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Factors Influencing Readiness for Hospital Discharge among Patients Undergoing Breast Cancer Surgery

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Abstract

Background: Breast cancer has become an important disease burden harmful to women's health. The treatment of breast cancer is mainly surgical treatment. In the context of enhanced recovery after surgery, the average length of hospital stay has been reduced, so there is increasing concern about postoperative patient discharge readiness. **Objective:** To identify factors influencing readiness for hospital discharge among patients having undergone breast cancer surgery and to explore the relationship between discharge readiness and the quality of discharge teaching. **Methods:** A total of 99 patients after breast cancer surgery at a regional tertiary medical tumor center in Guangzhou between June 2021 and December 2021 were collected using the convenience sampling method. A general data questionnaire, readiness for hospital discharge scale, and quality of discharge teaching scale were used to conduct a questionnaire survey on the subjects. **Results:** 83.8% of the patients feel ready for discharge, and the score of discharge readiness was 155.98 ± 28.87. The patients' content received and the skills in teaching delivery were the influencing factors of discharge readiness. Discharged with a drainage tube was an independent factor of discharge readiness. **Conclusions:** Readiness for hospital discharge among patients undergoing breast cancer surgery was above medium level, and perfect intervention measures should be formulated for the influencing factors of discharge readiness. Especially, specific executable safeguard measures should be formulated for patients who are discharged early after surgery to promote the safety of home care.

Keywords

Breast Cancer, Discharge Readiness, Factors, Discharge Teaching, Quality

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1. Introduction

Breast cancer is the malignant tumor with the highest incidence in women, and the number of new cases has been increasing in recent years, which has become an important disease burden harmful to women's health [1] [2]. The treatment of breast cancer is mainly surgical treatment. In the context of enhanced recovery after surgery [3] [4] [5], the average length of hospital stay for breast cancer patients undergoing surgery has been reduced to 6 - 14 days, so there is increasing concern about postoperative patient discharge readiness. Discharge readiness refers to the ability to leave the hospital, return to society, and further recover [6], which significantly impacts patients' health and quality of life. The quality of discharge teaching is an important factor affecting discharge readiness [7] [8] [9] [10]. Currently, domestic studies on discharge readiness and quality of discharge guidance for breast cancer patients and their influencing factors are gradually being carried out. Discharge readiness is a key stage for patients to transition to home care after discharge and the quality of discharge teaching correlates positively with discharge readiness that was already known about the topic. We show that discharge with or without drainage tube and the quality of discharge teaching are the influencing factors of discharge readiness, and the patients' content received and the skills in teaching delivery were the influencing factors of discharge readiness. The purpose of this study was to evaluate patients' reported readiness for discharge and the quality of discharge teaching, to explore the influence factors of discharge readiness, to improve the implementation of the clinical path for patients discharged from hospital readiness, and provide a basis for intervention measures. To ensure breast cancer patients are ready to be discharged, improve the ability of home nursing. Ensure that postoperative breast cancer patients have access to lobbyists to protect their safety and quality and to improve patient satisfaction.

2. Methods

In this study, the convenience sampling method was used to select patients who underwent breast cancer surgery at a regional tertiary medical tumor center in Guangzhou between June 2021 and December 2021.

2.1. Participants

Inclusion criteria: 1) age 18 - 70 years, 2) primary school education level and above, being able to read and write in the Chinese language and complete the survey questionnaires, 3) pathological diagnosis of breast cancer and surgical treatment, and 4) informed consent and voluntary participation in this investigation.

Exclusion criteria: 1) Patients who were readmitted due to disease recurrence or disease progression, 2) patients with mental disorders or cognitive disorders, and 3) patients with severe physical diseases.

2.2. Routine Nursing

The patients received routine health education and discharge teaching during

the perioperative period. Routine education included postoperative bed activity and out-of-bed activity guidance, patients eating high-protein light meals and avoiding eating foods that promote blood circulation and remove blood stasis and contain estrogen, postoperative limb protection, and functional exercise, and proper fixing of the drainage tube. Discharge teaching included cleaning, disinfection, and dressing change of surgical wound, observation and treatment of postoperative complications, out-of-hospital anti-tumor treatment process, etc.

