

Child care transition and satisfaction with nursing care

Transição do cuidado de crianças e satisfação com os cuidados de enfermagem
Transición del cuidado de niños y satisfacción con los cuidados de enfermería

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Abstract

Objective: To analyze the correlation between quality of care transition at hospital discharge of children and satisfaction with nursing care.

Methods: This is quantitative, cross-sectional research carried out in 2019 in southern Brazil. Parents of 305 children who were discharged from hospital to home were included. In addition to participant characterization, the Care Transitions Measure (CTM-15 Brazil) and Patient Satisfaction Instrument were used to collect data. Spearman's correlation test was applied. A significance level of 5% was considered ($p < 0.05$).

Results: The final mean of the Care Transitions Measure was 87.9 (0-100 points), characterizing quality of care transition as satisfactory. All Patient Satisfaction Instrument items had a mean greater than 3.0 points, indicating a high degree of satisfaction. The correlation between quality of care transition and patient satisfaction was of low magnitude.

Conclusion: Quality of care transition and patient satisfaction with nursing care showed significant values. A weak correlation was found between them, which suggests that quality of care transition assessment is influenced by several factors.

Resumo

Objetivo: Analisar a correlação entre qualidade da transição do cuidado na alta hospitalar de crianças e a satisfação com os cuidados de enfermagem.

Métodos: Pesquisa quantitativa, transversal, realizada em 2019, no sul do Brasil. Foram incluídos os responsáveis por 305 crianças que tiveram alta do hospital para o domicílio. Além da caracterização dos participantes, foram utilizados os instrumentos *Care Transitions Measure* (CTM-15 Brasil) e Instrumento de Satisfação do Paciente para coleta de dados. Foi aplicado o teste de Correlação de *Spearman*. Considerou-se nível de significância de 5% ($p < 0,05$).

Resultados: A média final do *Care Transitions Measure* foi de 87,9 (0-100 pontos), caracterizando a qualidade da transição do cuidado como satisfatória. Todos os itens do Instrumento de Satisfação do Paciente apresentaram média superior a 3,0 pontos, indicando alto grau de satisfação. A correlação entre qualidade da transição do cuidado e satisfação dos pacientes foi de fraca magnitude.

Conclusão: A qualidade da transição do cuidado e a satisfação do paciente com os cuidados de enfermagem apresentaram valores significativos. Foi verificada fraca correlação entre elas, o que sugere que a avaliação da qualidade da transição do cuidado seja influenciada por múltiplos fatores.

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Conflict of interest: nothing to declare.

Resumen

Objetivo: Analizar la correlación entre la calidad de la transición del cuidado en el alta hospitalaria de niños y la satisfacción con los cuidados de enfermería.

Métodos: Estudio cuantitativo, transversal, realizado en 2019 en el sur de Brasil. Se incluyeron los adultos responsables de 305 niños que recibieron el alta del hospital a su domicilio. Además de la caracterización de los participantes, se utilizaron los instrumentos *Care Transitions Measure* (CTM-15 Brasil) e Instrumento de Satisfacción del Paciente para recopilación de datos. Se aplicó la prueba de correlación de *Spearman*. Se consideró un nivel de significación de 5 % ($p < 0,05$).

Resultados: El promedio final del *Care Transitions Measure* fue 87,9 (0-100 puntos), que caracterizó la calidad de la transición del cuidado como satisfactoria. Todos los ítems del Instrumento de Satisfacción del Paciente presentaron un promedio superior a 3,0 puntos, lo que indica un alto nivel de satisfacción. La correlación entre la calidad de la transición del cuidado y la satisfacción de los pacientes fue de escasa magnitud.

Conclusión: La calidad de la transición del cuidado y la satisfacción del paciente con los cuidados de enfermería presentaron valores significativos. Se verificó una escasa correlación entre estas variables, lo que sugiere que la evaluación de la calidad de la transición del cuidado esté influenciada por múltiples factores.

