

Original Article

Evaluation of Pediatric Surgery Family Discharge Education

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Abstract

Aim: The study was planned to investigate the discharge education given to the families. **Methodology:** This descriptive study was performed in Department of Pediatric Surgery. The data were collected from the families of inpatient treatment children (n=203) with a questionnaire developed by the researchers. The data were analyzed with computer.

Results: It was found that all of the families indicated that they had information about discharge. It was seen that 92.6% took the education just before discharge and 63.05% got the education from the nurse.

When the families evaluated the education they took according to 0-10 scale, it was seen that 10 points was given by 91.4% of them about control appointment, 86.1% of them about necessary conditions for hospital visit, 86.0% of them about taking a bath, 84.5% of them about dressing, 84.2% of them about medications, 83.6% of them about precautions that should be taken at home, 83.6% of them about going back to school, 81.5% of them about nutrition, 79.7% of them about the child's movements, 77.4% of them about behaviour changes.

Conclusion: For most of the families discharge education was satisfactory.

Key Words: Child; family; discharge education; pediatric surgery nursing

Introduction

Nowadays, the structure of health care system changes, patients' hospital stay duration gets shorter and the responsibilities of family and the patient about home care increases. Due to this situation, discharge education for the patient and the family is getting obligatory. The changes in the health care system causes the professional nurse to have more educational role in improvement and maintaining of health, prevention of diseases, regaining and rehabilitation (Senyuva, Tasocak, 2007). Discharge education is preparing the child and his/her family to take responsibilities about the care activities which may be necessary after

discharge (Ozkan, 2008). Discharge education of the child and the family should be given slowly and repeatedly during preoperative and postoperative periods (Ozkan, 2008; Akyolcu, 2012; Lancaster, 1997; Yavuz, 1998). It is useful for the families to have knowledge about the things they can come across and what they are going to do during home care. Giving discharge information to the families gives them comfort about giving care to their children (Yavuz, Dramali, 1998).

During discharge education child and his/her family are informed about infection symptoms, vomiting, excess and unexpected bleeding, tenesmus, pain control, bath time, nutrition,

activity restrictions, school beginning date, possible behaviour changes and phone numbers which they can call in case some problems occur (Ozkan, 2008; Akyolcu, 2012; Yavuz, 1998; Yavuz, Dramali, 1998; Cilingir, Bayraktar, 2006; Yavuz, 2011; Lake Forest Hospital Pediatric Surgery, 2002; The Children's Hospital of Philadelphia. Your Day Surgery Visit, 2002; Eti Aslan, 2011).

This study was planned to investigate the discharge education given to the families in pediatric surgery unit.

Methodology

This descriptive study was performed in Department of Pediatric Surgery of a university hospital between 17.03.2014-30.06.2014. The research data were collected from the families of inpatient children (n=203) in the pediatric surgery unit. The data were collected by face to face meetings using a questionnaire (12 questions) developed by researchers. The questionnaire was composed of 8 questions related to sociodemographic data and 4 questions about discharge education. In the 12th question, the families were asked to evaluate the education they got according to 0-10 scale. Ethic approval for this research was taken from Scientific Ethics Committee of one University Faculty of Nursing (Date: 07.03.2014, No: 32). Written consent was collected from the University Faculty of Medicine Hospital. Data analysis was performed using the program with computer. Numbers, percentages were used in data evaluation.

Results

The mean age of families of children was found to be 35,31 (STD \pm 7,01). It was found that 27,6% had a university degree and %70 were mothers. Families indicated (100%) that they had education about discharge. This education was given to 92,6% just before discharge and 63,05% stated that it was given by a nurse. It was seen that 20.2% of families did not need information for control dates, 21.7% did not need information about situations to take care at home, 22.2% did not need information about situations to apply to a hospital, 22.7% did not need information about bathing, 25.6% did not need information about nutrition, 28.1% did not need information about medication, 39.4% did not need information about movements of child, 42.9% did not need information about wound dressing, 43.3% did not need information about behavioral changes, and 67.0% did not need information about school beginning date (Table1). When the families evaluated the information they took according to 0-10 scale, it was seen that 10 points were given by 91.4% of the families about control dates, by 86.1% of them about situations to applying to hospital, by 86.0% about bathing, by 84.5% about wound dressing, by 84.2% about medications, by 83.6% about situations to take care at home, by 83.6% about school beginning date, by 81.5% about nutrition, by 79.7% about the movements of child and by 77.4% about behavior changes (Table 2).