2.3. Outcome and Questionnaire

2.3.1. Readiness for Hospital Discharge Scale (RHDS)

The RHDS, was developed by Weiss *et al.* [11] [12] and translated into Chinese by Liu *et al.* [13], which was used to evaluate the extent to which patients are fully prepared in terms of personal status, knowledge, coping ability, and expected support. The scale contains 23 items instruments of 4 parts. Item 1 is a general question about whether the patient is ready for discharge, which is not included in the total score. The other 22 items are all scored by 0 - 10, and items 3 and 6 are reverse scoring items. The total score on the scale ranged from 0 to 220, and the higher the score, the better the discharge readiness. Cronbach's α coefficient and content validity were 0.933 and 0.910 respectively. In this study, the Cronbach's α coefficient of the scale was 0.929, indicating good internal consistency of the scale.

2.3.2. Quality of Discharge Teaching Scale (QDTS)

The QDTS developed by Weiss *et al.* [11] and translated into Chinese by Wang *et al.* [14], was used for measurement. It is an 18-item instrument of 3 parts and the patients reported the contents they thought needed before discharge, the contents they obtained, and the teaching skills and effects. The first two parts are paired items. By comparing the difference between the score of the content obtained and that needed, we can know whether the content of discharge guidance meets the needs of patients. The scale uses 0 - 10 points-scoring method. The whole scale measured the quality of discharge teaching by calculating the total score of the two parts of actual content acquired before discharge, teaching skills, and effect. The higher the total score, the better the quality of discharge teaching. The Cronbach's α coefficient and content validity of the scale were 0.977 and 0.900 respectively. In this study, the Cronbach's α coefficient of the scale was 0.898 - 0.960, indicating good internal consistency of the scale.

2.3.3. Demographic Characteristics and Disease-Related Information

A questionnaire designed by the researcher, including demographic characteristics and disease-related information. The demographic characteristics included age, sex, marital status, education level, working status, mode of medical payment, per capita monthly income of the family, place of residence, and mode of residence. The disease-related information included tumor grade, length of stay, and discharge with a drainage tube.

2.4. Data Collection

According to the inclusion and exclusion criteria, patients were screened in the inpatient area of the department of breast, and the purpose and content of the study were introduced in detail to obtain the informed consent of patients. Study questionnaires were distributed to patients on the day of discharge, and patients were instructed to fill in the questionnaires using unified instructions. The questionnaires took 10 to 20 min to complete. The questionnaire was collected and checked the completeness on the spot.

2.5. Data Analysis

Means and standard deviations were used to describe continuous variables, and frequencies and percentages were used to describe categorical variables. The differences in general data and disease-related data between the two groups were analyzed by t-test or chi-square test. The T-test was used to analyze the differences in discharge readiness and quality of patient evaluation of discharge guidance between the two groups. The statistical test standard was 0.05.

3. Results

3.1. Demographic Characteristics and Disease-Related Information

A total of 99 patients were enrolled, and all of them were female, with a mean age was 48.7 (10.9) years and the mean length of hospitalization stay was 9.9 (3.9) days. Education level: 19 participants (19.19%) had primary school education, 36 participants (36.37%) had junior middle school education, 21 participants (21.21%) had technical secondary education, 12 participants (12.12%) had a junior college education, and 11 participants (11.11%) had a bachelor degree or above. Marital status: 89 participants (89.90%) were married, 8 participants (8.08%) were unmarried, and 2 participants (2.02%) were widowed. Working status: 40 participants (40.40%) were employed, and 59 participants (59.60%) were not employed. Per capita household income: 21 participants (21.21%) were less than 2000 yuan, 47 participants (47.48%) were 2000 - 6000 yuan, and 31 participants (31.31%) were more than 6000 yuan. Mode of medical payment: 12 participants (12.12%) were paid at their own expense, 60 participants (60.6%) were covered by urban employee insurance, 2 participants (2.02%) were covered by public expense, 20 participants (20.3%) were covered by new rural cooperative medical care, and 5 participants (5.05%) were covered by commercial insurance. There were 25 participants (25.25%) in provincial capital cities, 29 participants (29.30%) in prefecture-level cities, 21 participants (21.21%) in urban areas, and 24 participants (24.24%) in rural areas. There were 9 participants (9.09%) living alone while 90 participants (90.9 were 1%) non-living alone. There were 22 participants (22.22%) in stage I, 57 participants (57.58%) in stage II, 17 participants (17.17%) in stage III, and 3 participants (3.03%) in stage IV. 67 patients (67.68%) still needed to carry a drainage tube when discharged, and

32 patients (32.32%) were discharged without a drainage tube.