Introduction

Care transition is conceptualized as the set of actions organized in care models that aim to promote the transfer of a patient from one health service to another in a safe and timely manner, facilitating continuity of care.⁽¹⁾ Care transition programs consist of management tools and allow the concomitant fulfillment of the goals of improving patient experiences, health situation and optimizing resources, going beyond simple discharge guidance.⁽²⁾

The outcomes associated with effective transitions are greater continuity of care, optimization of hospital financial resources, reduced rehospitalization rates, reduced length of stay, greater patient and family satisfaction, and better health outcomes.^(2,3) In this regard, the care transition process is an important barrier in preventing safety incidents related to its continuity. It is noteworthy that care transition is part of the World Health Organization's Global Patient Safety Action Plan 2021-2030, in the sense of offering safe care at each stage of the care process.⁽⁴⁾

Despite the importance of this theme and its influence on quality of care and patient safety, in Brazil, care transition mechanisms are still incipient and literature discussion about aspects involving care transition is recent in the country, especially with regard to the child population. In the international context, the available literature on this topic is also scarce and focuses mainly on aspects related to communication between services and the relationship between care transition quality and new hospitalizations.^(1,5,6)

Patient satisfaction is considered an important indicator of quality of care and is understood as a

subjective assessment given by patients in the face of coping with their expectations about nursing care and the perception of real care. Specifically, in child health care, patient satisfaction with nursing care is related to aspects such as communication skills, availability, kindness, and pain management.⁽⁷⁾

In hospital admission, nurses are professionals who, due to their clinical skills, continuous presence and built relationship, significantly impact patient satisfaction and family needs.⁽⁷⁾ In this sense, Afaf Meleis' Transition Theory stands out, which helps to understand the transition periods through which individuals go through life, which may be related to health status, relationships, skills or expectations.⁽⁸⁾ Thus, it is up to nursing to exercise care that allows identifying these moments and making them healthier, reiterating the importance of comprehensive care.

In the search for an understanding of factors that may impact on a better care transition from hospital to home, the importance of analyzing how transition is associated with satisfaction with nursing care is highlighted, given that this is the most common professional category, representative in the hospital context, and closer to patients during hospitalization.⁽⁷⁾

This study aimed to analyze the correlation between care transition quality at hospital discharge of children and satisfaction with nursing care.

Methods

This is quantitative, cross-sectional research, performed at two large public health network hospitals, located in southern Brazil: a children's hospital and a general hospital's pediatric clinic. Participants were guardians of children admitted to the institu-

tions' inpatient units. All legal guardians of children hospitalized in the institutions were invited to participate, identified through systematic visits to the hospitalization units, carried out three times a week, on alternate days, throughout the data collection period. Respondents under the age of 18, those responsible for children under 29 days old, transferred to other units or institutions, who died or readmitted, and those who did not respond to telephone contact were excluded. The sample calculation was performed with Winpepi[®], version 11.65, considering a confidence interval of 95%, margin of error of 4 points, mean of 74.7, and standard deviation of 17.1 points,⁽⁹⁾ 80% power and 5% significance level, adding 5% for possible losses and refusals. Thus, a minimum sample of 156 participants was calculated. Three instruments were used: participant characterization instrument and the Patient Satisfaction Instrument (PSI), applied during hospitalization, and the Care Transitions Measure (CTM-15 Brazil), applied from seven to 30 days after discharge, via telephone.

The PSI aims to assess patient satisfaction with nursing care, involving nurses' social and interpersonal aspects, and professionals' technical skills. The instrument has 25 items on a Likert scale, divided into three domains, namely: 1) Professional; 2) Educational; and 3) Trust. Response options range from one to five points, between "strongly agree" and "strongly disagree", with a neutral option. It is worth mentioning that some questions are presented in reverse, i.e., the higher the score, the less the participant agrees with the statement, requiring adjustment by the researchers in the formulation of the final score. From this, the total mean is calculated, by items and by domains, ranging from one to five points, considering that, the higher the score, the greater the patient satisfaction.⁽¹⁰⁾

The CTM-15 Brazil was applied in order to assess care transition from hospital to home quality. The 15 items are presented on a Likert-type scale with five response options ranging from one to four points, "strongly disagree" to "strongly agree", and a fifth neutral option, "Don't know/don't remember/Not applicable", which is not used to calculate the final score. The CTM items are divided into four factors: 1) Health

management preparation; 2) Medication understanding; 3) Important preferences; and 4) Care plan. The calculation of the answers' mean varies from one to four points. From this, this score is transformed into a linear scale ranging from zero to 100, using the formula: $[(\text{score}-1)/3]*100$.⁽¹¹⁾ Both the PSI and the CTM-15 do not have a cut-off point and, in both cases, the higher the final mean, the greater the patient satisfaction and care transition quality, respectively.^(10,11)

Data collection took place between February and September 2019 in two stages. Initially, during a child's hospitalization and later between seven and 30 days after discharge via telephone. Data collection was carried out by the main author, and by a trained student followed by her. During hospitalization, all companions of hospitalized children were invited to participate, and the objectives and stages of the research were explained. In case of acceptance, the Informed Consent Term (ICF) was presented and signed, and the characterization and PSI instruments were applied.

