Knowledge and Nurses in Complying with Discharge Planning in Space RSUD Pringsewu

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Discharge Planning done well by nurses can reduce patient length of stay days of treatment, prevent a recurrence, improve the 'patient's health condition, reduce the 'patient's family burden, and reduce mortality and morbidity. The purpose of this study was to determine the relationship between knowledge techniques and 'nurses' compliance in carrying out Discharge Planning at RSUD Pringsewu Hospital in 2018. The research design used in this study was an analytic survey with a cross-sectional approach. The number of samples in the study was 28 people. This study used univariate and bivariate analysis. The results showed there is a relationship between knowledge and compliance nurses in nursing Discharge Planning at Pringsewu District Hospital. The statistical test results obtained p-value = 12.02 <α = 0.05. Methods for increasing 'nurses' knowledge for discharge Planning should be used to improve nursing care services through the implementation of correct Discharge Planning.

Keywords: *Discharge Planning, Knowledge, Nursing obedience.*

Introduction

Discharge planning is obtained from the process of interaction in which professional nurses, patients, and families collaborate to manage the ongoing care in a patient's patient-centred' ' problem, namely prevention, therapy, rehabilitative and routine maintenance (Swansburg, 2000). Discharge Planning implementation requires knowledge of nurses in discharge planning, preparation before the day of discharge and the 'patient's discharge day (Potter & Perry, 2005; Xiao, Tourangeau, Widger, and Berta, 2019). If it is not done by a nurse for reasons not yet fully understood, Discharge Planning process may have an impact on the severity of the 'patient's illness, threat of life and physical dysfunction (Nursalam Nursalam & Efendi, 2008).

Discharge Planning well done by nurses can reduce the length of stay patient care, prevent relapse, improve health conditions of the patient, reduce the burden of the 'patient's family and reduce mortality and morbidity (Green, 2018; Sulastyawati, 2015). Based on this, the 'nurse's role is significant in Discharge Planning patients, where implementation requires good knowledge of Discharge Planning so that what was said DAPT understood and used in the care delivery process nursing (Nursalam, 2009). Research conducted by Susanto in 2014 with the title of the relationship of knowledge and motivation with the implementation of discharge planning nurse on the ward Amarta RSUP DR.Sardjito Yogyakarta on 30 nurses practices showed that there is a relationship between experience about discharge planning and the application of discharge planning with the significance value of 0.008 < 0.05. This research illustrates that the knowledge of nurses, especially in the Discharge Planning and implementation have an essential role in the implementation of Discharge Planning done by nurses. A nurse must understand the application of Discharge Planning well to be able to provide nursing care following the standards. Pertiwiwati and Rizany (2017) explain that there is a relationship between the role of the nurse educator and the implementation of Discharge Planning with the p-value of 0.002. It means that nurses play an essential role in the implementation of Discharge Planning in the health care sustainable, views of the part of the nurse called the role of educator, which means that a nurse must know about the disease and strategies in the process of providing comprehensive nursing care, to reach a maximum of nursing care (Imallah & Khusnia, 2019; Jannati, 2019).

The results of a preliminary survey that has been conducted in RSUD Pringsewu in space disease in women had a total capacity of 23 beds and length of stay for 3-7 days, and the high rate of relapse patients should be treated in a hospital after ± seven days of discharge that occurs in patients with chronic diseases such as CKD, diabetes, hypertension, and stroke. It indicates that the number of patient care days in RSUD Pringsewu in each medical case is so long, which may be due to lack of preparation and implementation of patient care planning from early admission to hospital until discharge planning. Results of interviews with headroom in the 'woman's disease showed that the process of Discharge Planning had not done optimally.

The above condition makes researchers want to study the relationship between nurses with knowledge of nurses' compliance in Discharge Planning for patients in RSUD Pringsewu Women Lampung RPD 2018.

