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Personnel Factor and Involvement & Participation Factor Associated with the Implementation of Discharge Planning at the General Hospital of Pidie Regency

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Abstract

Background: Personnel factors in implementing discharge planning are nurses who are directly involved in planning patient discharge. In contrast, involvement and participation factors in discharge planning are families, medical teams, and health workers involved in carrying out discharge planning. There is no optimal monitoring and evaluation of the implementation of discharge planning and Standard Operating Procedures (SOP), so there is potential for re-hospitalization after returning from the hospital. This study aimed to analyze the factors associated with the implementation of discharge planning at the Regional General Hospital of Pidie Regency.

Methods: This research employed a quantitative study with a cross-sectional design. The number of samples was 288

respondents collected with the total sampling technique. The data collection tools were questionnaires that were distributed to the executive nurses. Data were analyzed using univariate and bivariate descriptive statistical analysis.

Results: The results showed that the personnel factor (p -value = 0.001) and the involvement and participation factor (p -value = 0.003) are correlated with the application of discharge planning.

Conclusion: It is hoped that there will be workshops/trainings on the implementation of discharge planning as well as monitoring and evaluation for health personnel, patients or families, and establishment of good professional relations in the implementation of discharge planning.

Keywords: Personnel, Involvement and Participation, Discharge Planning, Nurse

1. Introduction

Hospital Accreditation Standard (Standard Akreditasi Rumah Sakit, SARS) ^[9] of 2022 regarding hospital access and service continuity states that the determination of discharge planning begins at the initial assessment of the patient's admission. Continuity is needed to determine the patient's discharge planning according to the required patient's criteria. The discharge planning process is recorded in the patient's medical record in accordance with hospital regulations. Continuity between post-hospital care will be successful if the preparation of discharge planning is integrated and carried out by inter-professional care providers and facilitated by care management (SARS, 2022) ^[9].

Important factors that influence the implementation of discharge planning are the negative attitudes of patients and families. For example, patients and their families are often in such a rush to leave the hospital after discharge that they do not have time to wait for a critical part of discharge planning. Implementation of discharge planning is like any other treatment and depends on patient consent and willingness to cooperate with staff. (Chang *et al.*, 2016) ^[4].

Personnel discharge planning is related to the implementation of discharge planning. Nurses are part of the discharge planning personnel. One of the challenges faced by nurses in discharge planning for patients with acute care is the confusion of roles and the invisible role of nursing staff in planning patient discharge (Nosbusch, Weiss, & Bobay, 2011).

Involvement & participation consists of the level of involvement of patients and health workers and the way they participate in discharge planning nurses make patients, families and other health workers as colleagues (Rofi'i *et al.*, 2013) ^[8]

Muharni, *et al.* (2021) ^[7] reported that 67 (74.4%) respondents carried out discharge planning well, 58 (64.4%) respondents had good personnel and 73 (81.1%) respondents had good involvement & participation. The results showed that there was a relationship between personnel factor (p = 0.023) and involvement & participation (p = 0.000) with the implementation of discharge planning in the Inpatient Room (Muharni, Sri, 2021) ^[7].

Incomplete forms were found during the implementation of discharge planning in the field. Discharge planning is done as per patient requirements only. Patients come home with medication and a schedule for a repeat control visit, but they do not

receive any explanation or education regarding the patient's physical activities and diet at home. Providing education when patients go home is limited to administering patient discharge whose implementation has not optimally followed Standard Operating Procedures (SOP). Therefore, patients repeatedly experience the same symptoms and signs after being allowed to go home by the treating doctor a few days later.

2. Method

The research conducted was a descriptive-analytic study with a cross-sectional study design. Questionnaires were distributed to 288 nursing staff at the Regional General Hospital of Pidie Regency. The total sampling technique was used to collect the samples. Univariate data analysis was performed using frequency distribution, and bivariate data analysis was performed using Chi-Square.

