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Exploring nurses' experience of transitional care in the open-heart surgery intensive care unit and its requirements: A qualitative content analysis study

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ABSTRACT

Background & Aim: Transitional care is considered an effective strategy to ensure continuity of care. The comprehensive investigation of this concept and its requirements during patient transfer has been neglected. The aim of this study is to explore nurses' experience of transitional care in the open-heart surgery intensive care unit and its requirements.

Methods & Materials: This qualitative study was conducted using the conventional content analysis approach. A purposeful sampling method with maximum variation was performed among the nurses involved in the transfer process. Data were collected using 8 in-depth semi-structured interviews and analyzed using the Granheim and Lundman method.

Results: The main categories included the process of patient transfer and transitional care requirements. The sub-categories of the patient transfer process included pre-transfer, handover, and care measures after settlement in the general ward. The sub-categories of transitional care requirements included psychological preparation of the patient, the necessity of consolidating communication, maintaining continuity of care, patient education, and support, and considering the family's position in transitional care.

Conclusion: The study concluded that transitional care is an interactive and dynamic process that extends from the physician's decision to transfer the patient from the ICU to the discharge phase in the general ward. Paying attention to the requirements of transitional care can provide solutions to strengthen and organize this process. Therefore, it is suggested to apply the findings of this study in planning the strategies related to transitional care.

Introduction

During a period of care, a patient may experience various transitions, as well as being transferred from one ward to another, from hospital to home or rehabilitation centers, between care providers or levels of care, and so on. For instance, transferring a patient after a critical care period in the ICU (Intensive Care Unit) to another ward is a kind of transitional care that includes care provided before, during, and after transferring patients from the ICU (1). According to Meleis' Transition Theory, "passing from one life phase, condition, or status to another, is both a process and outcome of complex interactions with the environment." It specifically needs to change health status, roles, relationships, behavioral patterns, expectations, and abilities during this period (2). However, the concept of transitional care is slightly different. Transitional care is defined as a time-limited set of actions that are designed to

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assure coordination and continuity of care and avoid preventable poor outcomes in people at risk, and therefore perform a safe and time-limited transfer of patients between different levels of health care or across care settings Nurses need to acknowledge the difference between these two concepts and be informed that their performance can help them throughout the transfer. Perception of the inherent characteristics and conditions of a transfer process and may help develop a healthy response to the patients' transition experience (3).

Most of the patients under heart surgery were transferred to the general ward after the critical period from the OH-ICU (Open-Heart surgery Intensive Care Unit). They received general care services consistent with their conditions. The transfer process of these patients is related to the highest risk of death, disability, or re-admission to the intensive care unit (4). In general, the transition includes not only transferring the patient, documentation, healthcare providers, and family but also exchanging the responsibility of caring for the patient and continuing the care plan without interruption (5). In many countries, there is no standard care plan for patient transfer. Therefore, general ward or ICU personnel should assume the transfer responsibility. The results of a prospective cohort study of ten Canadian hospitals showed that the agreement of presented and implemented issues associated with patients between documentation of the last intensive care report in the ICU and the next ward notes was solely 42% (6), which indicates a gap in the transitional care. Some studies showed that the utilization of liaison nurses, such as the presence of caregivers, transfer of documents and care plans, and face-to-face examinations of the patient while transferring to be sure of the implementation of the patient's care plan, is effective (7, 8). Another study pointed to the role of the patient and family within the transfer process and showed that involving them as the main members of the transfer team is critical (9). However, to achieve a proper plan, it's necessary to identify the problems, needs, and issues that arise throughout the transition in any culture and context (10). Understanding transitions comprehensively allows nurses to maneuver toward a more holistic approach to providing care. Generating insights to optimize transitions and ultimately improve patient outcomes is crucial, therefore, the field of transitional care research is still in its early stages (11).

Many studies show transfer experiences; however, there is no clear description of the process and how it is organized. This concept goes beyond the care provided by the nurse at the time of discharge, and its correct application requires attention to the condition of the patient, family, other members of the care team, environmental and social conditions, and facilities (12). Based on the experiences described by the people involved in the transfer process, it can be claimed that many strategies are required to strengthen and organize ICU transitional care. Perception of experiences is often possible through planning qualitative studies that are used for an in-depth and comprehensive description of experiences, understanding of relationships, feelings, perceptions, and investigation of the characteristics of the real world (13). This study aims to explore nurses' experience of transitional care in the open-heart surgery intensive care unit and its requirements from the point of view of the responsible nurses in the transition.

