



Nurses' perceptions of discharge planning implementation: A descriptive qualitative study

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Volume 3(2), 68-79
© The Author(s) 2024
<http://dx.doi.org/10.55048/jpnns126>

e-ISSN 2827-8100
p-ISSN 2827-8496

Received : January 1, 2024
Revised : April 15, 2024
Accepted : May 3, 2024
Published : May 10, 2024



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ABSTRACT

Background: Discharge planning is crucial in hospitals to ensure continuous patient care, thereby preventing re-admissions or complications. However, its implementation still requires improvement due to various obstacles and variances in nurses' perceptions.

Objective: This research aims to explore nurses' perceptions regarding the implementation of discharge planning.

Methods: This study is a descriptive qualitative research involving 14 participants selected through purposive random sampling. Data was collected from April to June 2023 through in-depth interviews, with notes taken and recordings made for transcription. Data analysis was conducted using the Colaizzi method.

Results: Participants exhibited a good understanding of discharge planning, yet disparities emerged in their perceptions regarding ten key themes: knowledge, goals, and benefits; organizational aspects in implementation management; activity mechanisms; methods and media employed; implementation steps/flow; implementation content; particularly notable was the theme of implementation timing; evaluation processes in implementation; availability of specialized formats and documentation procedures/format completion; and encountered implementation categories and room-related obstacles. These themes emerged as significant areas needing attention based on the research findings.

Conclusion: Nurses' perceptions regarding the implementation of discharge planning have not been optimized due to constraints imposed by hospital management policies and room management, differences in nurses' perceptions and attitudes towards implementation, and factors related to patients and their families.

Keywords: perception; nurse; discharge planning; hospital

INTRODUCTION

Discharge planning, a disciplined approach to continuity of care in health services, is prepared to ensure that patients receive care comparable to that at home (Lin et al., 2012; Patel et al., 2023). Therefore, the role of health workers, especially nurses, in planning patient discharge is essential (Diana, 2015).

Nursing and Healthcare Practices

- *Discharge planning is essential for maintaining uninterrupted patient care, thereby preventing readmissions or complications.*
- *Hospital administrators and ward supervisors must oversee the smooth implementation of discharge planning, utilizing digital technology where possible.*
- *Every nurse in the hospital should be involved in and accountable for nursing discharge planning implementation.*

However, optimal implementation of discharge planning has yet to be achieved, as indicated by various findings in the field, such as the absence of guidelines and discharge planning forms for patients (Wulandari & Hariyati, 2019).

Research conducted by Graham et al. (2013) in an Australian hospital revealed that nurse compliance in planning patient discharge was only 23%, indicating a significant shortfall. Another study by Morris (2012) also highlights the situation concerning discharge planning, with 34% of nurses reportedly failing to properly execute discharge planning for patients. This is despite the requirement for discharge planning for hospital accreditation assessment purposes in the United States (Hunter et al., 2013).

The implementation of discharge planning in hospitals in Indonesia, particularly in the Jakarta area, could be more optimal (Wulandari & Hariyati, 2019). Additional data indicates that approximately 61% of nurses in the Yogyakarta area and 54% in Bandung are required to conduct discharge planning (Oktaviani, 2015). Moreover, findings based on medical records from a regional hospital show that only 25% of discharge planning procedures were carried out (Pribadi et al., 2019). A review of medical records at a hospital in Banjarmasin reveals that the completeness of discharge planning falls below 80% every month (Tasalim & Widodo, 2020). Preliminary research conducted at a research hospital, through short interviews with 5 nurses in different wards, concludes that discharge planning could be optimized but tends to be neglected due to various factors. Observation

results regarding the availability of guidelines and discharge planning sheets still need to be documented. According to the National Hospital Accreditation Standards (SNARS) Edition I, hospitals must establish regulations for implementing discharge planning based on the patient's health condition and the need for continuity of care and action (KARS, 2017).