3. Results

The results of the research conducted in November 2022 on 288 respondents at the Regional General Hospital of Pidie Regency are as follows:

Table 1: Characteristics of Respondents (n = 288)

Individual Characteristics	f	%
Age		
Early Adulthood (17-25 Years)	35	12.2
Middle Adulthood (26-35 Years)	189	65.6
Late Adulthood (36-46 Years)	60	20.8
Early Old Ade 47 - 55 Years	4	1.4
Sex		
Male	68	23.6
Female	220	76.4
Last Education		
Diploma-III of Nursing	217	75.3
Bachelor of Nursing	28	9.7
Nurse Profession	42	14.6
Master of Nursing	1	0.3
Marital Status		
Married	206	71.5
Unmarried	76	26.4
Widow / Widower	6	2.1
Length of Work		
< 1 Year	41	14.2
1- 5 Years	133	46.2
> 5- 10 Years	72	25.0
> 10 Years	42	14.6
Employment Status		
Civil Servant	52	18.1
Contract Employee	7	2.4
Part-Time Worker (Honorarium basis)	229	79.5
Discharge Planning Training		
Received training	84	29.2
Not received training	204	70.8

Table 1 shows that most respondents are in middle adulthood (65.6%), female (76.4%). and married (71.5%). Most of them have Diploma-III in nursing (75.3%) with a length of service of 1-5 years (46.2%). The majority also has part time employee status (79.5%) and have never attended discharge planning training (70.8%).

Table 2: Frequency Distribution of Discharge Planning Factors (n = 288)

Variable	f	%	Standard Deviation (SD)
Personnel Factor			
Good	259	89.9	0.323
Poor	29	10.1	
Involvement & Participation Factors			
Good	254	88.2	0.323
Poor	34	11.8	

Based on the research results in table 2, it is known that the personnel factor sub-variable in implementing discharge planning are in a good category (89.9%), and the involvement and participation factor in implementing discharge planning is in a good category (88.2%)

Table 3: Factors Related to Discharge Planning (n = 288)

Variable	Discharge Planning Implementation		Total	p-value
	Implemented	Not Implemented		
Personnel Factor				
Good	230 (88.8)	29 (11.2)	259 (100)	0.001
Poor	18 (62.1)	11 (37.9)	29 (100)	
Involvement & Participation Factor				
Good	230 (88.6)	29 (11.4)	254 (100)	0.003
Poor	23 (67.6)	11 (32.4)	34 (100)	

Based on the research results in table 3, it can be concluded that there is a significant relationship between personnel factors and the application of discharge planning (P-Value = 0.001). There is a significant relationship between the involvement and participation factor and the implementation of discharge planning (P-Value = 0.003), and there is a significant relationship between communication factors and discharge planning implementation (P-Value = 0.000).

4. Discussion

Personnel relations with the implementation of discharge planning at the Regional General Hospital of Pidie Regency
Based on the research results, it can be concluded that there is a significant relationship between personnel factors and the application of discharge planning (P = 0.001). Nurses with good personnel factors tend to apply discharge planning compared to nurses with poor personnel factors. Some factors causing the not optimal discharge planning implementation are human resources who do not understand the importance of discharge planning, the unavailability of standard operating procedures (SOP) and appropriate discharge planning guidelines, as well as the existence of obstacles originating from personnel factors, namely service providers and recipients of services (Winarni, Sujanaa, & Gasonga, 2019)^[12].

Discharge planning personnel are the people who contribute to discharge planning, namely nurses, doctors, community health workers, patients, and family members. Discharge planning by nurses is essential to be implemented in hospitals. (Ginting, 2020)^[6].

The nurse's role is central to interprofessional health collaboration. Nurses are one of the personnel whose involvement and participation have a vital role in carrying out discharge planning in nursing care which has become

one of the important programs in nursing care. Nurses are members of the discharge planning team who assist in maintaining or restoring the patient's condition optimally. With discharge planning, nurses determine goals or prepare special care with patients and families. They also review and evaluate the integrated continuity of staff and nursing care professionals using the integrated clinical flow of discharge planning and follow-up. (Agustinawati, Bunga, & Kusumaningsih, 2022)^[1].

