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RESEARCH ARTICLE (ORIGINAL)

Discharge Plan for Patients Undergoing Head and Neck Cancer Surgery: A Methodological Study

Plano de Alta Dirigido ao Paciente Submetido a Cirurgia Oncológica de Cabeça/Pescoço: Estudo Metodológico

Plan de Alta para Pacientes Sometidos a Cirugía Oncológica de Cabeza y Cuello: Estudio Metodológico

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Abstract

Background: A validated discharge plan can promote proactive care and help prevent postoperative complications in patients undergoing head and neck cancer surgery.
Objectives: To validate the content of a discharge plan for patients undergoing head and neck cancer surgery.
Methodology: This methodological study involved content validation by 23 surgical or oncological nursing experts. Data were analyzed using the Content Validity Index (CVI) and the Content Validity Coefficient (CVC), with minimum values of 0.80. Internal consistency was assessed using Cronbach's alpha coefficient, with a minimum value of 0.70.
Results: The instrument's dimensions showed CVI and CVC values above 90%. Overall, 81% of the experts completely agreed with the items, resulting in an overall CVI of 94.5%, a CVC of 0.94, and a Cronbach's alpha of 0.72.
Conclusion: The discharge plan was considered valid by the experts, demonstrating internal consistency and applicability to nursing care for patients undergoing head and neck cancer surgery.

Keywords: patient discharge; nursing care; postoperative period; postoperative care; head and neck neoplasms

Resumo

Enquadramento: Um plano de alta validado pode contribuir para os melhores cuidados e prevenção de complicações no pós-operatório de cirurgias oncológicas de cabeça e pescoço.
Objetivo: Validar o conteúdo de um plano de alta para pacientes oncológicos no pós-operatório de cirurgia de cabeça e pescoço.
Metodologia: Estudo metodológico de validação de conteúdo, com 23 especialistas em enfermagem cirúrgica ou oncológica. A análise dos dados foi realizada por meio do Índice de Validação de Conteúdo (IVC) e o Coeficiente de Validação de Conteúdo (CVC), com valores mínimos de 0,80. A consistência interna foi verificada pelo coeficiente Alfa de Cronbach, com valor mínimo de 0,70.
Resultados: As dimensões do instrumento apresentaram IVC e CVC superiores a 90%. O percentual global de respostas "concordo completamente" foi de 81%, com IVC global de 94,5%, CVC de 0,94 e Alfa de Cronbach de 0,72.
Conclusão: O conteúdo do plano de alta foi considerado válido pelos especialistas, demonstrando consistência e aplicabilidade na assistência de enfermagem ao paciente oncológico no pós-operatório de cirurgia de cabeça e pescoço.

Palavras-chave: alta do paciente; cuidados de enfermagem; período pós-operatório; cuidados pós-operatórios; câncer de cabeça e pescoço

Resumen

Marco contextual: Un plan de alta validado puede contribuir a unos cuidados más asertivos y a la prevención de complicaciones en el posoperatorio de las cirugías oncológicas de cabeza y cuello.
Objetivo: Validar el contenido de un plan de alta para pacientes oncológicos después de una cirugía de cabeza y cuello.
Metodología: Estudio metodológico de validación de contenidos, con 23 especialistas en enfermería quirúrgica u oncológica. Los datos se analizaron mediante el Índice de Validación de Contenidos (IVC) y el Coeficiente de Validación de Contenido (CVC), con valores mínimos de 0,80. La coherencia interna se verificó mediante el coeficiente alfa de Cronbach, con un valor mínimo de 0,70.
Resultados: Las dimensiones del instrumento presentaron IVC y CVC superiores al 90%. El porcentaje global de respuestas "totalmente de acuerdo" fue del 81%, con IVC global del 94,5%, CVC de 0,94 y alfa de Cronbach de 0,72.
Conclusión: El contenido del plan de alta fue considerado válido por los expertos y demostró su consistencia y aplicabilidad en los cuidados de enfermería a pacientes oncológicos después de una cirugía de cabeza y cuello.