Several factors contribute to the inadequate implementation of discharge planning, including issues related to nurse performance, disparities in understanding, perceptions, and attitudes among nurses regarding its implementation, and insufficient management support in terms of facilitation (Fitriani et al., 2021; Nasiri et al., 2022). Additionally, there is an assumption that implementing discharge planning is not essential. This perception may stem from varying levels of knowledge, work motivation, and differences in understanding regarding the importance of discharge planning. Failure to implement discharge planning effectively can prolong hospital stays, increase the likelihood of recurrence and unplanned complications, and consequently reduce the patient's quality of life (Diana, 2015). Moreover, the ineffective implementation of discharge plans can impose a financial burden on patients due to prolonged treatment and the possibility of recurrent illness (Nasiri et al., 2022), leading to readmissions to the hospital. These impacts can also affect the overall quality of hospital services (Gholizadeh et al., 2018).

Implementing discharge planning involves aligning perceptions and enhancing understanding of its significance. The convergence of perceptions must be reinforced by heightened comprehension, ideally serving as the catalyst for shifts in nurses' attitudes and behaviors regarding hospital discharge planning. Additionally, management initiatives should focus on providing and facilitating discharge planning necessities, such as guidelines and implementation forms. This study seeks to investigate nurses' perceptions regarding the implementation of discharge planning in hospitals.

METHODS

Design

A qualitative descriptive approach was conducted between April and June 2023.

Sample and Setting

The sample of participants in this research included 14 inpatient hospital ward nurses in Martapura, Indonesia, who were selected through purposive random sampling. Inclusion criteria required participants to have at least one year's experience in an inpatient ward. Participants were recruited following ethical guidelines and provided a written explanation of the research objectives, procedures, rights, obligations, and advantages and disadvantages of participation. Only individuals who provided informed consent were included.

Variable

Data collection employed interview sheets, initially tested on five participants to validate previous questions and the preliminary study. Trial results were analyzed and adjusted before use. In-depth interviews were conducted individually by the research team from the nursing management division, accompanied by note-taking and voice recordings, utilizing a semi-structured interview guide. Each interview lasted 20-40 minutes.

The interview questions explored participants' perspectives on discharge planning: (1) "What are your perceptions regarding the purpose and benefits of discharge planning? How important is its successful implementation?", (2) "Who is involved in managing the implementation of discharge planning, and how is it organized?", (3) "Can you explain the mechanism of discharge planning activities?", (4) "When is discharge planning typically implemented?", (5) "What is the evaluation process for discharge planning implementation, particularly concerning structure, process, and outcomes?", (6) "Could you describe the documentation process for filling out discharge planning forms?", (7) "In your opinion, how effective is discharge planning in the ward, and what obstacles hinder its implementation?"

Data Collection

Data collection commenced after securing research permission from the hospital. Permission letters were presented to each treatment room to inform the head of the room and the participating nurse. Data collection was conducted directly with willing participants who had signed the consent form on the interview sheet. The interview, structured around themes pertaining to nurses' implementation of

discharge planning, involved posing prepared questions. The research team recorded the interview process using a tape recorder and made outlines for documentation.

Data Analysis

The data analysis utilized the Colaizzi method, which involved several stages. Firstly, the researchers described the aspects studied concerning discharge planning. Next, data from interviews with participants, including recordings and researcher notes, were processed to identify recurring themes. Subsequently, the data were analyzed and interpreted to draw conclusions, focusing on the relevance of both the hospital team and researchers to the findings.

Ethical Consideration

This research obtained ethical approval from the Stikes Intan Martapura Ethics Committee, with approval number 014/KE/YBIP-SI/V/2023, based on similar research. During the data collection process, the researcher provided a clear explanation of the aims and objectives of the research, outlining the potential advantages and disadvantages. Participants expressed their agreement and approval by signing a consent form before the interview.