Methods

In this study, qualitative content analysis methods were used to explore and deeply understand the concept of transitional care from the open-heart surgery intensive care unit to the general ward and determine the perceived requirements according to the context of nurses involved in the transfer process. Since there was limited knowledge about the phenomenon, the data were analyzed through conventional

content analysis based on Granheim and Lundman method (22). This method is appropriate to the aim of this research based on its nature.

In this study, purposeful sampling was performed among volunteer nurses with at least 6-month work experience and experience in transferring patients from OH-ICU to the general ward. The study was conducted from September 2019 to February 2020 in a hospital complex affiliated with the Tehran University of Medical Sciences. Exclusion criteria were the lack of participants' interest in continuing the interview, which did not occur. For access to deep and rich information, samples were selected with maximum variation (In terms of age, sex, work experience, executive experience, clinical experiences in the ICU, general ward, or both, and working in the government or private hospital). Since the number of participants in the qualitative study was not predictable, sampling continued until the data was saturated.

In this study, in-depth and semi-structured face-to-face interviews were used because of the flexible nature of data collection. A total of 8 interviews were conducted with the nurses responsible for the transfer by two researchers. Interviews were conducted based on guiding questions after coordination with participants and during non-working hours in the nurses' restroom. The main questions were: "Based on your experience, what is your perception of transitional care?", "How is the transfer of a patient from the OH-ICU to the general ward in your experience" and "What would be ideal in the process of transitional care?"

The Joint institutional research ethics Committee approved this study of the School of Nursing and Midwifery & Rehabilitation, Tehran University of Medical Sciences (IR.TUMS.FNM.REC.1398.020). Written and verbal informed consent was obtained from all participants and permission to record the interview. The participants were informed about the aims of the study. Data analysis was performed according to Granheim and Lundman's method (2004). First, the recorded interview was transcribed and re-read several times to familiarize and get a general understanding of the content. Then the interview was considered as the unit of the analysis. In the next step, words, sentences, or paragraphs that had aspects related to each other were considered meaning units. Then the meaning units were condensed at a higher level, including creating codes and categories. After reviewing and obtaining consensus from the research team, clear definitions and names were chosen for categories. It should be noted that MAXQDA software (version 10.0) was used for data management and organization.

The following criteria were considered to ensure the trustworthiness of the data according to the criteria proposed by Guba and Lincoln (15): sampling with maximum variation, long-term engagement, immersion in data, and member checking to increase validity and credibility; interviewing participants by the same interviewers and with the same questions, at the same place and time to obtain reliability and dependability; And a detailed description of all research processes and audit trial was considered to obtain transferability. It should be noted that COREQ criteria were used to report the qualitative study (16).

Results

A total of 8 participants were interviewed. Demographic characteristics are shown in Table 1. After analyzing the data using the conventional content analysis method, 2 main categories and 8 sub-categories were extracted. The main categories included the process of patient transfer and transitional care requirements (Table 2). It should be noted that the details of each category and sub-categories are given below in the text.

Table 1. Demographic characteristics of the participants (N=8)

Participant number	Age (years)	Sex	Educational level	Work Experience (years)	Occupation
1	34	Female	Bachelor	8	ICU nurse
2	44	Male	Bachelor	20	ICU nurse + also working in a private hospital
3	45	Male	Bachelor	21	ICU nurse
4	60	Female	Bachelor	28	ICU and general nurse + executive experience
5	42	Female	Bachelor	14	ICU nurse+ executive experience
6	26	Female	Bachelor	1.5	General nurse
7	47	Female	Bachelor	23	General nurse
8	24	Female	Bachelor	1	General nurse

Table 2. Sub-categories and categories of the study

Sub-categories	Categories
Pre-transfer measures	The process of patient transfer
Handover measures	
Care measures after settlement in the general ward	
Psychological preparation of the patient	Transitional care requirements
The necessity of consolidating communication	
Maintaining continuity of care	
Patient education and support	
Considering the position of the family in transitional care	

1. The process of patient transfer

The patient transfer process refers to the steps that typically occur from the decision to transfer the patient from the OH-ICU to discharge the patient from the general ward. 3 sub-categories are included in this category: pre-transfer, handover, and care measures after settlement in the general ward.