The personnel affect the implementation of discharge planning. One of the challenges nurse's faces in discharge planning for patients with acute or chronic care is the confusion of roles and the invisible part of nursing staff in planning patient discharge. Personnel responsibility for discharge planning in the hospital is the responsibility of the nursing staff. Nurses are also responsible for working with patients and healthcare providers in the community, establishing health referral services, and checking daily admissions and discharges to determine which patient will require care outside the hospital. (Rofi'i, Hariyati, & Pujasari, 2013)^[8].

This is in accordance with previous research on 62 nurses in the inpatient room of RSUDZA Banda Aceh. The results show that personnel factors influence the implementation of discharge planning, which is in the good category with a percentage of 62.9% (39 nurses) (Solvianun & Jannah, 2017)^[10].

Another study state that there is a relationship between personnel factor ($p=0.01$, $\alpha=0.05$) and discharge planning implementation. Nurses must be able to establish relationships, communicate, and make agreements with patients, families, and other health teams. (Rofi'i *et al.*, 2013)^[8].

The study results show that there is an influence between personnel factors and the implementation of discharge planning because cooperation in carrying out discharge planning between nurses, patients, families, and other health teams is the key to the successful implementation of discharge planning. If the personnel factor is not going well, then the implementation of discharge planning cannot be carried out properly.

The involvement & participation relations with the implementation of discharge planning at the Pidie District General Hospital.

Based on the research results, it can be concluded that the involvement and participation factor is significantly related to the application of discharge planning ($P = 0.003$). Nurses with good involvement and participation factor tend to apply discharge planning compared to nurses with poor involvement and participation factor.

Continuing care factors or involvement and participation (multidisciplinary teamwork) can be measured from the problems that still exist for continuing care after discharge from the hospital. (Triwandini & Zakiyah, 2022)^[11].

Involvement and participation factor is very influential in carrying out discharge education/discharge planning. There are two factors of involvement and participation: the level of involvement of patients and health workers and their participation level in discharge planning. Family involvement in the implementation of discharge education/discharge planning can relevantly increase satisfaction, increase patient perceptions of continuing care,

prepare for patient care, and increase the role in providing full service to patients (Aisya, 2022)^[3].

Patients have the right to participate in discharge planning. However, previous studies have shown that they are often dissatisfied with the information they receive and their involvement in goal setting during planning. The purpose of discharge planning is to reduce the length of stay. The patients need discharge planning, but it depends on their perception and understanding. (Platini, 2018). This is consistent with previous research, which showed that the involvement and participation factor of 62 nurses in the inpatient wards of RSUDZA Banda Aceh was in a good category with a percentage of 61.3% (38 people) (Solvianun & Jannah, 2017)^[10].

Another study found that out of 27 nurses who had good involvement and participation with other health workers, most nurses carried out discharge planning (88.9%), namely 24 people. Meanwhile, of the 23 nurses with poor involvement and participation with other health workers, most nurses did not carry out discharge planning (95.7%), namely 22 people. The statistical analysis results show $p = 0.000$, meaning that involvement and participation with other health workers were significantly related to the implementation of discharge planning in the inpatient room of Ibnu Sina Islamic Hospital (RSI) of Payakumbuh in 2019 (Destri, Andriani, Pratama, & Fitri, 2021)^[5].

The results of other studies show that the participation factor with discharge planning implementation has a relationship of 91.3% (RSq Linear 0.913). A significant value was obtained from the multiple linear regression test ($p = 0.038$) (Aini, Siswoariwibowo, & Nurhayati, 2018)^[2].

The study results show that the involvement and participation factors influence the implementation of discharge planning. This is because discharge planning requires collaboration between the health teams involved, such as collaboration between nurses and doctors to support the patient's developmental level and also the involvement of nurses and patients' families so that patients and their families know when to make a follow-up visit and how to manage an appropriate diet. Unfortunately, the nurse involvement and participation factor in the discharge planning is only carried out when the patients are in the hospital, not when they arrive home.

5. Conclusions

The most dominant factors related to the implementation of discharge planning on the executive nurses are nurse communication. The multivariate analysis showed that personnel and nurse involvement and participation factors were not related.

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