RESULTS

Characteristics of participants, namely nurses, include gender, age, marital status, highest level of education, employment status, and length of service. The frequencies are detailed in Table 1. The characteristics of the participants are displayed in Table 1. This study involved 14 nurse participants who worked in the inpatient ward at the Hospital, comprising 12 women and two men aged 31-49 years, with the largest category being 36-45 years with a length of service ranging from 1 to 23 years as a room nurse. The majority of participants were married (12 participants were married, 2 participants were unmarried) with the highest level of education attained from tertiary institutions, ranging from a third diploma in nursing to a bachelor's degree in nursing. Eleven participants held government employee (ASN) status, and three participants were hospital contract workers with government employee agreement (P3K).

The following are the results of the analysis from interviews conducted with 14 participants regarding nurses' perceptions regarding the

Table 1. Characteristics of research participants' perceptions of nurses regarding the implementation of discharge planning (n=14)

n	Gender	Age (Years)	Marital status	Last Education	Employee Status	Lenght of Work (Years)
P1	Female	37	Married	Associate's degree	Government employees	14
P2	Female	43	Married	Nursing Profession	Government employees	17
P3	Female	28	Married	Bachelor's Degree	Contract employees	1
P4	Female	35	Married	Associate's degree	Government employees	13
P5	Female	34	Single	Nursing Profession	Government employees with an agreement	6
P6	Female	43	Married	Associate's degree	Government employees	22
P7	Female	35	Married	Nursing Profession	Government employees	13
P8	Male	42	Married	Nursing Profession	Government employees	11
P9	Female	34	Married	Nursing Profession	Government employees with an agreement	14
P10	Female	49	Married	Associate's degree	Government employees	23
P11	Male	46	Married	Bachelor's Degree	Government employees	11
P12	Female	41	Married	Associate's degree	Government employees	23
P13	Female	33	Single	Nursing Profession	Contract employees	6
P14	Female	31	Married	Nursing Profession	Contract employees	8

implementation of discharge planning at the Hospital, as shown in Table 2. Based on Table 2, it can be interpreted that participants have various perceptions regarding the implementation of discharge planning. It has yet to be implemented optimally, even though their understanding, in general, is quite good. The results of the analysis are explicitly based on the following themes:

Understanding the purpose and benefits of discharge planning

Discharge planning needs to be well understood and implemented by nurses. Therefore, nurses need to grasp its meaning, goals, and benefits. Participants demonstrated good understanding

of the meaning, objectives, and benefits of discharge planning. Based on the results of interviews conducted with participants, the following perceptions were obtained:

"It involves planning for patient discharge" (P1, P2, P3, P4, P5), "which begins from the moment the patient is admitted until they are discharged home" (P9, P10, P11), "and involves education" (P13, P14). "Its aim is to reduce treatment days or meet pathway targets" (P1, P12), "provide patients with knowledge about follow-up care at home" (P5, P6, P8), "ensure continuous treatment for patients" (P7), and "facilitate treatment at home" (P11).

Table 2. Results of interview analysis of research participants' perceptions of nurses regarding the implementation of discharge planning (n=14)