1-1. Pre-transfer measures

The meaning of Pre-transfer measures is the set of actions that the OH-ICU medical and nursing team usually perform from the time of transfer decision until the delivery of the patient to the general ward.

Before transferring the patient to the general ward, the transfer order is recorded in the file by the anesthesiologist. The length of stay in the ICU is determined by the readiness of the ICU and the general ward and the stability of the patient's general condition. The decision to transfer the patient is made by the doctor and, when necessary, by the head of the ward. However, it is not less than three days. In some cases, this stability of the condition sometimes becomes an excuse for early transfer of the patient. In this context, nurse number 4, who had 28 years of work experience and an executive position, said:

"I remember one patient having a heart attack in the general ward, and to admit the patient, we needed an ICU bed. ICU was full. Therefore, we had to transfer an ICU patient even though it had not been time for the patient to be transferred to the general ward. We selected a stable young patient who had had no problem and did not take any inotrope for transfer to the general ward. In reality, we typically send the patients to the general ward three days after the operation, but in this case, we had to send the patient only the day after the operation."

Inter-departmental coordination happens in the next step, including planning for transfer and coordination of ICU and destination ward. It should be noted that the two OH-ICU and general wards under study were located beside each other and were separated only by one automatic door. These are managed by the same doctors and supervisors and had a close interaction that facilitated the coordination between the two wards.

During the visit, the doctor explains the possibility of transferring the patient. However, according to the participants' statements and field notes, the patient is not psychologically prepared to go to the general ward. In this context, nurse number 2, working in the ICU with 20 years of work experience, stated:

"We do not give full explanations to everyone. For example, in the morning (the doctor) comes to record the transfer order in the file, we tell the (patient) you have to go to the general ward. The patient does not ask what it is like there (the general ward) and how they will take care of me there."

Physical preparation steps are performed based on routine nursing care in the ICU. *"First of all, we permit the patient to eat, then we take the patient out of bed for a walk. Without these maneuvers, we do not send the patient to the general ward."* (Nurse No. 4, 60 years old - working in ICU).

Finally, the patient's family is informed about the transfer by phone. Although the patient's family is informed of the transfer date and time by phone, in many cases, the patient is not notified, and they are worried. Based on the criteria of the general ward and the patient's needs, one of their family member, as a companion, may stay in the general ward after the transfer. In this regard, nurse number 5, working in the ICU with 14 years of work experience, said:

"We (the ICU team) inform the family. Especially the patients who need to be accompanied in the ward. However, there are times when, for example, another patient needs an ICU bed and the ICU is full, so we just coordinate with the general ward and the doctor, and one of the ICU patients is selected to be sent to the general ward without informing the family."

2-1. Handover measures

Handover measures are the set of actions usually performed during the transfer and at the time of patient handover from a special care nurse to a general nurse. Their purpose is to safely transfer the patient, effectively exchange information, transfer responsibility, and facilitate the continuity of patient care.

Usually, the patient is transferred to the general ward on their own feet. In most cases, nurses deliver the patient to the new nurse at the nurse station without accompanying the patient to their bed. Novice nurse No. 8, working in the general ward, confirmed a memory of non-clinical handover. She said:

"We had a patient that the ICU nurse brought and handed over to me. However, I was very busy, and I did not go to see the patient at all. I put him on one of the beds and left him. Around noon, I came for routine measures, but I saw that the patient was not there. I searched the other rooms and the bathroom. When I followed up, I found out that the patient was in front of the ICU door, he was scared, and the staff could not return him to the general ward."

Also, during the transfer, the patient's documents and equipment are also delivered and registered in the transfer notepad.

There is no checklist or guidance for handover reporting; therefore, nurses hand over the patients based on their assumptions and what is considered to be important based on their own experiences. Regarding the lack of a proper checklist and the possibility of mistakes and forgetfulness, a 24-year-old

nurse number 8 working in the general ward said:

"Sometimes, because of their busy schedule, (ICU nurses) mistakenly say that the patient has a CVC (Central Venous Catheter) or a pacemaker, but when we check later, we find out that he/she has not."