In the second stage, the CTM-15 was applied via telephone. The calls took place from the research laboratory room, from a personal telephone. Data collection forms were organized on Google Forms[®], in order to facilitate the collected data organization, and completed by the researchers at the time of collection. Care transition quality, patient satisfaction level, patient age and length of stay are continuous variables. Sex and presence of chronic condition are categorical variables. The data were organized in a Microsoft Office Excel[®] spreadsheet, where the means and standard deviations were calculated. For inferential analyses, the Statistical Package for the Social Sciences[®] (SPSS) was used, and Spearman's correlation test was applied, with a significance level of 95% ($p < 0.05$), whose values between 0.1 and 0.29 mean weak magnitude, from 0.30 to 0.49, moderate, and those greater than or equal to 0.50, strong.

The research followed the ethical precepts governed by Resolution 466/2012. The research project was submitted to the Research Ethics Committee of the *Universidade Federal de Santa Catarina* (UFSC) via *Plataforma Brasil*, and approved under CAAE (*Certificado de Apresentação para Apreciação Ética - Certificate of Presentation for Ethical Consideration*) 02730018.7.0000.0121 and Opinion 3,400,796.

Results

Of the 395 patients invited to participate in the study, 73 did not respond to telephone contact, nine were children under 29 days of age, three were transferred, two died, two withdrew from continuing the research, and one was readmitted after discharge, resulting in 305 children whose guardians were included in the study. Among the respondents, most were mothers (n=233;76.4%), followed by fathers (n=44;14.4%), and other caregivers (n=28;9.2%). Most children were male (n=172;56.4%) and had some chronic health condition (n=192;62.9%). The mean age was 4.4 years (+/-4.3), and the mean length of stay was 8.6 days (+/-10.5). Regarding care transition quality, the final mean of CTM-15 Brazil was 87.9 (SD=13.4; CI=85.7-89.2), on a scale from zero to 100 points. Items 9 and 14, “Understand things I was responsible for” and “Understand how to take medications”, had the highest mean. The worst was verified in item 15, “Understand side effects of medications” (Table 1).

Table 1. Quality of care transition according to CTM-15 items (n=305)

Factor*	Mean (SD)	CI
9 Understand things I was responsible for	94.2(13.0)	92.6-95.8
14 Understand how to take medications	94.2(15.5)	92.2-96.1
8 Understand what makes me better or worse	91.8(16.7)	89.7-93.9
5 Understand how to manage health	91.5(18.9)	89.1-93.9
6 Understand warning signs and symptoms	90.8(20.1)	88.3-93.3
13 Understand purpose of medications	90.6(20.2)	88.0-93.1
11 Confident I knew what to do	90.1(18.2)	87.7-92.4
10 Feel confident that you know what to do	89.9(19.3)	87.5-92.3
4 Had information needed for self-care	89.3(21.0)	86.7-92.0
1 Agreed health goals and means	86.5(19.6)	84.0-89.0
2 Preferences for deciding health needs	85.8(24.8)	82.7-88.9
3 Preferences for deciding where needs are	84.5(24.9)	81.4-87.6
7 Had written care plan	83.1(27.9)	79.6-86.6
12 Had written list of appointments and tests	82. (28.6)	78.7-85.9
15 Understand side effects of medications	67.6(37.9)	62.9-72.4
Total	87.9(13.4)	85.7-89.2

SD – standard deviation; CI – confidence interval; *Descending order of values.

Among the instrument factors, the one with the highest mean was management preparation, and the lowest mean was in care plan (Table 2).