Palabras clave: alta del paciente; cuidados de enfermería; período posoperatorio; cuidados posoperatorios; cáncer de cabeza y cuello

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Introduction

Nursing plays a critical role in the assessment of patients with cancer, contributing both to the identification of symptoms and the management of clinical and surgical interventions (Cruz et al., 2022). Due to their complexity, head and neck surgeries require differentiated nursing skills, particularly during the postoperative period. In this context, care planning throughout the perioperative period and clear discharge guidance are essential (Tobiano et al., 2023).

A discharge plan for patients with cancer should include clear and personalized instructions on surgical wound care, proper medication use, pain management, adequate nutrition, light physical activity, warning signs of potential complications, and strategies for emotional support. It is equally important to involve informal caregivers and ensure referrals for outpatient monitoring and multidisciplinary support. Previous studies have shown that structured discharge plans contribute to continuity of care, treatment adherence, and fewer hospital readmissions (Jauregui et al., 2024). These plans serve as educational resources, compiling essential home care information for patients, family members, and health professionals. These tools help the nursing team organize interventions based on the specificities of the target population and the expected outcomes.

Within this scope, nursing involvement in head and neck cancer surgeries encompasses the entire perioperative period, from admission to postoperative recovery, and hospital discharge guidance. However, there is a lack of research supporting the development of specific, validated discharge plans that provide these patients with clear and accurate information. In light of this gap, this study aims to validate the content of a discharge plan for patients undergoing head and neck cancer surgery.

Background

In this study, a patient is defined as a person diagnosed with head and neck cancer who has undergone cancer surgery and is transitioning from hospital care to home care. These patients require specific nursing interventions, especially postoperative education, self-care preparation, support in adapting to functional and aesthetic changes resulting from surgery, and physical and emotional rehabilitation. The discharge plan ensures continuity and safety of care while promoting patient autonomy in out-of-hospital settings (Silva et al., 2021).

Head and neck cancer is among the ten most common types of cancer worldwide. In 2022, there were approximately 758,020 new cases and 379,069 deaths related to this disease reported globally (Ferlay et al., 2023). This type of cancer comprises a heterogeneous group of tumors affecting several structures, such as the lips, oral cavity, and pharynx. However, there is no absolute consensus in the literature regarding its definition (Warnakulasuriya, 2020). In Brazil, head and neck cancer is the eighth most common type of cancer, with an estimated 15,100 new annual cases between 2023 and 2025, equivalent to an adjusted rate of 4.95 cases per 100,000 people (Instituto Nacional de Câncer [INCA], 2023).

Treatment includes both surgical and non-surgical methods, such as radiotherapy, chemotherapy, and immunotherapy, which may be used alone or combined. While essential, these interventions can significantly compromise patients' functionality, particularly with regard to breathing, eating, and communication (Nayak et al., 2018). Procedures such as total laryngectomy, mandibulectomy, glossectomy, and floor-of-mouth resection often result in significant physical and psychosocial changes, which can lead to increased dependence on caregivers (Miguel et al., 2019). From this perspective, nursing care encompasses the perioperative period and the post-discharge period, with an emphasis on continuous monitoring and, if necessary, home care.

Post-discharge care involves providing detailed instructions on the necessary care to ensure a safe and effective recovery at home. Discharge plans are a key strategy in this process and comprise a set of systematized actions that facilitate a safe transition from the hospital to the home environment, while promoting self-care and ensuring continuity of care (Jauregui et al., 2024).