Preparing the patient's bed and environment is the first step for admitting the patient after being transferred to the general ward. Checking the physical condition and mental-psychological status are among the desired points when the patient is taken from the ICU. However, examining the mental-psychological status was not seen as a priority, and only one nurse mentioned it. In this regard, nurse number 7, with 23 years of experience working in the general ward, said:

"First, the patient's catheters are important (CVC, pacemaker, Foley catheter). Then it is important to know What happened in the last 2-3 days. What was the date of the operation?" When was the patient's DC drain ordered? What are the patient's Vital signs? Connections? General condition? Mental and psychological status? We will observe everything."

3-1. Care measures after settlement in the general ward

The meaning of settlement in the general ward is the condition that the patient is in a stable phase, and the responsibility for the patient's care has been assigned to the general ward.

Care in the general ward is done on routine measures. Some nurses prioritize only the most important care, which is generally physical, and neglect other aspects of patient care. Considering the type of routine care done in the general ward, nurse number 6, with 2 with six months of work experience, admitted that:

"In the general ward, the amount of I&O (intake and output) is checked for 24 hours. The patient is taught how to get out of bed. The importance of raising the bedside rail to maintain safety is emphasized. Also, the patient is taught how to cough effectively and use incentive spirometry. Three days after surgery, the echocardiogram is taken from the patient. If the patient has no sign of arrhythmia or pleural effusion, he/she will be discharged. The rest measures are like other wards."

In some cases, the family's assistance is asked for the patient's affairs. Otherwise, the presence of a family member in the general ward faces resistance. In this regard, nurse number 4, who had an executive position, said:

"We call some family members to help for 2 hours and be aware of the patient's condition. In case when the patient is a child, elder, or disabled, family presence is required. However, we know that all patients emotionally need to be visited by their families. "

2. Transitional care requirements

The requirements of transitional care were the second category. Sub-categories included psychological preparation of the patient, the necessity of consolidating communication, maintaining continuity of care, patient education and support, and considering the family's position in transitional care.

1-2. Psychological preparation of the patient

Psychological preparation of patients means paying attention to psychological status and preparing patients for all stages of transitional care, besides physical measures, in patient care. In this regard, nurse number 2, working in the ICU, believed that:

" If you talk to the patients and explain to them, they will easily accept (to be transferred to the general ward), and they

will not have any stress. Our problem starts from what has not been explained to the patients."

The important point is the psychological preparation of the patients, not only before transfer but also during and after the transfer process. It seems that sometimes, due to the lack of time or routine care mentioned earlier, the nurse does not pay much attention to the patient's emotional support and, therefore, to understand their feelings. In comparison, Nurse No. 1, working in the ICU, and Nurse No. 6, working in the general ward, admitted that they do not see a problem or psychological need for the patient's transfer and do nothing special for it. However, some nurses suggested the application of patients' families or peers to meet these psychological needs. For example, nurse number 6 said:

"We do not do anything special for anxiety; however, once they see their peers in the ward that they are out of bed or do their affairs easily, just someday after transition, they feel better."

2-2. The necessity of consolidating communication

The necessity of consolidating communication was considered one of the important sub-categories in transfer requirements. It means the relationship between patient-nurse, nurse-nurse (or any transfer team member), patient-peer, and patient's family or family.

This communication can include strengthening professional interactions between personnel in two wards concerning managing communication with patients and families. Consolidation and strengthening of communication can lead to gaining the patient's trust and confidence and facilitate the process of transitional care by attracting the participation of the patient and their family.

Nurse number 3, with 21 years of work experience, believed *that "If you are able to establish correct communication, you will be able to hold the patient like wax in your hand. For instance, if you wish to transfer the patient, with proper communication, the patient will convince."*

3-2. Maintaining continuity of care in transition

In this study, the need to develop guidelines for transfer, avoid early transfer, and follow up with the patient, were identified as the requirements for maintaining the continuity of transitional care, which will be discussed further.

The necessity of developing guidelines for transitional care by nurses was emphasized. Nevertheless, the governance of the register, which is one of the problems of the nursing staff, makes the staff resistant to using the guide or transitional care plan. As an example, nurse number 3, with 21 years of experience, said:

"There is no checklist for the transfer practically, and I think it is better not to have a checklist. Unless the head nurse emphasizes that you must be aware of some things but not in the form of instructions."