Regarding patient satisfaction, item 22, “I’m tired of the nurse talking down to me”, had the

Table 2. Quality of care transition according to CTM-15 items (n=305)

Factor	Items	Mean (SD)	CI
1. Health management preparation	4,5,6,8,9,10,11	91.4(13.7)	89.3-92.8
2. Medication understanding	13,14,15	84.8(18.5)	81.8-86.5
3. Important preferences	1,2,3	86.0(18.2)	83.2-88.0
4. Care plan	7,12	82.6(23.4)	79.9-85.5
Total		87.9(13.4)	85.7-89.2

SD – standard deviation CI – confidence interval.

highest mean, 4.4 (SD=1.0), therefore, it was the best assessed. The worst assessment was verified in item 11, “I wish the nurse would tell me about the results of my test more than he/she does”, with 3.3 (SD=1.4) points. All PSI items had a mean greater than 3.0 points. Of the 25 items of the instrument, only five had a mean of less than 4.0 points (Table 3).

Table 3. Patient satisfaction level according to PSI items (n=305)

Items*	Mean (SD)	95% CI
22 I'm tired of the nurse talking down to me**	4.4(1.0)	4.3-4.5
3 The nurse is pleasant to be around	4.3(0.8)	4.2-4.4
4 A person feels free to ask the nurse questions	4.3(1.0)	4.2-4.4
13 The nurse is often too disorganized to appear calm**	4.3(1.0)	4.1-4.4
20 The nurse is not precise in doing his/her work**	4.3(1.0)	4.1-4.4
25 The nurse is skillful in assisting the doctor with procedures	4.3(0.9)	4.2-4.4
7 The nurse explains things in simple language	4.2(1.0)	4.0-4.3
12 The nurse makes it a point to show me how to carry out the doctor's orders	4.2(0.9)	4.1-4.4
18 The nurse is too slow to do things for me**	4.2(1.0)	4.1-4.4
8 The nurse asks a lot of questions, but one he/she finds the answers, he/she doesn't seem to do anything**	4.1(1.1)	3.9-4.2
14 The nurse is understanding in listening to a patient's problems	4.1(1.1)	3.9-4.2
16 The nurse really knows what he/she is talking about	4.1(0.9)	4.0-4.3
17 It is always easy to understand what the nurse is talking about	4.1(1.0)	3.9-4.2
21 The nurse gives directions at just the right speed	4.1(1.1)	3.9-4.2
23 Just talking to the nurse makes me feel better	4.1(1.0)	3.9-4.2
1 The nurse should be more attentive than he/she is**	4.0(1.2)	3.8-4.1
2 Too often the nurse thinks you can't understand the medical explanation of your illness, so he/she just doesn't bother to explain**	4.0(1.2)	3.8-4.1
10 The nurse is too busy at the desk to spend time talking to me**	4.0(1.1)	3.8-4.1
19 The nurse is just not patient enough**	4.0(1.1)	3.9-4.1
6 The nurse is a person who can understand how I feel	3.9(1.1)	3.8-4.1
5 The nurse should be more friendly than he/she is**	3.8(1.3)	3.6-3.9
9 When I need to talk to someone, I can go to the nurse with my problems	3.6(1.2)	3.4-3.7
24 The nurse always gives complete enough explanations of why tests are ordered	3.6(1.2)	3.5-3.8
11 I wish the nurse would tell me about the results of my test more than he/she does**	3.3(1.4)	3.2-3.5
Total	4.1(0.7)	4.0-4.1

SD – standard deviation; CI – confidence interval; *Descending order of values; **Negative items.

Among the four domains of the instrument, the lowest mean was presented in the educational domain, with 3.9 points, and the highest in the professional domain, with 4.2 points (Table 4).

Table 4. Patient satisfaction level according to PSI items (n=305)

Domains	Items	Mean (SD)	95% CI
1. Professional	12,13,15,16,18,20,25	4.2(0.7)	4.1-4.3
2. Educational	2,7,8,11,17,21,24	3.9(0.8)	3.8-4.0
3. Trust	1,3,4,5,6,9,10,14,19,22,23	4.0(0.8)	3.9-4.1
Total		4.1(0.7)	4.0-4.1

SD - standard deviation; CI - confidence interval.

Table 5 presents the result of the correlation between the total score and CTM-15 Brazil factors and the final overall mean and PSI domains. A low magnitude correlation was identified between the total CTM score and the final mean of PSI.