Theme	Sub Theme	Respondent Statement
Under- standing the purpose and benefits of discharge planning	"What do you think is the purpose and benefits of dis- charge planning?"	"It is patient discharge planning" (P1, P2, P3, P4, P5) "which is carried out from the moment the patient is admitted until the patient goes home" (P9, P10, P11) "in the form of education" (P13, P14). "Aimed and useful to reduce treatment days or according to pathway targets" (P1, P12), "give patients knowledge about follow-up care at home" (P5, P6, P8), "continuous treatment for pa- tients" (P7), "make treatment easier at home" (P11).
Organization in the man- agement of Discharge planning im- plementation	"How is the organi- zation or who plays a role in managing the implementa- tion of discharge planning?"	"the team leader who plays the role (P1, P4), the patient and the patient's family" (P4), "the main person respon- sible is the DPJP" (P2), "All nurses carry out discharge planning because their activities are from the moment the patient enters until the patient goes home, the patient and family patient" (P5, P6), "team leader and executive nurse" (P7, P8, P11, P13, P14), "all health workers involved" (P10).
Discharge planning ac- tivity mecha- nism	"What is the mechanism for discharge planning activities?"	"Discharge planning activities are carried out from the moment the patient is admitted" (P1) until the patient goes home" (P3), "the patient is called and given an ex- planation" (P4), "carried out by the team leader and the executive nurse from the time the patient enters, plans treatment and even collaborates with the poly nurse" (P7), "carried out by all professions involved" (P9), nurs- es and doctors explained health education" (P10).
Discharge planning methods and media	"What methods and media are used in imple- menting discharge planning?"	"Oral directly (P1, P3, P4, P7, P8, P9, P11, P12, P13, P14), explanation only (P5)", "Media with control card (P4, P6)", "Leaflet (P5, P7, P9, P10, P11)", "poster (P7, P10)".
Discharge planning im- plementation steps/flow	"What are the steps/flow for implementing discharge planning activities?"	"The implementation begins with the team leader when receiving a new patient (P1), the nurse receiving the new patient gives a general explanation, and in the morning, the PPJA usually does it (P2), "it is carried out from the time the patient is admitted until the patient goes home (P3, P5, P8, P9, P10) carried out during a plus when checking vital signs (P10)", "when the patient enters they are given an explanation and some in the middle (P6)".
Fill in the im- plementation of Discharge planning.	"What is the content of imple- menting discharge planning?"	"treatment days, doctor collaboration therapy (P1)", when being treated, the length of treatment days must be explained, the education provided (P2)", "about med- ication, control schedule (P6), x-rays, ultrasound (P4)", "how to treat at home, for example caring for NGT (P5)", "depending on the disease, treatment and how to care at home (P7, P8, P12)".

Discharge planning implementation time	"When is the discharge planning implementation time?"	"at the beginning of the patient's admission, middle, end of treatment or the patient wants to go home (P3, P7, P9)", "when the patient wants to go home (P4, P13, P14)", "the situation can be immediately when the patient arrives, at most in the morning (P11)", "around visiting time, want to move rooms (P12)."
Evaluation process in implementing discharge planning	"What is the evaluation process in implementing discharge planning, especially regarding structure, process, and results?"	"The evaluation is if the patient does not ask again about the education given well (P1)", "the patient is asked again about the patient's understanding of what we convey (P3, P5, P10) and his family (P8)", "the day after being taught, he is asked to repeat it in front of the nurse (P7)", "after being taught whether it can be seen from his actions (P9)", "monitoring (P11)", "not monitored (P13, P14)".
Availability of special formats and documentation process/filling in the Discharge planning format	"What is the documentation process/filling in of the Discharge planning format (attached form)?"	"The format in hospitals is almost the same as a doctor's resume, so the person who signs the DPJP is not a nurse, but those who write the resume are mostly nurses (P1)", "the format is the same as a doctor's resume (P2)", "the format is there, the doctor fills in (P5, P9, P13, P14)", "The formats for nurses and doctors are different (P6)", "Formats are filled in when the patient wants to go home (P8)", "Yes, rarely filled in (P12)"
Categories and obstacles to implementing discharge planning in the room	"Do you think the discharge planning activity in the room is good, and are there any obstacles to its implementation?"	"It's good (P4, P5), going well (P8)", "Quite good (P6, P12), and needs improvement (P11)".

Organization in the management of the implementation of discharge planning

Effective organization is crucial in implementing discharge planning to ensure clear task allocation. In general, participants' understanding of the organization in managing discharge planning implementation is quite good. Based on the results of interviews conducted with participants, the following perceptions were obtained: Discharge planning needs to be understood and implemented well by nurses, so nurses need to understand its meaning, goals, and benefits. Participants' understanding of the meaning, objectives, and benefits of discharge planning is good. Based on the results of interviews conducted with participants, the following perceptions were obtained.