Research methods

Research design

The study design model or method used to carry out a research study that will guide on its path of research. This study was quantitative research and used analytic survey design using a

cross-sectional study. A cross-sectional study is a type of research in which the method of taking data-independent and dependent variables are identified in units of time (Dharma, 2011). The design of this study was to determine the relationship with the incidence of catheter infections in RSUD Pringsewu Lampung in 2019. The number of respondents was 28 nurses working in space medicine. The research design used in this research was the study of the correlation (correlation study) (Notoatmodjo, 2012).

This research has been carried out in the Operating Theater and Space Medicine in RSUD Pringsewu Lampung, and the study was conducted in April 2018. The level of compliance and knowledge of nurses in implementing Discharge Planning was assessed using a Likert scale questionnaire as an instrument consisting of 25 questions of knowledge about the implementation of Discharge Planning (Nursalam Nursalam & Efendi, 2008). Discharge Planning implementation and compliance consist of 12 questions. Nurses do discharge Planning and implementation of knowledge assessed in this study, namely Discharge Planning during this time in the house Medicine RSUD Pringsewu Lampung, Indonesia.

Research purposes

This study aims to determine whether there is a relationship between knowledge of Discharge Planning and nurses' compliance at RSUD Pringsewu Lampung 2018. In achieving the above objectives, we first analysed the characteristics of respondents based on the variables of non-compliance and the variable knowledge of Discharge Planning.

Research results

Univariate analysis
Characteristics of Respondents by Age, Gender, and Education

Based on Table 1, most respondents are mature, which account for 19 people (68%). Women account for the large part with 19 people (68%). A majority of respondents have a Diploma of Nursing, which is 75%. Knowledge of a person can be influenced by several characteristics, one of which is education (Notoadmojo, 2010). Education may predispose a person to understand a system and procedure in cases such as the implementation of the procedure of Discharge Planning for patients.

Table 1. Characteristics of Respondents by Age, Gender, and Education

Characteristics	Frequency	Percentage
Education		
- Diploma III Kep	21	75%
- S1 Kep	7	25%
Total	28	100%
Age		
- 25-35	9	32%
- 36-45	19	68%
Gender		
- Male	9	32%
- Women	19	68%
Total	28	100%

Univariate analysis
Characteristics of Respondents by Knowledge Disobedience and Discharge Planning

There are 68% of respondents aged 36-45 years, but the right level of knowledge of respondents is only 35.7%. It is not in line with the concept presented by Notoadmodjo (2010) that age can affect a 'person's knowledge, the level of maturity of a person old enough to be more mature in thinking.

The analysis also showed knowledge of nurse about Discharge Planning only at the sufficient level is 64.3%. It means that age, as described in Table 1 that 68% of respondents aged over 36 years can not be certain nurses, can have a good knowledge of Discharge Planning.

Data show that 25% of nurses do not obey the Discharge Planning implementation in RSUD Pringsewu space, Lampung. Azari (2017) shows that the repatriation of the hospital does not mark the end of a treatment or indicate that the disease has been cured as a whole. Still, that treatment should be continued at home or at closest community health care to maximise the recovery of health. Discharge Planning implementation is to ensure that treatment is still controversial or not necessarily unsubstantiated after being discharged from hospital and to understand factors that affect the clinical's and staff's compliance with the Discharge Planning implementation which can improve clinical practice. (Azari, 2017) also shows the majority (57%) of nurses carry out the implementation of Discharge Planning, but only a few patients with 43% received Discharge Planning implementation. Some of the factors that influence it are Discharge Planning policy, and health awareness of patients affected by the implementation of Discharge Planning. It makes it possible to influence the knowledge of nurses about the importance of the implementation of Discharge Planning.

Improvement of the compliance of nurses in the health service requires coordination in implementing the entire system policy implemented by managers of the hospital, by showing Discharge Planning implementation as a priority to serve the patient or family relatives to implement Discharge Planning before return (Albaar, 2018; Azari, 2017; Susanto & Ruhyana, 2014).

