ABSTRACT. Objectives: Explored causes of hospital readmission of oncological patients in one National Institute from Lima Perú in October 2018. Methods: Study of the phenomenological qualitative nature of the sample was by theoretical saturation, the population consisted of 4 patients. The in-depth interview was used to collect information, which was recorded and analyzed in the ATLAS TI program. Results: 3 categories were found with their respective sub categories: 1. Personal reasons for readmission, included a) Loneliness associated with the radical change of life b) Sense of life continuity c) Expectation not met d) Ignorance of the disease and e) Symptom. 2. Family reasons for readmission, where a) Indifference of the accompanying person was identified and b) Requirement of the family to return to the hospital. 3. Institutional reasons for readmission that included a) Little information, not talking directly with the patient but with the family and b) Stay home alone. Conclusions: Three aspects were found that motivated the re-entry of patients, which are framed in personal, family and institutional aspects.

Keywords: Patient readmission, Inpatients, Cancer.

RESUMEN. Objetivo: Explorar las causas de readmisión hospitalaria de pacientes oncológicos en un instituto especializado de Lima Perú en octubre 2018. Métodos: Estudio de naturaleza cualitativa fenomenológica, la muestra fue por saturación teórica, la población estuvo conformada por 4 pacientes. Para la recolección de información se utilizó la entrevista a profundidad, las cuales fueron grabadas y analizadas en el programa ATLAS TI. Resultados: Se encontraron 3 categorías con sus respectivas sub categorías: 1. Razones personales del reingreso, incluyó a) Soledad asociada al cambio radical de vida b) Sentido de continuidad de la vida c) Expectativa no cumplida d) Ignorancia de la enfermedad y e) Síntomas. 2. Razones familiares del reingreso, donde se identificó a) Indiferencia de la persona que acompaña y b) Exigencia de la familia para regresar al hospital. 3. Razones institucionales del reingreso que incluyó a) Poca información, no hablar directamente con la paciente sino con la familia y b) quedarse solo en casa. Conclusiones: Se encontraron tres aspectos que motivaron el reingreso de los pacientes, los cuales están enmarcados en los aspectos personales, familiares e institucionales.

Palabras clave: Readmisión del paciente. Pacientes internos. Cáncer.
INTRODUCTION

Patient care in a critical situation is the best image of the nurses’ care, since they combine the technological aspects with the professional human and social gaze that a person with problems needs that requires a high intensity of care. Current hospital services are organized in units where this type of nursing care is provided to patients of a very varied clinical condition, but all of them subject to conditions of great complexity, where nurses contribute essentially to the well-being, safety, treatment, and survival of patients.

The variety of the clinical conditions of the person with cancer depends on the evolution of this disease. In this process the nurse contributes with teaching techniques to allow patients to perform self-care at home, in order to maintain their life, health and well-being and constantly respond to their health needs at the time of hospital discharge.

The readmission is due to the difficulty that the patient has to assimilate the illness in circumstances that he is discharged, upon returning home to continue with his treatment, he encounters a different reality, and experiences complex experiences. The magnitude of this problem is only perceived when the patient returns to emergency transfer, with symptoms such as fever, pain, edema, malnutrition, respiratory distress; they establish mechanisms of denial and try to find reasonable explanations of their current condition without finding an answer for what they experience fear or associate their illness with death. Hospital readmissions are an important problem for health services, hospital institutions and patients because of their impact on increasing comorbidity, family and institutional spending. For this study, readmission is defined as the patient’s return to hospitalization during the first 30 days after discharge.

In Peru, in the institute specialized in cancer called the National Cancer Institute only in December 2017, 851 hospitalizations were registered in the emergency service among new patients, continuators and readmissions for different causes.

According to international research, spirituality, religion and their beliefs make oncological patients keep alive the hope of healing, and their return or readmission to the hospital counts on them as the symbol of the cure. Their hope to continue living makes them give meaning to the disease as a divine test to be better people; therefore, they seek greater hospital care.

Another factor that influences their readmission is the motivation to continue with the family mainly with their children; for this, they return in search of more information from the professionals since at home, they feel distrust of the care they receive. The family plays an important role in the recovery of the patient so the family member requires professional support to improve his knowledge and safety during the development of his role.

The responsibility of articulating tools and offering continuous and comprehensive care that favors good treatment falls to nursing professionals, whose effort should not be directed exclusively at the reduction or abolition of symptoms through drug treatment; otherwise, they should seek the training of patients and caregivers for home care.

The nursing professional is responsible for the teaching and learning process to ensure that the patient and family are informed helping to promote their well-being.

Another factor that is important to take into account are the customs and beliefs of the patients since this may have an impact on their decisions and actions regarding their health; therefore, the nurse must discover and acquire necessary knowledge about the internal and external world of the oncological patient to make use of the knowledge and practices framed in ethics, spirituality and the strengthening of emotions.