"The team leader plays a key role (P1, P4), along with the patient and their

family" (P4), "the primary responsible individual is the DPJP" (P2), "All nurses are involved in discharge planning as it is part of their duties from admission until discharge, involving both the patient and their family" (P5, P6), "team leaders and executive nurses oversee the process" (P7, P8, P11, P13, P14), and "all healthcare workers are engaged" (P10).

Discharge planning activity mechanism

Mechanisms in implementing discharge planning are essential to ensure smooth execution. Participants expressed a good understanding of the tools for discharge planning activities. Based on the results of interviews conducted with participants, the following perceptions were obtained.

"Discharge planning activities commence upon the patient's admission" (P1) until they are discharged home" (P3), "patients

are briefed and given explanations" (P4), "conducted by the team leader and executive nurse from admission, through treatment planning, and collaboration with other healthcare professionals" (P7), "involving all relevant professions" (P9), and "nurses and doctors provide health education" (P10).

Discharge planning methods and media

Effective methods and media in implementing discharge planning need to be carefully considered. The methods nurses use in the ward are appropriate, but most require supporting media to facilitate communication, information, and education (KIE). Based on the results of interviews conducted with participants, the following information was obtained.

"Direct oral communication (P1, P3, P4, P7, P8, P9, P11, P12, P13, P14), verbal explanation only (P5)", "Use of control cards (P4, P6)", "Distribution of leaflets (P5, P7, P9, P10, P11)", "Displaying posters (P7, P10)".

Steps/flow for implementing discharge planning

Understanding the flow of implementing discharge planning is essential for nurses. In general, participants' understanding regarding the implementation flow of discharge planning could be improved. Based on the results of interviews conducted with participants, the following perceptions were obtained.

"The process begins with the team leader upon receiving a new patient (P1), with the nurse conducting an initial explanation, and typically the PPJA handles it in the morning (P2)", "It spans from admission until discharge (P3, P5, P8, P9, P10), often occurring during vital sign checks (P10)", "Patients are briefed upon admission and sometimes midway through treatment (P6)".

Filling in the implementation of

Discharge planning

Discharge planning involves conveying several materials or contents related to the patient's condition. Participants' understanding of the content in implementing discharge planning was quite good. Based on the results of

interviews conducted with participants, the following perceptions were obtained.

"Treatment days, doctor collaboration therapy (P1)", "During treatment, patients are informed about treatment duration and provided education (P2)", "Information about medications and follow-up schedules (P6), as well as X-rays and ultrasounds (P4)", "Instructions on home care, such as NGT care (P5)", "Tailored to the disease, treatment, and home care instructions (P7, P8, P12)".

Discharge planning implementation time

Participants' perceptions regarding the implementation timing of discharge planning are generally quite good. Based on the results of interviews conducted with participants, the following perceptions were obtained.

"At admission, during treatment, or when the patient desires to leave (P3, P7, P9)", "Upon the patient's request to leave (P4, P13, P14)", "Usually at the patient's arrival, at most in the morning (P11)", "Around visiting hours or when the patient wishes to change rooms (P12)".

Evaluation process in implementing discharge planning

Evaluation in the implementation of discharge planning is crucial for assessing its success. Participants generally understood the assessment process in discharge planning quite well. Based on the results of interviews conducted with participants, the following perceptions were obtained.

"Evaluation occurs if the patient no longer asks questions about the education provided (P1)", "Patients and their families are questioned about their understanding of the information conveyed (P3, P5, P10)", "The day after education, patients are asked to repeat the information in front of a nurse (P7)", "Assessment includes observing patients' actions following education (P9)", "Monitoring is conducted (P11)", "However, not all aspects are monitored (P13, P14)".

