazilian Theses and Dissertations on the theme care transition

After submission to the pre-established inclusion criteria, a final sample of four (4) publications was reached, being (3) three dissertations and (1) a thesis, which made up the corpus of this review study. The publications were analyzed from the abstracts available on the CAPES Thesis and Dissertation portal or postgraduate programs, numerically ordered for better identification and organization of data analysis and later cataloged with the help of a data extraction framework. containing the authors, title, year, type of study (dissertation or thesis) and educational institution (Table 1). It is noteworthy that, when necessary, information was obtained from the theses and dissertations, since some abstracts were incomplete. Regarding the year of publication, the productions are distributed between 2016 and 2018. It is noteworthy that the theme has been explored by several international studies. However, in Brazil, there has been little progress in relation to studies on the transition of care, there is a scarcity of studies identifying the activities performed by nurses in the care transition (Acosta, 2018). This gap in Brazilian publications on the subject is evident in the number of published theses and dissertations. Regarding the institutions of origin of the thesis and dissertations analyzed, there was a prevalence of publications from the southern region of the country, being two publications from the Federal University of Rio Grande do Sul (UFRGS) and one from the Federal University of Paraná (UFPR).

Table 1. Selection of theses and dissertations found on the CAPES portal, according to thesis number, author, title, year of publication, and educational institution

Number	Author	Title	Year	Thesis/ Dissertation	Institution
D1	Luciana Andressa Feil Weber[10]	Evaluation of the care transition of patients with chronic diseases from hospital to home	2018	Dissertation	UFRGS
T1	Aline Marques Acosta[11]	Transition of care of patients with chronic diseases: from emergency service to home	2016	Thesis	UFRGS
D2	Louise Bueno Lelli Tominaga[12]	Transition of the patient from the intensive care unit to the ward from the perspective of continuity of care: the nursing perspective.	2017	Dissertation	UFPR
D3	Livia Machado Mendonca[13]	Models and interventions of transitional care after stroke: scopingreview	2017	Dissertation	PUC Goiás

Source: prepared by the author.

Table 2. Participants and research scenarios of Brazilian theses and dissertations

Number	Scenario	Participants
D1	Hospital inpatient units	Adult patients with non-communicable chronic diseases
T1	Porto Alegre Hospital/RS	Chronic disease patients discharged from emergency services
D2	Intensive Care Unit and trauma ward of a large hospital in the city of Curitiba/PR.	Twenty two nurses
D3	United States (8 articles), Canada (5 articles) United Kingdom (4 articles), Rehabilitation-specific thematic journals (16 articles).	32 included studies extracted from MEDLINE, CINAHL, PsychINFO, SCOPUS, and EMBASE, and the gray literature was accessed from Google scholar, Joint Commission International, National Transitions of Care Coalition, and Agency for Health care Research and Quality.

Source: prepared by the author.

Table 3. Type of study and conceptual framework / theoretical framework of the analyzed theses

Number	Methodological Design	Conceptual Framework / Theoretical Referential
D1	Epidemiological, observational and cross-sectional study. Data Collection: Care Transitions Measure-15 Brazil	Literature review - Care transition, care transition in patients with chronic diseases and the CTM instrument. - Eric A. Coleman; R. E. Burke, etc.
T1	Two steps: 1) Methodological investigation for cross-cultural adaptation and assessment of psychometric properties of CTM-15 and simplified CTM-3. 2) observational and cross-sectional epidemiological investigation	Literature review - Epidemiology and coping with NCDs - Care transition - CTM Instrument - The process of cross-cultural adaptation of instruments - Eric A. Coleman; R. E. Burke, etc.
D2	Exploratory qualitative	Literature review - Care transition - Continuity of care - Eric A. Coleman; R. E. Burke, etc.
D3	Scopingreview - experimental studies (14 articles), - mixed methods (3 articles), - qualitative studies (4 articles), - observational (2 articles), - surveys (2 articles), - systematic reviews with meta-analysis (2 articles), - Conceptual revisions (2 articles) and - a guideline.	Theoretical Reference - Transitional Care - Main models of transitional care - Eric A. Coleman; R. E. Burke, etc.