Some solutions were considering avoiding the early transfer. In this regard, nurse number 5, who had experience working in private and government hospitals, said: *"Preferably, it is better for the patient to be completely treated in the ICU and then sent to the ward. Sometimes, we had to send the patient with catheters to government hospitals. In one of the private hospitals, even though the patient is relatively stable, he stays in the ICU, or some other settings, they have a Post ICU where the patient stays for 2-3 days and then leaves for the general ward."*

Some solutions were around continuing care in the general ward, including the need for patient follow-up. In addition to gaining

the patient's trust, patient follow-up creates a sense of security. In this regard, the 34-year-old nurse number 1 working in the ICU said:

"It is good to follow the patients. After being transferred to the general ward, let us see how they are."

4-2. Patient education and support

The participants' statements emphasized the necessity of effective education before, during, and after the transfer; however, almost all refused to do it because of a lack of time and workload or a banal matter. The need for training during transfer was evident in the statement of nurse number 2, who worked in the ICU and had experience working in a private hospital

"I think it would be great if we could provide training during transfer. We could introduce an education item and ask our nurses to provide transfer training. For example, 1- Explain the conditions of the general ward, 2- Explain the condition of the disease, 3- Explain the important signs and symptoms."

Nurse number 4 expanded the scope of training beyond the transfer process and the need for effective self-care training in all transfer processes:

"Training in the means that I just train orally and get a signature is not enough. They are giving training now too, but they do not evaluate that. Education must be effective. The nurses must take time for patient education."

5-2 Considering the position of the family in transitional care

Based on the results of this study, special attention should be paid to the family as a member of the transfer team. In this context, nurse number 4, with 29 years of work experience, believed that:

"We are not just with the patient. Usually, the patient is very lethargic two days after the operation. They go on the pump (On-pump CABG surgery), *and many are elders. They get hallucinations, they are not oriented, and we must also interact with the family. The goal for both of us is the patient's health and returning back to society."*

One of the effective and safe transfer solutions that came to the mind of nurse number 6 working in the general ward, was the need to be accompanied by family during the transfer. *"My solution is for patients to accompany their families during the transfer. One of the family members must be present in the ward earlier than the patient transfer to help the patient get out of bed. This can be very effective."*

Nurse No. 2, working in the ICU and emphasizing the need to pay attention to the family's position, also mentioned the need to provide emotional support. He said:

"It is true that the patient is in the ICU. Nevertheless, the main stress is on the family. The family is very anxious. If they come here and I do not let them visit their patient, this puts more stress on them." Also, this nurse considered informing the family about the treatment process as one of the factors in solving this concern and said: *"Families are upset about how the treatment process is being performed in the ICU. I say that one should explain the treatment process regularly. It is very good."* Therefore, the need for family presence (especially emotional and educational needs) and their vulnerable spirit should not be overlooked in the transition.

Discussion

In the present study, besides the patient transfer process, transitional care requirements were extracted as 2 main categories, which will be discussed together. In the process of patient transfer, it was found that there is no standard guideline for transferring the patient from the ICU. On the other hand, it was mentioned as a transitional care requirement. Steflux et al. (2015), in

their systematic review of articles related to transitional care from the ICU to the general ward, emphasized the development of a written guide, including examining the patient's readiness for discharge, planning for the transfer, ensuring communication and a complete transfer of ICU information (17). Van Slovisold et al. (2017) also searched for barriers and facilitators to improve the ICU discharge process (18). The common themes of these two articles included formulating standard guidelines, establishing effective communication (both patient-nurse and nurse-nurse), and creating a culture of feedback to improve the discharge process, which is all emphasized in the present study as transitional care requirements.

St. Lewis et al. (2011) study emphasized the systematic assessment of patients before transfer from the ICU to another ward. Patients, families, and treatment personnel have confirmed that patient assessment facilitates the transfer process and improves continuity of care. It also is useful in providing a comprehensive patient care plan (19). However, in the pre-transfer measures sub-category, it was shown that sometimes the responsibility of confirming the need for patient transfer is given to the nurses, especially during the evening and night shifts and when the ICU is full. However, there is a need to have an ICU bed. Therefore, some patients may be transferred earlier than the standard length of stay in the ICU without systematic assessment. In the study by Fehlman et al. (2019), it was shown that early transfer is related to the length of stay in the ICU and major complications (20). In the present study, avoiding early transfer as much as possible was considered one of the transitional care requirements.