Availability of special formats and documentation process/filling in the

Discharge planning format

The format and completion of the Discharge planning document must accurately represent implementation activities. Participants demonstrated good understanding of the need for special arrangements and the documentation process/filling in the Discharge planning format. Based on the results of interviews conducted with participants, the following perceptions were obtained.

“The format resembles a doctor’s resume, and the DPJP, not a nurse, typically signs it, although nurses often complete the form (P1)”, “The format is similar to a doctor’s resume (P2)”, “The format is available, and doctors complete it (P5, P9, P13, P14)”, “Nurses and doctors use different formats (P6)”, “Formats are completed when patients wish to leave (P8)”, “However, they are infrequently completed (P12)”.

Categories of implementation and obstacles to implementing

Discharge planning in the room

Assessing the stages and obstacles to implementing discharge planning in hospital rooms is essential. Participants generally demonstrated good understanding of these aspects. Based on the results of interviews conducted with participants, the following perceptions were obtained.

“It is going well (P4, P5)”, “It is quite effective (P6, P12), but there is room for improvement (P11)”, “Challenges include the team leader having multiple roles, leading to difficulties in effective discharge planning (P1)”, “Information conveyed to different individuals or the patient’s family may need to be repeated due to varying perceptions (P3)”, “Communication challenges with patients’ families, resulting in varied understanding (P4, P5)”, “Communication may be challenging during holidays, impacting coordination (P7)”, “Adherence to SOPs may vary, affecting understanding among patients’ families (P9)”, “Some patients may not be reached due to workload priorities (P10)”, “Improvements are needed due to nurses’ focus on medical tasks and confusion regarding implementation (P11)”, “Some nurses may lack initiative

and awareness (P12)”, “One obstacle is the unavailability of the format (P13, P14)”.

DISCUSSION

Participants perceive discharge planning as the process of planning a patient’s discharge, initiated upon admission to the hospital and continuing until the patient is discharged home, with the content primarily focused on education. This understanding aligns with general perceptions but diverges from some scholarly definitions. According to Yulianti & Febriani (2023), discharge planning involves patients and their families in preparing for sustainable care, while Nursalam (2018) defines it as continuous nursing care required by patients regardless of their location.

The National Council of Social Service (NCSS) (2006) outlines discharge planning with the goal of optimizing the patient’s ability to independently utilize family and community support resources. It aims to enhance patients’ and families’ knowledge, independence, skills, and attitudes towards maintaining health status post-hospitalization (Megasari, 2021), often realized through nursing care activities (Zakiyah et al., 2017). Participants in this study perceive discharge planning as targeting achievement in care by educating patients and families about follow-up care and home treatment. The World Health Organization (WHO) specifically aims to prepare patients and families both physically and psychologically for discharge, facilitate smooth transitions, increase independence, provide sustainable care, and improve the quality of life regarding health issues or potential complications (Megasari, 2021).

Considering the meaning and objectives of discharge planning, there are numerous benefits associated with its effective implementation, including enhancing the patient’s quality of life. Effective discharge planning ensures continuity of care, reducing the likelihood of readmissions or complications (Gonçalves-Bradley et al., 2016; Gholizadeh et al., 2018). Other mutual benefits include establishing shared goals, managing short and long-term care, fostering patient engagement in the care process, fulfilling patient rights, enhancing illness understanding, and validating nurses’ expertise within the healthcare system (Megasari, 2021).

In implementing discharge planning, various elements within the hospital or room must be engaged. Participants’ perceptions

regarding the organization in managing the implementation of discharge planning are generally appropriate. They recognize that it involves all nurses, including the head of the room, team leader, primary nurse, and executive nurse in every hospital room, and can extend to other healthcare workers. However, its execution also necessitates the involvement of supervisors for evaluations. The supervisor, typically the head of the room, serves as the highest-ranking leader at the room level. According to [Asih et al. \(2022\)](#) research, supervision activities positively correlate with the implementation of discharge planning, highlighting the importance of well-executed supervision activities.