Table 1: The Distribution of families according to information demand

Given information	Ones who take information %	not need information %	Total %
Information for control dates	79.8	20.2	100
Information about situations to take care at home	78.3	21.7	100
Information about situations to apply to a hospital	77.8	22.2	100
Information about bathing	77.3	22.7	100
Information about nutrition	74.4	25.6	100
Information about medications	71.9	28.1	100
Information about moves of child	60.6	39.4	100
Information about wound dressings	57.1	42.9	100
Information about behavior changes	56.7	43.3	100
Information about school beginning	33.0	67.0	100

Table 2. Distribution of informed families according to their evaluation

Given information	Point (%)										Ones who take information % (n)
	1	2	3	4	5	6	7	8	9	10	
Information for control dates	0.6	-	-	-	0.6	-	1.2	1.9	4.3	91.4	100 (162)
Information about situations to apply to a hospital	1.9	0.6	-	-	-	-	1.9	4.4	5.1	86.1	100 (158)
Information about bathing	3.2	1.3	-	-	1.9	-	0.6	0.6	6.4	86.0	100 (157)
Information about wound dressings	1.7	0.9	0.9	-	-	0.9	1.7	3.4	6.0	84.5	100 (116)
Information about medications	1.4	0.7	-	-	2.1	-	1.4	6.2	4.1	84.2	100 (146)
Information about situations to take care at home	2.5	-	-	-	1.9	-	2.5	3.1	6.3	83.6	100 (159)
Information about the school beginning date	1.5	1.5	3.0	-	-	-	1.5	6.0	3.0	83.6	100 (67)
Information about nutrition	1.3	-	-	-	3.3	0.7	1.3	4.0	7.9	81.5	100 (151)
Information about moves of child	1.6	0.8	-	-	2.4	0.8	4.1	4.1	6.5	79.7	100 (123)
Information about behavior changes	2.6	0.9	-	-	3.5	0.9	4.3	4.3	6.1	77.4	100 (115)

Discussion

It is very important for the families and children to take discharge information for them to get prepared for home care. In the study it was seen that all of the families got information about discharge. Patients' discharge needs are diversified and dynamic. Discharge care requires identification of patient's and family's needs and coordination of these needs (Watts, Pierson, Gardner, 2005; Watts, Pierson, Gardner, 2007). It was seen that some families were not informed about unnecessary subjects as their children did not have any, operation, do not require medication, staying at the hospital for follow up and do not attend to school.

Discharge instructions should be individualized according to the needs and life style of each individual. Instructions should include guidelines for activity, including what activities should be restricted, how much exercise is appropriate, and how to balance rest and activity as activity levels increase and usual routines resume following discharge. Information about pain control should

be given, including information about appropriate timing of analgesics in relation to activity. Patients need information about wound care, and guidelines for personal care such as showering or bathing. Patients should be given information concerning potential complications and how to prevent them. Discharge instructions should be given in writing and reviewed with patients prior to discharge (Jacobs, 2000).

It was found that the families were informed about control date, situations requiring hospital visit, bathing, wound dressing, medications, precautions to take at home, returning to school, nutrition, child's movements, and behavior changes and also most of them were satisfied with the information they got. Pieper and friends have literature search in which they investigate the necessary information for surgical patients; in these studies it was determined that individuals mostly need information about wound care, pain, activity, complications and management of symptoms (Pieper et al., 2006).

Jacobs V. (Jacobs, 2000) has a study in which he investigated 45 short term surgery patients; in this study it was seen that patients identified activity, wound care, complications and pain management as important subjects. When their satisfaction was evaluated, they were mostly satisfied with the information about bathing, activities, wound care, and appointments.

Conclusion: It was seen that all of the families took discharge education. Most of the families were satisfied with the education they have taken.

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