Table 5. Correlation* between CTM-15 Brazil factors and PSI domains (n=305)

	CTM total	Factor 1	Factor 2	Factor 3	Factor 4
PSI total	0.165 (p=0.004)	0.240 (p<0.001)	0.078 (p=0.194)	0.133 (p=0.021)	0.161 (p=0.005)
Professional domain	0.111 (p=0.053)	0.211 (p<0.001)	0.046 (p=0.439)	0.078 (p=0.178)	0.121 (p=0.036)
Educational domain	0.167 (p=0.003)	0.218 (p<0.001)	0.109 (p=0.069)	0.095 (p=0.100)	0.174 (p=0.002)
Trust domain	0.163 (p=0.004)	0.223 (p<0.001)	0.058 (p=0.330)	0.157 (p=0.006)	0.153 (p=0.008)

*Spearman's correlation test.

Discussion

Most children, n=192 (63.0%), included in the study had some chronic condition. This frequency was higher than that presented in another Brazilian study carried out at a public hospital, in which 42% of patients under 17 years of age had some pre-existing comorbidity.⁽¹²⁾ This fact may be related to the characteristics of the hospitals included in this study, as both are state references for several specialties.

Although the CTM-15 does not have a cut-off point established by the authors to assess care transition quality, the mean of 87.9 points can be considered high, especially when compared to other studies developed nationally and internationally. In Brazil, the CTM-15 was used in previous stud-

ies to assess care transition quality in a population of adult individuals, with means of 69.5, 74.7 and 79.0.^(9,11,13)

In the international context, the instrument was applied in several countries, such as Sweden, South Korea, and the United States, presenting means that ranged from 65.8 to 80.4 in adult care transition quality assessment.⁽¹⁴⁻¹⁶⁾ Specifically, in the context of child health care, means of 78.7 and 83.7 were verified,^(17,18) suggesting better quality of care transition in the context of child health care.

Management preparation of care presented a greater mean, which may be related to the health education actions provided during hospitalization, the involvement of family members in direct child care, as well as the concern of professionals for these guidelines to be incorporated.⁽¹⁹⁻²²⁾

Transition from hospital to home is one of the most vulnerable moments for fragmentation of care. In this way, the role of nurses in education for health condition self-management is fundamental for continuity of care after discharge.⁽¹⁾

The care plan factor, whose assessment involves aspects related to the organization of documented guidelines for hospital discharge, ensuring clarity and effectiveness in communication, was the one that presented the lowest mean. Moreover, given that they are often complex guidelines, the importance of a care plan must be reinforced and avoid that the guidelines are limited to the moment of discharge.⁽¹⁹⁻²³⁾

Regarding patient satisfaction, the overall mean of the PSI was 4.1, on a scale that ranges from one to five points, higher than that found in other studies carried out in Brazilian public hospitals, a context similar to that of this study, presenting means of 3.95,⁽¹⁴⁾ 3.7,⁽²⁵⁾ and 3.9.⁽²⁶⁾

The PSI professional domain, which concerns the preparation and competence of nurses for the technical development of care actions in nursing and health, presented the greatest mean. The domain with the lowest mean was the educational one, which is related to nurses' skills in patient orientation actions.⁽²⁶⁾ This pattern was also repeated in other Brazilian studies, in which the professional

domain was the best assessed, and the educational domain was the one with the worst assessment.⁽²⁴⁻²⁷⁾

Despite having presented the lowest mean, the PSI educational domain showed a correlation with the total score of CTM-15, and with its domains 1 and 4, Management preparation and Care plan, activities that require communication skills and patient guidance and family in care transition. The literature points out that the feeling of preparation to experience care transition is related to health education that parents receive during hospitalization, which provides a transition with greater security, with professionals being responsible for identifying and intervening on aspects that may influence understanding of care.^(1,13)

Thus, the importance of health education carried out by nursing professionals is highlighted, which favors and facilitates care transition. Through health guidelines, nurses offer support and knowledge about disease and injury prevention, health promotion and maintenance, allowing to qualify care transition and providing continuity of care in a home environment.^(1,28,29)

A weak correlation was found between the CTM-15 and the PSI, both in the associations between general means and in those between factors and instrument domains, indicating that there may be other factors that influence care transition quality. However, a previous study carried out with adult patients identified higher quality of care transition scores in patients satisfied with hospital care.⁽¹⁶⁾

The weak association between the two variables suggests that satisfaction with nursing care is not enough to improve the care transition experience. Thus, the role of multidisciplinary teams is fundamental in transitional care to patient and family, participating in actions such as guidelines for discharge and education of patients and family regarding care, and planning goals for treatment considering patients' preferences.^(13,30,31)

In research on care transition assessment, the possibility of gratitude bias is highlighted, in which the relationship built during hospitalization with professionals could prevent sincere responses from participants. Thus, participants could unduly reflect on what would be the right answer, choosing the one they thought

would most please the interviewer, which would impact on the result obtained.⁽³²⁾ The results suggest that the satisfactory values of quality of care transition found may have suffered little influence from possible biases of gratitude and that care transition quality may be influenced by several factors.