3.2. Score for Readiness for Hospital Discharge

The results showed that 83 patients (83.8%) feel ready for discharge, and the score of the patients' discharge readiness was 155.98 (28.87). The mean scores for the four dimensions from high to low were: knowledge (57.75 ± 13.79), personal status (50.82 ± 9.72), expected support (25.10 ± 74.79), coping ability (22.23 ± 5.63) (Table 1).

3.3. Score for Quality of Discharge Teaching

The score of quality of Discharge Teaching was 152.57 (28.67), including needed content (49.35 ± 12.11), obtained content (48.26 ± 11.34), teaching skills and quality (104.31 ± 19.00) (Table 1).

3.4. Factors Influencing Readiness Discharge

3.4.1. Single-Factor Analysis of Demographic Characteristics and Disease-Related Information and Discharge Readiness Scores of Patients after Breast Cancer Surgery

The total score of the patient's discharge readiness was taken as the dependent variable, and the patient's age, education level, marital status, working status, per capita income of the family, payment method of medical expenses, family residence, residence style, tumor grade, length of hospitalization, and discharge with drainage tube were taken as the independent variables. The results showed that the total score of discharge readiness was statistically different in patients discharged with or without drainage tubes (P < 0.05) (Table 2).

Table 1. Discharge readiness of patients after breast cancer surgery and quality of discharge guidance (N = 99).

Variate	Min; Max	Mean ± SD/n (%)	r (1)	(2)	(3)	(4)
Discharge readiness						
Ready for discharge						
yes	——	83 (83.8)				
no	——	16 (16.2)				
RHDS	0 - 220	155.98 ± 28.87	0.682**	0.054	0.590**	0.678**
personal status	0 - 70	50.82 ± 9.72	0.543**	0.007	0.474**	0.537**
knowledge	0 - 80	57.75 ± 13.79	0.599**	0.045	0.531**	0.587**
coping ability	0 - 30	22.23 ± 5.63	0.637**	0.037	0.542**	0.638**
expected support	0 - 40	25.17 ± 4.79	0.534**	0.136	0.424**	0.552**
QDTS	0 - 180	152.57 ± 28.67				
needed content	0 - 60	49.35 ± 12.11				
actually obtained content	0 - 60	48.26 ± 11.34				
teaching skills and effects	0 - 120	104.31 ± 19.00				

**P < 0.01.

Table 2. Single-factor analysis of social demographic data, disease data, and discharge readiness scores of patients after breast cancer surgery (N = 99).

Variate	N (%)	RHDS	t/F (P)
Age			1.49 (0.223)
18 - 39	21 (21.21%)	148.67 ± 35.60	
40 - 49	30 (30.30%)	151.22 ± 25.22	
50 - 59	31 (31.32%)	161.61 ± 28.58	
60 - 76	17 (17.17%)	163.18 ± 24.66	
Education level			0.49 (0.745)
primary school or below	19 (19.19%)	148.29 ± 32.78	
junior high school	36 (36.37%)	159.58 ± 25.04	
technical secondary school	21 (21.21%)	156.86 ± 25.44	
junior college	12 (12.12%)	157.33 ± 28.86	
undergraduate or below	11 (11.11%)	154.36 ± 40.76	
Marital status			1.39 (0.252)
married	89 (89.90%)	154.38 ± 29.56	
single	8 (8.08%)	169.38 ± 18.27	
widowed	2 (2.02%)	174.00 ± 11.31	
Working status			0.25 (0.620)
active	40 (40.40%)	154.23 ± 33.48	
inactive	59 (59.60%)	157.18 ± 25.52	
Per capita monthly household income (yuan)			0.45 (0.637)
<2000	21 (21.21%)	151.14 ± 26.45	
2000 - 6000	47 (47.48%)	158.37 ± 31.88	
>6000	31 (31.31%)	155.65 ± 25.94	
Mode of residence			0.25 (0.908)
solitary	12 (12.12%)	154.33 ± 33.42	
medical insurance for urban employees/residents	60 (60.61%)	156.14 ± 30.70	
publicly funded free medical care	2 (2.02%)	137.00 ± 4.24	
new rural cooperative medical system	20 (20.20%)	158.30 ± 23.88	
commercial medical insurance	5 (5.05%)	156.50 ± 19.49	
Place of residence			0.16 (0.924)
the provincial capital city	25 (25.25%)	158.20 ± 21.37	
prefecture-level city	29 (29.30%)	154.59 ± 27.57	
town	21 (21.21%)	158.02 ± 33.72	
countryside	24 (24.24%)	153.58 ± 33.82	