Source: prepared by the author.

The other publication was from the Midwest region of the country of the Pontifical Catholic University of Goiás (PUC Goiás). Regarding the postgraduate programs where the publications were concentrated, the Nursing Graduate Program (n = 3) and the Health Care Program (n = 1) were identified. The postgraduate nursing programs stand out as the main means of fostering, reflecting and analyzing the care transition in Brazil. It is thought that the prevalence of nursing studies related to the transition of care is due to the fact that, as evidenced in recent research, nurses are one of the professionals most involved in the transition from hospital to home care, developing activities. care planning for discharge, social rehabilitation assistance, health education, articulation with other health services and post-discharge follow-up (Thoma, 2018 and Weber, 2017).

In the analyzed studies, the hospital was the main research scenario and nurses and patients (patients with chronic diseases and users of urgency and emergency services) were the main participants in the studies (Table 2). This is due to the fact that the care transition occurs in a context that includes the patient, their families and caregivers, the professionals who provided care and those who will continue the care (Coleman, 2003). Therefore, the hospital environment is a strategic space for the development of research. related to the theme in question, regarding the evaluation from the perspective of both patients. Regarding the methodological design, described in Table 3, the trend of UFRGS publications is the Care Transitions Measure (CTM) as a tool to evaluate the care transition, and the thesis (T1) is a composite study. The first methodological method, which translates, adapts and validates

the CTM instrument, created by Coleman, for Brazil, the second step is an observational and cross-sectional epidemiological investigation. The dissertation (D1) from the same institution also brings the use of MSC in its cross-sectional epidemiological study. The tendency of studies on this theme, developed by UFPR, presents a qualitative approach in the dissertation (D2). The dissertation (D3) developed at PUC Goiás is a Scoping review. Regarding the literature review or theoretical foundation approached in the studies, there is a theoretical deepening in relation to the theme care transition, having as author the author of this theme Eric Coleman. It is noteworthy that Coleman and collaborators in 2002 developed the CTM, a specific instrument to measure the care transition, in recognition of the lack of valid and reliable instruments for this purpose. Thus, the CTM was designed to understand the experience of users in the care transition and to rigorously evaluate its quality, being useful for measuring performance of health services and systems and public disclosure (Coleman, 2002). From the analysis of the results, two thematic categories emerged: "Adoption of protocols for the care transition" and "The assessment of the care transition through Care Transition Measure (CTM)".

Protocol adoption for transitional care: The dissertation D2, addressed the transition of ICU patient care to a trauma ward, the study participants were ICU nurses. The study brought the determinants into the context of patients' entry and exit in transition, addressed the planning issues of the care transition process, the effectiveness of the care continuity process and highlighted some facilitating elements of the care continuity process (Tominaga, 2017). The creation of professional practices that foster the understanding of transition as discharge planning in order to ensure continuity of care proved to be a strategy used in the transition of care. In this sense, the construction of a model of elements necessary for the patient transition process becomes a supportive tool for professionals to ensure integral and continuous care (Tominaga, 2017). Care protocols are technologies that are part of the organization of health work, especially nursing, and constitute an important instrument of health management. The complexity of health work in the hospital environment demands understanding general aspects of health work administration and organization, as well as broadening competences, skills and attitudes to develop a safe practice (Krauzer, 2018). The discussion about the creation of protocols and / or strategies that help in the transition of care was also focused on the study of D3, which when performing a scoping review in order to evaluate the transition protocols of the stroke patient care. , addressed the importance of intervention models that ensure transitional care. In the aforementioned study, 32 studies were evaluated, of which nine adopted transitional care models and 23 loved stroke-related transitional care interventions (Mendonça, 2017).Studies indicate that most of the interventions surveyed used pre- and post-discharge components of the ideal care transition model. Among these components, patient education for self-management, monitoring and management of symptoms after discharge and discharge planning stands out (Mendonça, 2017). Care transition strategies involve a number of components, such as discharge planning, early care planning, patient education and self-management promotion, safe medication use, complete reporting, and outpatient follow-up. These strategies are carried out by members of multidisciplinary teams, among which nurses play the leading role in promoting safe care transitions (Lima, 2018). Studies have identified favorable outcomes following the implementation of care transition interventions, which indicates the need for greater efforts and incentives in this area to subsidize resources for improving the quality of care transition management.