Although this study did not show a strong association between the values presented by the CTM-15 and the PSI, further research is needed, especially regarding the coverage of other populations, allowing a greater understanding of the factors that influence care transition quality.

The restricted context of the research, being two hospitals in the same region, may characterize a limitation of this research, requiring further studies in different contexts and broader populations that can reinforce the findings of this study. Despite the limitations identified in the research, these findings may contribute to future studies that seek to assess care transition using the CTM-15 Brazil, reinforcing the understanding in the use of this instrument.

Conclusion

The study sought to analyze the correlation between care transition quality and patient satisfaction with nursing care at hospital discharge of children. Both care transition quality and patient satisfaction showed significant values when compared to other studies nationally and internationally. However, the correlation between their values was of low magnitude, which may indicate that care transition quality is influenced by several factors. The findings also suggest that a possible feeling of gratitude by participants about the care received would not exert a strong influence on care transition quality assessment perceived by family members. This reinforces the feasibility of using the CTM-15 Brazil for assessing care transition from hospital to home quality.

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Collaborations

Cechinel-Peiter C, Lanzoni GMM, Wachholz LF, Mello ALSE, Costa DG, Costa MFBNA and Santos JLG contributed to study design, data analysis and interpretation, article writing, relevant critical review of the intellectual content and approval of the final version to be published.