Continued

Living arrangement		1.22 (0.272)
live alone	9 (9.09%)	166.11 ± 25.68
live with family	90 (90.91%)	154.97 ± 29.11
Tumor stage		0.82 (0.486)
I	22 (22.22%)	150.36 ± 30.33
II	57 (57.58%)	158.92 ± 30.11
III	17 (17.17%)	151.18 ± 22.91
IV	3 (3.03%)	168.67 ± 23.97
Length of stay		1.55 (0.206)
1 - 4	3 (3.03%)	179.00 ± 25.24
5 - 9	46 (46.47%)	152.82 ± 30.48
10 - 14	40 (40.40%)	154.65 ± 26.21
15 - 22	10 (10.10%)	169.00 ± 29.82
Discharged with a drainage tube		2.80 (0.006)
no	32 (32.32%)	167.34 ± 24.30
yes	67 (67.68%)	150.56 ± 29.46

3.4.2. Multifactor Analysis of Discharge Readiness of Breast Cancer Patients

Classification variable assignment in the analysis of influencing factors of postoperative discharge readiness of patients with breast cancer: age: 1 = 18 - 39 years old, 2 = 40 - 49 years old, 3 = 50 - 59 years old, 4 = 60 - 67 years old; education level: 1 = primary school or below, 2 = junior high school, 3 = technical secondary school, 4 = junior college, 5 = undergraduate or below; marital status: 1 = married, 2 = single, 3 = widowed; working status: 1 = active, 2 = inactive; per capita monthly household income: 1 = < 2000 yuan, 2 = 2000 - 6000 yuan, 3 = > 6000 yuan; living arrangement: 1 = live alone, 2 = live with family; length of stay: 1 = 1 - 4 days, 2 = 5 - 9 days, 3 = 10 - 14 days, 4 = 15 - 22 days; and discharge with drainage tube: 1 = No, 2 = yes. In the analysis of influencing factors of readiness for hospital discharge among patients undergoing breast cancer surgery, we compared four modules. The results show that the total content coefficient is 1.47 (P < 0.001), the coefficient of teaching skill and quality in model 3 was 9.71 (P < 0.001), and the coefficient of total discharge guidance quality score in model 4 was 0.656 (P < 0.001), both had statistical significance (Table 3, Table 4).

4. Discussion

4.1. The Total Score of Discharge Readiness Was above Average

Discharge readiness is a key stage for patients to transition to home care after discharge [15]. Discharge readiness is a prediction of whether patients are safe during the transition period after discharge. A good discharge readiness can not

Table 3. Classification variable assignment in multi-factor analysis.

Variate	assignment
age	1 = 18 - 39 years old, 2 = 40 - 49 years old, 3 = 50 - 59 years old, 4 = 60 - 67 years old
education level	1 = primary school or below, 2 = junior high school, 3 = technical secondary school, 4 = junior college, 5 = undergraduate or below
marital status	1 = married, 2 = single, 3 = widowed
working status	1 = active, 2 = inactive
per capita monthly household income	1 = <2000 yuan, 2 = 2000 - 6000 yuan, 3 = >6000 yuan
living arrangement:	1 = live alone, 2 = live with family
tumor stage	1 = I, 2 = II, 3 = III, 4 = IV
length of stay	1 = 1 - 4 days, 2 = 5 - 9 days, 3 = 10 - 14 days, 4 = 15 - 22 days
discharge with drainage tube	1 = No, 2 = Yes

Table 4. Analysis of influencing factors of postoperative discharge readiness of patients with breast cancer.

Variate	Model I		Model II		Model III		Model IV	
	β	t (*P*)	β	t (*P*)	β	t (*P*)	β	t (*P*)
Age	6.35	2.05 (0.043)	4.55	1.81 (0.073)	5.04	2.21 (0.030)	4.66	2.05 (0.043)
Education level	−1.02	−0.38 (0.706)	−2.73	−1.26 (0.213)	−1.75	−0.89 (0.378)	−2.28	−1.16 (0.249)
Marital status	5.77	0.99 (0.327)	5.64	1.20 (0.235)	6.04	1.41 (0.163)	5.90	1.38 (0.170)
Working status	−5.91	−0.90 (0.372)	−9.08	−1.71 (0.091)	−4.83	−0.99 (0.320)	−6.60	−1.38 (0.173)
Per capita monthly household income	4.87	1.05 (0.296)	5.47	1.47 (0.146)	3.74	1.10 (0.275)	4.37	1.29 (0.198)
Living arrangement	−13.39	−1.36 (0.177)	−5.10	−0.64 (0.526)	−4.22	−0.58 (0.566)	−3.50	1.39 (0.170)
Tumor stage	6.89	1.65 (0.103)	1.82	0.53 (0.599)	3.60	1.16 (0.249)	2.41	0.78 (0.438)
Length of stay	3.77	0.94 (0.348)	2.93	0.911 (0.365)	0.45	0.15 (0.881)	1.15	0.39 (0.695)
Discharged with a drainage tube	−19.81	−3.21 (0.002)	−17.85	−3.59 (0.001)	−15.67	−3.44 (0.001)	−16.14	−3.58 (0.001)
actually obtained content			1.47	7.03 (<0.001)	——	——	——	——
teaching skills and effects					9.71	8.78 (<0.001)	——	——
QDTS							0.656	8.93 (<0.001)