Table 2. Characteristics of Respondents by Knowledge, Disobedience and Discharge Planning

Characteristics	Frequency	Percentage
Knowledge		
- Enough	18	64.3%
- Well	10	35.7%
Total	28	100%
Obedience		
- Not obey	7	25%
- submissive	21	75%
Total	28	100%

Bivariate analysis

Table 3. Relationship between Mechanical Installation Catheter With Urinary Tract Infection incidence in RSUD Pringsewu 2019

Knowledge	Obedience				Total		pValue-	Odds Ratio
	submissive		No					
	N	%	N	%	N	%		
Well	9	90.0%	1	10.0%	10	100%		
Enough	12	66.7%	6	33.3%	18	100%	0:02	4,500
Total	10	35.7%	18	64.3%	28	100%		

Based on Table 3, there are nurses who do not comply in performing nursing Discharge Planning with a percentage of 33.3% and only nine nurses who have good knowledge to obey.

The statistical test result with chi-square (X2) obtained p-value = 0.02 <α = 0.05. It is claimed that Ha is accepted, and H0 is rejected, which means that there is a relationship between knowledge and the compliance of nurses in implementing Discharge Planning. Odds Value Ratio is 4,500, which means that respondents with sufficient knowledge experience 4,500 times greater risk of disobedience to Discharge Planning.

In line with the research, Roberts Moore, & Jack (2019) states that nurses that are preparing the implementation of Discharge Planning patient education can improve the provision of Discharge Planning program re-engineered called Re-engineered Discharge (RED) to the patient. It means that the increased knowledge of nurses with modifications and innovations in improving the ability of nurses to deliver Discharge Planning has proven statistically with a value of t = 17730, and P-Value = 0.000.

Xiao, Tourangeau, Widger, and Berta (2019) provide an overview of the knowledge and ability of nurses in the implementation process of discharge planning. Discharge Planning is found as a multidimensional concept with six components: comprehensive patient needs assessment, collaborative care centred on the patient, management of resource availability and quality of nurses, care coordination, and authority of Discharge Planning.

Discussion

Based on the analysis, we found that most respondents were mature, which accounts for 19 people (68%); most were women with 19 people (68%), and 75% of respondents had the Diploma of Nursing.

For compliance analysis results, 25% of nursing staff have not been obedient to the implementation of Discharge Planning. Azari (2017) also said that the proportion of staff in this regard are health professionals who adhere to the implementation of Discharge Planning in hospitals - saki Ghana and factors that influence it are still not known for sure, but the research results indicate that adherence to the implementation of Discharge Planning account for 57%, the availability of materials or materials presented on the Discharge Planning is 57% as well. Although it has reached 50%, the conditions require improvement. Material or material delivered can be sourced from the maximum knowledge of nurses in adherence to providing content or communication of a series of Discharge Planning.

The results of the analysis of nurse compliance in Debit Planning by 75% are seen in Figure 1. By the theory put forward by Nursalam & Efendi (2008), the first step in the determination of discharge planning begins with the assessment of the 'patient's condition to determine the needs of the patient. Discharge planning mentioned in the Health Education program includes control and medication/treatment, nutrition, activity and rest, and self-care. Nurses have done planning Discharge Compliance Award only on the power of information and procedures for taking medication.