Apart from engaging all stakeholders within the hospital room, the role of hospital management must also be adequately addressed concerning the implementation of discharge planning. Management should execute management functions in discharge planning, encompassing planning, organizing, staffing, directing, and controlling. This aligns with the findings of [Wahyuningsih et al. \(2023\)](#), which indicate that proficient execution of management functions can influence the implementation of discharge planning in hospitals.

The tasks involved in implementing discharge planning must be executed meticulously through a structured activity process. Participant perceptions regarding the mechanism of discharge planning activities could be refined. Participants noted that the implementation spans from the patient's admission until their discharge, led by the team leader, nurses, and other healthcare workers through educational means.

According to [Nursalam \(2018\)](#), the mechanism for discharge planning activities commences with the selection of a pertinent topic aligned with the patient's disease condition, followed by scheduling and organizing the activity, and determining the educational material to enhance the patient's knowledge, attitudes, and behavior regarding their condition. Another perspective from [Megasari \(2021\)](#) outlines discharge planning stages, starting with patient prioritization, conducting physical and psychosocial assessments, planning implementation methods, identifying patient and family resources including financial and healthcare services, and concluding with implementation and evaluation of the activities' outcomes

Success in implementing discharge planning relies on the delivery method and implementation mechanism employed by nurses, as well as the auxiliary media utilized. Participants' perceptions regarding the implementation of discharge planning were predominantly conveyed through verbal communication or direct question-and-answer interactions with patients and their families. However, leaflets or posters were rarely utilized in the majority of activity processes.

Discharge planning utilizing a direct question-and-answer discussion method should be accompanied by effective media such as leaflets, posters, and other digital platforms. Digital media, such as an Android application containing engaging posters and educational videos, allows patients and families to repeatedly watch videos and receive explanations from nurses. Research by [Heryyanoor et al. \(2022\)](#) suggests that using educational videos can enhance understanding and attitudes by maximizing sensory input to absorb information and enhance knowledge.

Studies on implementing discharge planning through media such as booklets, conducted by [Fatimah Khoirini \(2023\)](#), have shown improvement in hands-on resuscitation skills among families of heart patients. Another study by [Megasari \(2022\)](#) examined the impact of implementing the Mobile Discharge Planning (Modplan) application on the readiness to return home in patients with acute myocardial infarction. Android-based applications for discharge planning have also proven effective for stroke patients ([Retnaningsih et al., 2024](#)).

Participants' perceptions regarding the flow of implementation of discharge planning could be refined. Generally, the tasks involved in implementing discharge planning commence at the preparation stage and proceed through the implementation stage, following established procedures. According to [Nursalam \(2018\)](#), during the preparation stage, which occurs in the nurse's room, the primary nurse or team leader prepares the patient's status and discharge planning format, discusses the patient's health problems, and identifies topics to be addressed with the patient and their family. This stage concludes with a comprehensive review by the head of the room. The subsequent stage is the implementation stage, which takes place at the patient's bedside. Here, the primary nurse provides health education and demonstrates or repeats demonstrations related to diet, activity, rest, medication administration, and self-care.

Subsequently, the primary nurse evaluates the success of the discharge planning by reiterating key points, expresses gratitude to the patient and family, and documents the interaction.

The material or content in discharge planning is highly significant, tailored to the patient's specific disease condition. Participants' perceptions regarding the presented content were appropriate when activities were adjusted to accommodate the patient's unique medical circumstances. For instance, in the case of a patient like Mrs. N, diagnosed with pulmonary TB and pleural effusion, the material covered nursing care for patients with these conditions, common nursing issues, and discharge planning specifics. Additionally, dietary recommendations suitable for the ailment are typically discussed, often in collaboration with nutritionists. Moreover, recommendations regarding appropriate physical activity, rest based on the patient's overall health status, adherence to medication schedules, and fostering independence in self-care are emphasized.