only bring patients a sense of physical and psychological security but also have a positive impact on the prognosis of the disease [16] [17] [18] [19]. The results of this study showed that the total score of discharge readiness for breast cancer patients (155.98 ± 28.87) was lower than the total score of discharge readiness for breast cancer patients (160.74 ± 25.60) reported by Liu *et al.* [20] and even lower than the score of discharge readiness for lung cancer patients (170.07 ± 29.79) reported by Liu *et al.* [13]. In this study, patients' discharge readiness was above average. Results showed that 16 of the 99 patients chose "no" on the

"ready to leave hospital" item, which may be related to the few days of hospitalization, and the patient's body, disease knowledge, coping ability, and social support are not well prepared for discharge. Moreover, different ages, different education levels, different days of hospitalization, and whether patients are discharged with drainage tubes may be the cause of low discharge readiness. It is suggested that nurses should improve the ability and scope of discharge guidance quality, and nursing education should strengthen the knowledge related to disease, patient psychological care, self-care after returning home, life needs, and treatment of patients with drainage tubes after discharge. Encourage the patient's family to give the patient emotional, nursing, housework, and other aspects of social support. In addition, patients of different ages and education levels should be taught differently. Nurses should be careful, patient, and patient-centered. Often encouraging patients, to enhance patients confidence in-home care after discharge and improves patients' ability of home care after discharge, to improve patients' perception of discharge preparation.

4.2. Analysis of Influencing Factors of Patients' Discharge Readiness

In the analysis of influencing factors of readiness for hospital discharge among patients undergoing breast cancer surgery, we compared four modules. In the comparison of general data, age, education level, marital status, working status, family per capita income, living style, tumor stage, and length of stay, there was no statistical significance ($P > 0.05$). However, discharge with a drainage tube had an impact on discharge readiness ($P < 0.01$). This may be due to the self-perception of discharge readiness of patients, who are concerned about whether the replacement memory will fall off due to the carrying of a drainage tube. In models II, III, and IV, a single-factor analysis was conducted on the total content instruction skill and the quality of discharge instruction quality score on the discharge instruction quality scale had statistical significance ($P < 0.01$). This shows that it is of practical significance for patients to obtain discharge guidance from nurses during hospitalization.

In QDTS, the content obtained by patients (48.26 ± 11.34) did not meet the content they thought needed (49.35 ± 12.11), indicating that the routine perioperative health education and discharge teaching for breast cancer patients during hospitalization did not meet the expectations of patients, which may also be the reason for the low discharge readiness. In the process of clinical nursing, it is necessary to constantly improve and perfect the content of propaganda and education, and improve the skills and quality of discharge guidance of nurses.

4.3. Limitation

The research sites selected in this study are relatively limited due to external conditions, including time and space constraints. Only one tertiary hospital was selected. In addition, we were not following non-random sampling methods. Therefore, future research should add the type of non-random sampling.

5. Conclusion

Discharge with or without a drainage tube and the quality of discharge teaching are the influencing factors of discharge readiness. The level of readiness for hospital discharge among patients undergoing breast cancer surgery was positively correlated with the discharge teaching ability of nurses. Moreover, discharge preparation has a positive impact on patients' transitional home care. This study suggested that the discharge readiness of patients was above medium level. In the process of clinical nursing, nurses should strengthen the discharge education of patients with drainage tubes, and strengthen the teaching tools and skills. So as to provide the basis for the development of evidence-based intervention paths for discharge readiness, to ensure the nursing level of patients outside the hospital, to improve the management efficacy of single breast disease, and to improve life satisfaction and quality of life.

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Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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