Discharge plans can be categorized based on patient needs and complexity of care: simple hospital discharge plans, designed for patients with functional independence; complex hospital discharge plans, which involve multiple teams and long-term care; and discharge plans that ensure continuity of care, which include outpatient or home care services. For patients undergoing head and neck cancer surgery, discharge plans with continuity of care are often the most appropriate, given the functional and emotional changes resulting from treatment. Implementing these plans effectively contributes to patient safety, treatment adherence, and the maintenance of quality of life (Silva et al., 2022). Nurses play a key role in this process by identifying patient needs, assessing self-care capacity, checking the availability of family support, and carrying out educational interventions that promote health and autonomy (Cruz et al., 2022).

Thus, the discharge plan is an essential strategic tool for the transition from hospital to home that promotes safe, effective, and high-quality care. To this end, the plan must be based on scientific evidence and subject to content validation to ensure that it addresses the needs of postoperative patients with cancer in a standardized yet individualized manner.

Research question

What is the content validity and reliability of a discharge plan for patients following head and neck cancer surgery?

Methodology

The study adhered to rigorous ethical standards and was approved by the Research Ethics Committee of the insti-

tution where it was conducted (Opinion no. 6,950,171). Participants provided free and informed consent before the instrument was administered, in accordance with the ethical principles of self-determination, privacy, and confidentiality.

This methodological study involves content validation, which is defined as the systematic process of reviewing and assessing the relevance, clarity, and representativeness of an assessment instrument's components in relation to the phenomenon under investigation through critical analysis by expert judges (Bonnet, 2023).

The content validation of a discharge plan with instructions for patients with cancer undergoing head and neck cancer surgery is essential to ensure the quality and effectiveness of the instrument as a health education technology. This process allows determining whether the content is conceptually valid, understandable to the target population, and capable of promoting adherence to self-care and patient monitoring after hospital discharge. Furthermore, it ensures the instrument's reliability across various clinical contexts, reinforcing its practical applicability and scientific reproducibility. Ultimately, it contributes to patient safety by reducing the risk of readmission and enhancing continuity of care (Abdullah et al., 2024).

To this end, a two-part electronic questionnaire was sent to the experts. The first part included questions about the experts' sociodemographic profile, such as age, gender, academic qualifications, area of nursing specialization, and length of professional experience. The second part addressed the dimensions and corresponding guidance to be provided to patients (Table 1), previously developed based on an integrative literature review and evaluated by experts for content clarity, relevance, and adequacy. Once validated, the instrument is will be used as a checklist for patients, with instructions adapted to each clinical case.

Table 1

Dimensions and instructions provided in the discharge plan

Dimension	Instructions for patients
Self-care/care provided Concept definition: Support/guidance in performing activities of daily living (Lanzetti et al, 2023)	- Maintain appropriate oral and body hygiene to prevent infections; - Avoid alcohol and tobacco as both can impair healing and increase the risk of complications; - Contact the health team if severe and/or persistent symptoms arise.
Positioning and physical activity Concept definition: Positioning patients and performing safe physical activities adapted to their capacity (Mäkitie et al., 2022)	- Perform light physical activity as recommended by the medical team.; - Keep the head of the bed elevated to facilitate airway patency.
Communication Concept definition: Verbal and non-verbal communication, including gestures, silence, body language, facial expressions, and others (Crowder et al., 2021)	- Practice about vocal exercises; - Practive the most appropriate form of communication based on the patient's health status; - Maintain follow-up with the speech therapist.
Psychological support/self-image Concept definition: Support in mental and behavioral processes (Zhang et al., 2022)	- Engage in techniques to relieve stress and anxiety; - Have a support network that can provide emotional support; - Maintain follow-up with emotional support services.
Nutrition Concept definition: set of processes through which an organism absorbs and assimilates food (Mäkitie et al., 2022)	- Consume a nutritious diet, including fruits, vegetables, lean proteins, and whole grains; - Avoid hard, crunchy, or spicy foods that may irritate the mouth or throat; - Maintain fluid intake to prevent dehydration; - Carry out regular nutritional assessments to monitor nutritional status and adjust the diet and supplements, if necessary.
Medication Concept definition: Routine use of medication prescribed during hospitalization or previously in use (Barsouk et al., 2023)	- Follow the instructions on the correct use of medication; - Adhere to the medication schedule and frequency, especially for pain and sleeping medication.
Surgical wound care Concept definition: Surgical wound care and tracheostomy care, if necessary (Rao et al., 2023)	- Perform the necessary care for surgical wound hygiene and dressing defined by the nursing team. - Screen for other injuries and report them to the health team - Monitor for signs of complications—such as pain, redness, warmth, and discharge—and promptly inform the healthcare team.; - Identify complications related to the tracheostomy, such as accidental decannulation, hemorrhage, obstruction, and fistulas, and encourage seeking immediate care.
Informal caregiver care Concept definition: Support for caregivers who take on this role in an unpaid or non-professional manner (Webb et al., 2023)	- Encourage informal caregivers to seek ways to balance work, leisure, and caregiving responsibilities.; - Encourage seeking professional help (e.g., a psychologist) for emotional support; - Encourage seeking health professionals in case of doubts about the treatment and cancer care.