References

- Weber LA, Lima MA, Acosta AM, Maques GQ. Care transition from hospital to home: integrative review. *Cogitare Enferm.* 2017;22(3):e47615. Review.
- Shahsavari H, Zarei M, Mamaghania JA. Transitional care: concept analysis using rodgers' evolutionary approach. *Int J Nurs Stud.* 2019;99:e103387. Review.
- Foster CC, Jacob-Files E, Arthur KC, Hillman SA, Edwards TC, Mangione-Smith R. Provider perspectives of high-quality pediatric hospital-to-home transitions for children and youth with chronic disease. *Hosp Pediatr.* 2017;7(11):649-59.
- World Health Organization (WHO). Global patient safety action plan 2021–2030: towards eliminating avoidable harm in health care. Geneva: WHO; 2021 [cited 2021 Feb 1]. Available from: <https://www.who.int/publications/i/item/9789240032705>
- Day CB, Witt RR, Oelke ND. Integrated care transitions: emergency to primary health care. *Int J Integr Care.* 2016;24(4):225-32.
- Cechinel-Peiter C, Lanzoni GM, Wachholz LF, Gomes VC, Schmitt MD, Santos JL. Continuity and transition of care for children with chronic conditions: a scoping review. *Res Soc Dev.* 2021;10(10):e559101019043.
- Loureiro F, Figueiredo MH, Charepe Z. Nursing care satisfaction from school-aged children's perspective: an integrative review. *Int J Nurs Pract.* 2019;25:e12764.
- Oliveira ES, Menezes TM, Gomes NP, Oliveira LM, Batista VM, Oliveira MC, et al. Transitional care of nurses to older adults with artificial pacemaker. *Rev Bras Enferm.* 2022;75(Suppl 4):e20210192.
- Weber LA, Lima MA, Acosta AM. Quality of care transition and its association with hospital readmission. *Aquichan.* 2019;19(4):e1945.
- Oliveira AM. Satisfação do paciente com os cuidados de enfermagem: adaptação cultural e validação do Patient Satisfaction Instrument [dissertação]. Campinas: Universidade Estadual de Campinas, Faculdade de Ciências Médicas; 2004.
- Acosta AM, Lima MA, Marques GQ, Levandovski PF, Weber LA. Brazilian version of the care transitions measure: translation and validation. *Int Nurs Rev.* 2017;64(3):379-87.
- Grunewald ST, Aroeira IP, Paiva LM, Rossi MA. Clinical and demographic profile of the pediatric ward in a University Hospital. *Resid Pediatr.* 2019;9(1):19-22.
- Acosta AM, Lima MA, Pinto IC, Weber LA. Care transition of patients with chronic diseases from the discharge of the emergency service to their homes. *Rev Gaucha Enferm.* 2020;41:e20190155.
- Flink M, Tessma M, Småstuen MC, Lindblad M, Coleman EA, Ekstedt M. Measuring care transitions in Sweden: validation of the care transitions measure. *Int J Health Care Qual Assur.* 2018;30(4):291-7.
- Sabbatini AK, Gallahue F, Newson J, White S, Gallagher TH. Capturing emergency department discharge quality with the care transitions measure: a pilot study. *Acad Emerg Med.* 2019;26:605-9.
- Hwang JI, Chung JH, Kim HK. Psychometric properties of transitional care instruments and their relationships with health literacy: brief PREPARED and Care Transitions Measure. *Int J Qual Health Care.* 2019;31(10):774–80.
- Yeh AM, Song AY, Vanderbilt DL, Gong C, Friedlich PS, Williams R, et al. The association of care transitions measure-15 score and outcomes after discharge from the NICU. *BMC Pediatr.* 2021;21(1):7.
- Coller RJ, Klitzner TS, Saenz AA, Lerner CF, Alderette LG, Nelson BB, et al. Discharge handoff communication and pediatric readmissions. *J Hosp Med.* 2017;12(1):29-35.
- Silva-Rodrigues FM, Bernardo CS, Alvarenga WA, Janzen DC, Nascimento LC. Transitional care to home in the perspective of parents of children with leukemia. *Rev Gaucha Enferm.* 2019;40:e20180238.
- Sulino MC, Okido AC, Neves ET, Maia EB, Lima RA. Children and youth with special healthcare needs: (dis) continuity of care. *Texto Contexto Enferm.* 2021;30:e20190363.
- Martins MM, Aued GK, Ribeiro OM, Santos MJ, Lacerda MR, Bernardino E. Discharge management to ensure continuity of care: experience of portuguese liaison nurses. *Cogitare Enferm.* 2018;(23)3:e58449.
- Costa MF, Sichieri K, Poveda VB, Baptista MC, Aguado PC. Transitional care from hospital to home for older people: implementation of best practices. *Rev Bras Enferm.* 2020;73(Suppl 3):e20200187.
- Knhis NS, Wachholz LF, Sens S, Amante LN, Mendes KD. The experience of patients undergoing liver transplantation in the transition of care. *Rev Rene.* 2021;22:e61476.
- Santos JL, De-Pin SB, Menegon FH, Sebold L, Nascimento KC, Gelbcke FL. Satisfaction of patients about the nursing care in surgical units: mixed method research. *Rev Min Enferm.* 2019;23:e1229.
- Ferreira PH, Guedes H, Moreira VS, Baracho VS, Caldeira AB, Guedes CF, et al. External customer satisfaction as to nursing care. *Rev Min Enferm.* 2016;20:e975.
- Santos MA, Sardinha AH, Santos LN. User satisfaction with the care of nurses. *Rev Gaucha Enferm.* 2017;38(1):e57506.
- Silva MF, Rocha PK, Echevarria-Guanilo ME, Bertencello KC, Souza S, Schneider KL. Construction of the instrument for care transition in pediatric units. *Texto Contexto Enferm.* 2021;30:e20180206.
- Costa MF, Oliveira LS, Santos JL, Lanzoni GM, Cechinel-Peiter C. Hospital discharge planning as a continuity care strategy for primary care. *Res Soc Dev.* 2020;9(10):e3709108518.
- Echer IC, Boni FG, Juchem BC, Mantovani VM, Pasin SS, Caballero LG, et al. Original article nursing handoffs: development and validation of instruments to qualify care continuity. *Cogitare Enferm.* 2021;26:e74062.
- Kuntz SR, Gerhardt LM, Ferreira AM, Santos MT, Ludwig MC, Wegner W. First transition from hospital care to home care for children with cancer: guidelines of the multi-professional team. *Esc Anna Nery Rev Enferm.* 2021;25(2):e20200239.

31. Carvalho NA, Santos JD, Sales IM, Araújo AA, Sousa AS, Morais FF, et al. Care transition of preterm infants: from maternity to home. *Acta Paul Enferm.* 2021;34:eAPE02503. Review.
32. Ford BK, Ingersoll-Dayton B, Burgio K. Care transition experiences of older veterans and their caregivers. *Health Soc Work.* 2016;41(2):129-38.