In the specialized institution chosen for the study, 10 to 14 patients are hospitalized in the different specialties and of all ages, who usually readmit the 4th or 5th day of discharge with different complications such as pain, fever, respiratory distress, edema, malnutrition; a large percentage of these patients present some complication and at the time of readmission, it is basically evident the inadequate care and treatment they have at home; nevertheless, until now, no scientific evidence has been shown that details the information in this regard. Therefore, it was decided to carry out an investigation with the aim of exploring the situations that influence the readmission of oncological patients, in a critical situation at the hospitalization service of a specialized institute of Lima – Peru in 2018.

MATERIALS AND METHODS

It was a qualitative approach study conducted during September 2018 in the hospitalization services of a specialized institute.

Procedure, contact was made with the patients who remained in readmission condition in the first 15 days, focused on exploring the causes of the readmission. The in-depth interviews were conducted by the researchers of the study and lasted approximately 40 minutes. Before conducting the interviews, participants were informed of the objectives of the investigation and written informed consent was obtained.

4 adult patients, 3 women and one male, were interviewed, whose ages ranged from 40 to 65 years, had different types of cancer, 2 came from the province and 2 from Lima.

Analysis, the interviews were transcribed from the audios, in a Word 2010 word processor and processed with support from
the ATLAS TI software. The categories of analysis were coded by the researchers and three were identified: personal, family and institutional causes.

The study was approved by the Institute’s Research and Ethics Committee, each patient was asked for their informed consent for the interview and the audio recording. The confidentiality of the participants was guaranteed.

**RESULTS**

Three categories were established that address the reasons for readmission of oncological patients:

**Category 1: Personal reasons for readmission**

Participants reported five causes for readmission: a) Loneliness associated with the radical change of life b) Sense of life continuity c) Expectation unfulfilled d) ignorance of the disease and e) Symptoms

In the first case, the participants expressed feeling alone in the face of the disease, their life changed dramatically around their day to day life, their roles as mother, wife, daughter have been varied by the family, they do not find their “location” inside of it, that causes them to misunderstand what the patient seeks to return to the hospital:

“… at home, I feel alone, I remain alone, my children work because of that they live, there is no one to help me, or take me to the bathroom, I don’t have anyone else.” EOE/INEN

“… With whom did I stay in my house? There is no one in my house, my daughter will go back to study in Chanchamayo.” ARC/INEN

In the second case, patients believe that by staying at home their existence will be shortened, they still hope to heal, the meaning of their life, which are their children, keep them alert and for them, they want to improve. Despite all the feelings of sadness and pain they feel, they seek a solution to their problems in the hospital and the health personnel. They feel that if they delay, they will complicate the disease more and prefer to return soon.

“… I feel bad and if I stay at home, I will live less…” ARC/INEN

“… My sister gets tired quickly, I would have stayed there (Chanchamayo), sometimes I think” EOE/INEN.

In the third case, the patients expected that at home, the family would continue with the same routine as before, noticing many changes, as the children are making their lives, their younger children ignore them for their physical changes, the couple neglects; then, the patient prefers to return to the hospital, hoping to recover the family by staying in hospital.

“… When I am hospitalized, I receive more visits from my family…” CRP/INEN

“… My youngest son cried because he no longer recognized me without hair…” EOI/INEN

Regarding the 4th case, the patients expected the symptoms to remit quickly, reduce the pain, recover soon, mainly after the tumor was removed but, feeling that this is not happening, they return immediately.

“… I don’t know anything about cancer, I can’t understand what it means, I suspect it’s something serious, but nobody informs me directly…” In the hospital, I feel good, I take the medication more safely, at home, no longer know what it is for everyone…” JPV/INEN

“… Right now (hospital), I am somewhat calm, it doesn’t hurt much, I don’t move much to reach anything… but at home, I have to mobilize myself and my foot hurts there…” ARC/INEN

Finally, the presence of symptoms such as: headaches, fever, malaise, severe pain, infections, complications with symptoms of other diseases, glaucoma, high blood pressure, decompensation, feeling of numbness in the upper or lower limbs, are the ones that influence the readmission decision.

“… I came back by emergency with fever and very intense pain…” APJ/INEN

“… I returned to the emergency due to liquid depositions” CRO/INEN

**Category 2: Family reasons for readmission**

In this category the participants reported two causes: a) Indifference of the accompanying person. B) Requirement of the family to return to the hospital.

Regarding the first case, patients feel that the couple, mother or children who were their support within the family, have modified the way of being and acting with them, do not include them in family plans, they meet each other and do not make you participate in family difficulties. In addition, patients feel that they have become a burden for the family, that they do not “know” how to care for them and prefer to return to a professional.
“... I am a burden for my family, they no longer include me in their activities...” JPV/INEN

“... My son helps me in what he can at home, he has to go to work and he doesn't know about the medication” CRP/INEN

“... I did not think to be like this in bed without doing anything, how will I be like this and how will I live like this?” ARC/INEN

In relation to the second cause, coupled with the family’s lack of knowledge about how to care for their family when the family member arrives home, there is the “fear” of the family of not being prepared for the changes caused by the disease. Therefore, before the first symptom resulting from the effect of the drug products, the relatives “demand” the patient to return to the hospital.