Source: Authors.

To be considered an expert in this study, nurses working in Brazil were required to meet at least two of the following criteria: (1) a minimum of three years of experience in teaching or practicing surgical or oncological nursing; (2) holding a postgraduate degree in surgical or oncological nursing; or (3) expertise in research methodology.

A total of 23 experts were selected. The sample size was calculated using the following formula: $n = Z\alpha^2 \cdot P(1-P)/e^2$, where P represents the expected proportion of experts who would classify item-level adequacy, and e represents the acceptable margin of error. A 95% confidence level was assumed, with an expected agreement rate of at least 70%. The following values were used in the calculation: $Z\alpha^2 = 1.96$, $P = 0.85$, and $e = 0.15$ (Lopes et al., 2016).

To recruit the expert panel, research groups specializing in surgical and oncological nursing were contacted. Electronic addresses were obtained to invite potential participants. When contact information was unavailable through these groups, it was found in scientific publications and conference proceedings.

Additionally, a search was carried out using the resumes available on the Lattes Platform (lattes.cnpq.br) with the

following keywords : *"enfermagem cirúrgica"* (surgical nursing), *"plano de alta"* (discharge plan), and *"pós-operatório"* (postoperative period). Due to time constraints, invitations to participate in the study were sent by email to eligible nurses. The first email introduced the researcher and explained the study objectives. It also asked potential participants to recommend other professionals with the desired profile, using a snowball sampling strategy.

Initially, 50 emails were sent, resulting in three responses. One week later, an additional 100 emails were sent, yielding 10 more responses. A third round of 150 emails generated 10 more responses. This process brought the total number of participants to 23, meeting the required sample size.

The experts evaluated the practical relevance of the items included in the discharge plan developed in Phase 1. Practical relevance refers to the assessment of the adequacy and applicability of instrument items within the specific context in which they are intended to be used (Bonnet, 2023).

The informed consent form, the study's objectives, and the instrument were distributed electronically via Google Forms, a free, web-based platform. Experts were asked to evaluate the content of each item using the following scale: (1) *completely disagree*, (2) *partially disagree*, (3) *partially agree*, and (4) *completely agree*. Justification was mandatory in cases of disagreement, and changes to the item could be suggested.

For data analysis, responses were organized using Microsoft Excel, and statistical analyses were performed using IBM SPSS Statistics. The following measures were calculated: the Content Validity Index (CVI), which is determined by dividing the sum of responses rated as 3 or 4 by the total number of responses; the Content Validity Coefficient (CVC), which is calculated by dividing the mean score assigned by the experts by the maximum possible score on the scale (V_{max}); the level of agreement, which is determined by the Cronbach's alpha coefficient; and the percentage of *completely agree* responses.