Assessing the care transition through Care Transition Measure (CTM): The T1 validated, performed the transucultural adaptation of the MCT and subsequently evaluated the transition of care with patients with NCDs in emergency services. The CTM, in the Brazil version, presented good semantic equivalence with the original, was easy to understand and good to apply. The adaptation of CTM-Brasil showed internal consistency and temporal stability, no ceiling and floor effect and adequate psychometric properties were observed (Acosta, 2018). The quality of care transition with NCD patients in emergency services was moderately evaluated. The best score evidenced in the study was related to the valuation of preparation for home health management and the worst score was related to the understanding of the use of medications after discharge. In relating the readmissions to the quality of the care transition, the study did not bring significant differences. As weaknesses, the study raised the issue of medication guidance, patient induction in decision-making and referrals for post-discharge consultations or examinations (Acosta, 2018). Thus, T1 ensured psychometric properties for the use of MSC to assess the care transition in Brazil, an important milestone for the evaluation of the quality of health services (Acosta, 2018). In dissertation D1 that used MCT with patients with NCDs, the care transition presented moderate evaluation. With the lowest average being the issue of ensuring patient preferences for deciding care and the best care plan-related average, such as delivering a discharge plan and scheduling post-discharge follow-up appointments (Weber, 2018). The same study also showed low average regarding the treatment of side effects of medications and the warning signs of the disease. Thus, the study fosters a discussion regarding the need to improve the information provided to patients, especially medications, as well as the need to promote the inclusion of patients in treatment decisions (Weber, 2018). It is noteworthy that the MTC is applied after discharge from the hospital through telephone contacts, as participants will be at their homes when contacted. In addition, it is recommended to be applied within 30 days of discharge.21The CTM instrument is reliable, accurate and valid for assessing the care transition from the perspective of users in different countries (McLeod, 2013). Not only does MTC provide meaningful, patient-centered insight into the quality of care transitions, but it also provides information that may be helpful for the quality of patient care as well as health assessment (Coleman, 2005).

Final Considerations

The study made it possible to highlight the important role of the care transition assessment in the management and planning of health services. The effective implementation of the care transition process in a systematic way contributes to its continuity, avoiding omission, errors or duplication in the information of treatment recommendations. The elaboration of protocols that assist in the transition of effective care, is shown as a trend addressed in the studies. Systematizing information through protocol contributes to the process of transfer of care, as it is essential at this stage to invest in robust computerized systems to aggregate information, contributing alerts to ensure that all phases are performed, for example, providing data

regarding medication allowing its monitoring and even better planning. The CTM is shown as a trend of evaluation tool used to assist in the creation of protocols that assist in the transitions and guarantee the integrality of care, continuity and quality of care. Another tendency to be highlighted is the visible role of nurses in this process, not only as a participant in the studies under analysis, but also as a strategic professional who is capable of effective transitions. The study points out as the main knowledge gap the shortage of Brazilian publications on the subject in question. There are no studies with other population than NCDs. Thus, the need for future research focused on the evaluation of the care transition and the development of new models of hospital discharge planning, as well as a support in the appropriate health system for patients and family members after discharge, aiming at the quality of care, is emphasized. Of life and continuity of care. In addition, studies on the assessment of care transition can assist managers and health professionals in the development of effective communication strategies among RASs to ensure continuity and integrality of care, as well as care coordination.

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