“... My family does not know how to act against the discomfort of my illness, they require me to return to the hospital...” CRP/INEN

“... When I encounter vomiting, my family does not know which drug product to give me” EOI/INEN

**Category 3: Institutional reasons for readmission**

Participants reported two causes: a) Little information, not talking directly with the patient but with the family b) staying home alone:

With regard to the first cause, participants feel they need more information and want to give them to them, the professionals gather the family and explain them. On one side, the relatives do not inform them either, they only receive information in writing “handmade by the doctor” with illegible handwriting, these facts keep them in permanent doubt so they prefer to return to receive better recommendations. On the other hand, they recognize that the doctor is the “only one” who knows about the disease, when they consult another professional the answer they receive is that “everything is normal”.

In addition, they recognize that when the patients themselves ask, they do not receive information, their children or relatives have to come to insist. When their relatives are not there, they leave with many doubts at home.

“... everything about my illness, they tell it my relatives and they don't tell me anything, I don't know how my illness is...”

“When I go home, I don’t understand the doctor’s letter in my instructions and I want to return to receive my medication here.” ARC/INEN.

“... I always asked doctors, licensed professional even to the techniques on my disease to give me an explanation, but they always respond to me that the doctor already spoke with his relatives” CRP/INEN

Regarding the second cause, patients are afraid of being home alone: because they see that their relatives can not take care of them, that the medications they are taking are not correct, and they prefer to return to receive the medication from the professionals, they also feel the need to return to “demand” that they remove the tumor that is bothering them, and not let them lead their lives as before.

“... I'm afraid of being home alone, I don't know if I'm taking medication well ...” “My family does not attend to me as they attend me here in the hospital...” JPV/INEN

“... the doctor said you are well, your recovery is fabulous, I am afraid to go home because there are many viruses and the process of my recovery can slow down” CRP/INEN

**DISCUSSION**

Regarding the readmission of patients, the results framed in the categories studied related to personal, family and institutional aspects had a marked influence on each of the decisions that adult patients with cancer opted for. One of the aspects highlighted by the research is the lack of organization of health services to provide timely and personalized information; on the other hand, it has been identified that readmission becomes for patients in their way of clinging to life. With regard to this, Velásquez C., in Spain, found that patients felt as unwanted experiences the readmissions, but necessary, and that they were given for lack of confidence in the knowledge of their family in relation to their disease and the desire to maintain greater communication mainly with the nursing professional from whom they received more information. In this regard, Dorothea Orem promotes in her theory of care, the ability that the nursing professional must have to become the authority on the subject, which would help the patient to have a better understanding and greater confidence in themselves, avoiding seeking information by other means where doubt increases and alterations in the treatment occur, increasing unexpected readmissions or other decisions against the patient’s health.

The information to the patient as a nursing function is determined in the manual of organization functions as well as in the code of ethics about nursing established by the Peruvian Nurses Association, its non-compliance would be due to the fact that the approach to the patient’s problem revolves on the clinical procedures of the treatment and the counseling or education to the patient, the lack of cognitive, and emotional tools that would negatively influence the information provided to the patient regarding their self-care.
Another important aspect that has been found is the lack of support from the family that favors the readmission of the patient, who prefers to return because he feels that his safety, well-being and, above all, his care is better treated in the hospital. In this regard, Virginia Henderson refers that the family participates in family care for two reasons, one for solidarity action and another because it has no other alternative, situation that occurs very often in these oncological patients, which causes that the participation of the family in the care is not necessarily with adequate and with greater knowledge, which increases the distrust of the patient and causes his readmission into the service. The nurse has the duty to provide support, necessary information to the family, and know how to respond comprehensively to the needs of the patient and family, avoiding readmissions that most affect the health of the oncological patient. Vrban and Fontão in São Paulo, corroborate this by stating that relief from suffering and healing do not constitute a return to their previous state, but a second chance at life and care. In this new opportunity, according to the cultural construction of the social group, it does not occur within a systematic regime, but with various beliefs and practices available with the help of the family.

Another important aspect found is the spirituality of the patient, which is part of their cultural beliefs, values and traditions, representing in the patient a great influence in the decision making and actions to face their illness. Regarding this point, Núñez found that spirituality and knowledge of his illness play an important role in the process of coping with the patient against cancer disease. Likewise, Leninger mentions that the universality and diversity of nurses’ cultural care is based on people’s beliefs and their culture influences their decisions and actions regarding their illness. In this way, they should receive the type of health care according to their need and/or belief, for which the health professional must acquire knowledge about the patient’s world and be able to guide him in his speedy recovery, thus avoiding readmissions.

In conclusion, three aspects were found that motivated the readmission of patients, which are framed in personal, family and institutional aspects.

CONFLICTS OF INTERESTS: The authors declare that there are no conflicts of interests.

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