The instrument was considered validated if the scale- and item-level analyses reached both minimum values of 0.80 (80%) for CVI and CVC, along with minimum values of 0.70 for Cronbach's alpha and the percentage of *completely agree* responses (Roco-Videla et al., 2024).

Results

The majority of experts were women (86.7%), aged between 34 and 39 years (33.3%), with a doctoral degree as their highest academic qualification (46.7%). Years of nursing training were distributed between 7 to 11 years, 15 to 19 years, and 23 to 27 years, with 20.0% of participants represented in each interval. Most expert judges held a specialization in oncology nursing (73.3%; Table 2).

Table 2

Characterization of experts (n = 23)

Variables	*n*	%
Gender		
Female	26	86.7
Male	04	13.3
Age in years		
24 |– 29	5	16.7
29 |– 34	5	16.7
34 |– 39	10	33.3
39 |– 44	2	6.7
44 |– 49	4	13.3
49 |– 54	4	13.3
Academic qualifications		
Doctoral degree	14	46.7
Master's degree	12	40.0
Specialization	04	13.3
Area of specialization (in nursing) *		
Oncology	22	73.3
Medical-surgical	09	30.0
Years of nursing training		
Mean	5	
Standard deviation	9.1	

Note. *n* = Sample; % = Percentage.

**Includes professionals with both specializations. For this reason, the total value is above 100%. Source: Authors*

Item-level agreement was analyzed using three metrics: the percentage of *completely agree* responses, CVI, and CVC. The CVI and CVC values for all items confirm that they reached content validity, with values above 0.80 and 80%, respectively. However, the percentage of *completely agree* responses fell below 80% for the items "Self-care/care provided" and "Positioning and physical activity," with scores of 76.6% and 70.0%, respectively (Table 3).

Table 3

Analysis of item-level inter-rater agreement (n = 30)

Analyzed items	Percentage of *completely agree* responses	CVI	CVC
Self-care/care provided	76.6	93	0.90
Positioning and physical activity	70.0	90	0.90
Communication	86.7	97	0.95
Psychological support/self-image	80.0	97	0.92
Nutrition	83.3	93	0.93
Medication	86.7	93	0.95
Surgical wound care	80.0	93	0.95
Informal caregiver care	86.7	97	0.95

Note. CVI = Content Validity Index; CVC = Content Validity Coefficient.
Source: Authors.

In the analysis of scale-level inter-rater agreement, without disaggregating individual items, all overall analyses demonstrated content validity (Table 4).

Table 4

Analysis of scale-level inter-rater agreement (n = 30)

Items analyzed	Score
Percentage of *completely agree* responses	81
Overall CVI	94.5
Overall CVC	0.94
Cronbach's alpha	0.728637

Nota. CVI = Content Validity Index; CVC = Content Validity Coefficient.
Source: Authors.

Discussion

The nurse-led discharge plan has been shown to improve patient education, discharge preparation, autonomy, and quality of life. It also significantly reduces complications and unplanned readmissions (Lin et al., 2024). Therefore, validating the content of the discharge plan is essential to ensure that the guidance provided to patients is reliable and standardized.

The profile analysis of the experts involved in the validation process revealed that most were women aged between 34 and 39 years who held doctoral degrees. They had between seven and 27 years of nursing training, and they all specialized in oncology. These findings corroborate those of previous studies on instrument validation in oncology and medical-surgical nursing that also found a predominance of female experts over the age of 30 with master's or doctoral degrees (Rainho et al., 2023).

All metrics confirmed content validity for all items in the instrument. In the Communication dimension, the instructions addressed vocal exercises, forms of communication adapted to patients' health status, and continued follow-up with speech therapists. The experts recommended clarifying the description of vocal exercises, including information about communicating with patients who have a tracheostomy, and providing alternatives for nonverbal communication. According to the Nursing Interventions Classification (NIC), there are specific guidelines for these contexts that can be applied to patients following head and neck surgery (Bulechek et al., 2024).