Participants' perceptions regarding the timing of discharge planning were highly appropriate, spanning from the patient's admission until their discharge. This entails delivering disease-related education to patients and families throughout the treatment journey. Beginning at the patient's admission, identification of the issues they are facing is conducted in accordance with their medical diagnosis. The preparation of discharge planning is meticulously arranged by scheduling the provision of materials in a structured and organized manner to maximize the success of its implementation.

The successful implementation of discharge planning involves directly assessing patients' and families' understanding, attitudes, and behavior regarding managing the disease they are experiencing. Participants' perceptions regarding assessing the success of discharge planning were quite appropriate, particularly if the patient and family could recall, explain, and execute what the nurse had taught them. Evaluation can be carried out continuously at every meeting moment by asking the patient and family about the material previously presented.

The evaluation stage is also conducted through supervision as a third party to validate the success of the discharge planning carried out by the nurse. Direct evaluation can be accomplished by assessing structural elements

such as preparations made, the suitability of the material presented to the patient's disease condition, process evaluation involving the smoothness of activities and the role of nurses who carry them out, and result evaluation encompassing patient and family acceptance of the information provided by nurses (Nursalam, 2018).

The format and method for filling out the Discharge planning form must be available in every hospital room. However, at Hospital A, it has yet to be fully available; some even think it is similar to a doctor's resume, so it is rarely filled out or managed by nurses. The discharge planning format generally includes patient data starting from the registration number, patient name, gender, date of hospital admission, planned date of discharge, reason for discharge, time and place of follow-up control, continued nursing at home in the form of tasks that need to be carried out at home such as wound care, dietary or nutritional guidelines, medications that must be taken according to dosage and prescriptions, recommendations for activity and rest, items to take home such as laboratory and EKG results, as well as other pertinent information that the nurse deems essential (Nursalam, 2018). The nurse completes this format by considering and incorporating suggestions or opinions from other healthcare experts, such as dietary recommendations provided by a nutritionist.

Participants' perceptions regarding the implementation of discharge planning in hospital rooms are quite good but need improvement. According to participants, there are various obstacles in implementing discharge planning, particularly from the nursing aspect. These include differences in nurses' understanding of its implementation, service time focused on routine activities, especially medical procedures or collaboration, lack of patience in communication and education provision among some nurses, high workload, and lack of awareness among nurses regarding the importance of discharge planning and the availability of special formats for nurses in each room. Research by Rofi'i et al. (2013) suggests a relationship between personnel factors and patient discharge planning. Personnel factors, in this case, involve health workers, including nurses, needing to establish relationships, communicate effectively, and reach agreements with patients, families, and other health teams. From the perspective of patients and their families, there are differences in understanding

what the nurse has conveyed and taught, especially as family members, acting as the patient's guardians, often change. Therefore, it is necessary to reiterate explanations to ensure understanding.

CONCLUSION

This study concluded that nurses' perceptions regarding the implementation of discharge planning in the hospital where this research was conducted were not optimal due to constraints on hospital management policies and room management on their ability to carry out management functions in carrying out discharge planning, differences in nurses' perceptions and attitudes towards its implementation, as well as other factors. Patient and family. Therefore, it is recommended that hospitals optimize the implementation of discharge planning by establishing implementation standards and policies, providing formats and operational standards for discharge planning procedures, increasing nurses' understanding of discharge planning through training activities and workshops, and utilizing digitalization to implement discharge planning.

Declaration of Interest

None

Acknowledgment

Thank you to the chairman of Stikes Intan Martapura, the Head of the Research and Community Service Unit, and the Director and Head of the Hospital where the research was conducted for their help and support in expediting the publication of this article. Thanks are also expressed to the participants involved in this research.

Funding

None

Data Availability

None

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