There is a significant gap between the time and situation when the patient no longer needs ICU care and when the patient can be safely cared for in the general ward. Based on the pre-transfer measures sub-category findings, most of the patients are transferred to the general ward without proper preparation, which may lead to more complications and ineffective recovery. Therefore, psychological patient preparation before the transfer was suggested as one of the requirements of transitional care.

Appropriate patient preparation during the illness/health transition based on Meleis's Theory and other transition experiences is critical to achieving faster recovery, preventing unwanted complications, and improving treatment outcomes (21). Forsberg et al.'s study (2011) also indicates the importance of preparation for transfer. (22). Appropriate interaction between care providers has been reported in most transitional care articles. Based on the findings, there is no effective communication during transfer. Therefore, the necessity of consolidating communication was emphasized as a transitional care requirement in the present study. Enger et al. (2018), showed that effective communication was a way to improve care and cover the care gap between the two wards (5). Another study emphasized interactive communication, gaining trust and confidence, the need to pay attention, and strengthening communication between care providers, patients, and families (23).

Studies show that nursing care is usually based on routine, and only common problems, physical needs, and doctors' instructions are considered (24). Patient's psychological, spiritual, emotional, and social needs are often ignored in this situation. Based on the findings from the care measures after patient settlement in the general ward, most of the actions are done on a routine basis, and other aspects of care are neglected or even missed. The results of the study by Janatolmakan et al. (2022) to analyze nurses' experiences regarding missed nursing care in Iran showed that "Failure to pay attention to all patient needs" and "Non-observance of patient-related safety standards" was t manifestation of missed nursing care that can be reduced by empowering nurses,

managing manpower, providing resources and facilities (25).

In the present study, the psychological preparation of the patient and maintaining continuity of care in transition were emphasized as some of the most important transitional care requirements. Forsberg et al. (2011) have emphasized the uncertainty during the transfer from the intensive care unit to the general ward, as in our study (22). The intervention suggested by Forsberg was a follow-up by a liaison nurse. In the present study, follow-up by nurses was suggested as a practical solution to maintain continuity of care in transition.

Moving from the ICU to the general ward means searching for unknown people. Better information and knowledge of all of the participants in the patient treatment process before, during, and after patient transfer from the ICU to the general ward is suggested to improve nursing care. Like our study, Rushton et al. (2017) believed that individual education, support, and patient-centered care make patients feel more comfortable, the discharge process becomes smoother, and problems after discharge and re-surgery are avoided (26). Also, Jing et al. (2022) suggested that involving patients in care plans and sharing information among patients and healthcare providers during all stages of the transition can reduce re-admissions (27).

Meanwhile, the role of the family in the transition process should not be ignored. The article by Dospasos Antonio et al. (2018) emphasizes creating a proper relationship with the family for care continuation (28). The study by Bucknal et al. (2020), which was conducted in order to determine the available evidence about involving patients and families during the transfer from acute care facilities, showed the importance of participation in care (29). As in the present study, considering the family's position in transitional care was emphasized, such as involving the family in the transfer care and promoting the exchange of information. But it should be kept in mind that the needs of the family can also affect the transfer process. The two main themes of needs, information, and support, have been confirmed in the literature as the greatest global needs of families of intensive care patients, regardless of educational level or culture (30).

Conclusion

It can be concluded; transitional care and its requirements cover a wide spectrum. Transitional care from OH- ICU is an interactive and dynamic process that continues from the physician's decision to transfer the patient from ICU to the discharge phase from the general ward. Currently, there is no plan or guidance for the transfer process, and nurses transfer and take care of the patient based on their habits, custom, or experience. Therefore, gaps were identified in this process that helped explain the requirements of transitional care from the participant's point of view. Paying attention to transitional care requirements can provide more solutions on how to strengthen and organize transitional care. Therefore, it is suggested to apply the findings of this study in planning strategies related to transitional care.

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