In the Medication dimension, the initial instructions included correct adherence to the prescribed regime, with particular attention to pain and sleep medication. The experts suggested adding warning signs of adverse effects and stressing the importance of consulting the health team before making any medication adjustments. They

also recommended incorporating specific information for patients with dysphagia or feeding tubes. These aspects are crucial given the common side effects of cancer drugs and the difficulties faced by patients with swallowing difficulties (Sandoval et al., 2021).

In the Informal caregiver care dimension, maintaining a balance between personal activities and caregiving responsibilities, seeking psychological support, and consulting with health professionals were considered particularly relevant. However, the experts advised including recommendations on building a support network and emphasizing caregiver self-care. These measures support crisis management and prevent caregiver burnout (Kajiwara et al., 2024).

The Nutrition dimension included general instructions on healthy eating, hydration, and nutritional monitoring. The experts recommended incorporating specific dietary instructions for patients with gastrostomy or nasoenteric tubes, addressing aspects such as positioning, infusion rates, and device care. These interventions are essential for maintaining nutritional status and supporting patient recovery (Mäkitie et al., 2022).

In the Psychological support/self-image dimension, the experts suggested specifying stress management techniques, encouraging engagement in leisure activities, and highlighting the role of psychological care in cancer treatment. Psychological support is critical for helping patients cope with physical and emotional changes, reducing anxiety and depression, and preserving body image (Zhang et al., 2022).

With regard to Surgical wound care, the initial instructions were well received. However, the experts recommended using more precise terminology and including detailed tracheostomy care instructions and hygiene practices. These measures are vital for preventing infections and promoting effective wound healing (Rao et al., 2023).

The Self-care/care provided dimension covered oral and body hygiene, abstinence from alcohol and tobacco, and the identification of warning signs. The experts emphasized the need for more detailed hygiene practices and observable symptoms. Adequate hygiene not only prevents infections but also improves self-esteem and quality of life (Lanzetti et al., 2023).

In the Positioning and physical activity dimension, instructions were provided on the type of light physical exercise, the appropriate timing for elevating the head of the bed, and the strategies to prevent pressure injuries. Light physical activity and proper positioning are essential for minimizing complications and enhancing functionality (Mäkitie et al., 2022).

The analyses conducted demonstrated that the validated discharge plan is both reliable and valid. However, this study had some limitations, including the heterogeneity of the expert sample and the potential for subjectiveness in their answers. Given that content validity is linked to the expertise of experts, variations in experience and training may lead to divergent interpretations of the same items, thereby influencing the results.

Additionally, although all experts were specialists in oncology nursing, the sample lacked geographic and institutional diversity, which may limit the generalizability of the findings. The subjective nature of individual ratings may have influenced the homogeneity of the responses, as personal perceptions and practical experience can affect judgments regarding item relevance and clarity. Another relevant limitation is the absence of subsequent validation steps, such as construct validation and pilot testing with patients. As a result, conclusions are limited to the content validation phase. It is therefore recommended that the methodological process continue with additional validation stages and the implementation of the plan in various clinical settings.

Conclusion

This study validated the content of a nurse-led discharge plan for patients undergoing head and neck cancer surgery, comprising the following dimensions: Self-care/care provided, Positioning and physical activity, Communication, Psychological support/self-image, Nutrition, Medication, Surgical wound care, and Informal caregiver care.

From a theoretical perspective, this validation contributes to the advancement of scientific knowledge by introducing an evidence-based instrument that reinforces care models focused on the patient's safe transition from hospital to home. In clinical settings, the validated discharge plan promotes the standardization of guidance provided by the health team, thereby enhancing continuity of care, preventing complications, and reducing readmissions. Moreover, it supports more effective communication among health professionals, patients, and family members, ensuring the delivery of humanized and safe care tailored to the specific needs of patients undergoing rehabilitation following cancer surgery.

Author contributions

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