Figure 1. Distribution Analysis of Nurses' Compliance Items on Discharge Planning
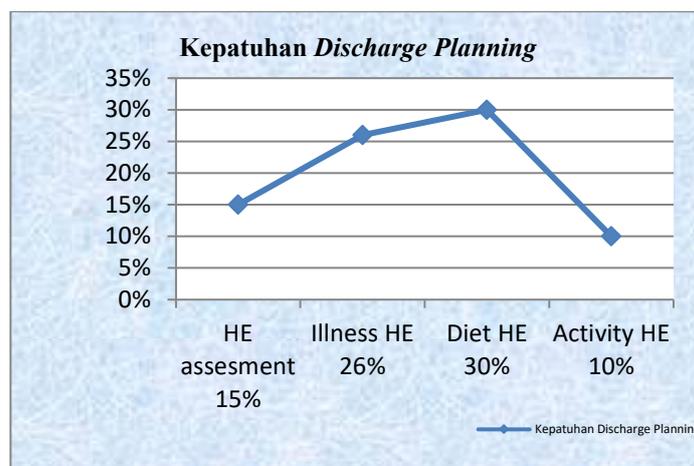
In addition, based of Yam et al. (2012), Discharge Planning implementation has four phases: (1) assessment of the patient; (2) the development of patient discharge planning; (3) the provision of health services, including health education and referral services or the 'patient's family and (4) follow-up or evaluation of Discharge Planning.

In the world of nursing management, Discharge Planning is used as a dynamic way for the health team to get the chance for the patient to prepare self-care at home. Although in practice, it is influenced by working time and experience of a nurse in providing well and detailed Discharge Planning (N Nursalam 2007; Trismiyana & Elliya, 2019). Discharge Planning will result in an integrated relationship between care obtained in hospitals and the care given after discharge. As described in the results of research conducted by Green (2018), the program of discharge planning for patients with Diabetes Mellitus has a positive influence on the involvement of the DSME program (Diabetes Self - Management Education) on an outpatient program or a program of care treatment after discharge. The study also showed that the discharge planning program plays an essential role in the achievement of the opportunities of nursing care based on an evidence-based, namely the DSME program in patients with Diabetes Mellitus in space acut Care Facilities. Seeing the Discharge Planning Benefit program on the improvement of nursing care based on evidence will significantly help improve the quality of nursing care of patients in hospitals.

Research conducted by Xiao et al. (2019) also proved the effectiveness of Discharge Planning Guide Omaha-based system (the classification scheme of the problem, the intervention scheme, a rating scale to determine the outcome of nursing problems) to enhance the knowledge and behaviour of angina patients who received no treatment intervention. This study proves that the Discharge Planning with a modified system becomes more effective through the understanding and knowledge of the Discharge Planning system by nurses. Experience and compliance of nurses in the provision of Discharge Planning consistency will be beneficial in the nursing care services.

It means that the compliance of nurses in Discharge Planning is critical to do, according to Carpenito (2000), as the purpose of Discharge Planning itself is to identify the 'patient's needs. In particular, it is to maintain and achieve maximum functionality after coming through the best services to ensure the sustainability of quality of care between hospitals with the community by facilitating effective communication (Discharge Planning Association, 2008).

The results of this study showed no relationship between nurse' nurse's knowledge and their implementation of Discharge Planning. It is presented in Sumah's (2018) study.' ' The study getting the education factor of 20 (95.2%) of respondents with education level Diploma and Diploma in this study as well as 21 (75%). Both studies prove that education is one of the factors that affect knowledge, as also explained by Notoadmojo (2010).

Discharge Planning implementation requires not only an important part of nurses, according to the science of nursing management, but also a leader and leadership methods to implement and realise the goals of an organisational system (Oktaviani & Warsito, 2018; Silitonga, 2019). In this case, the process of implementation of Discharge Planning takes the role of a supervisor or the head of the room or space manager to provide support and implementation strategies. As described in a research literature review, entitled A Review of the Quality Improvement in Discharge Planning through Coaching in Nursing by Rahayu, Hartiti, and 'Rofi'i (2016) (Tampubolon & Rahayu, 2019), planning is part of nursing care. Coaching or leadership skills are competencies that must be owned by a nursing manager, but in fact, most managers cannot still conduct training to nursing executors in the treatment room(Nengsih, 2019; Purnomo, Kristina, and Santoso, 2019; Sari, 2019).

The discharge planning process should be carried out comprehensively, involving multidisciplinary health sciences and all health workers who provide health care to patients (Potter & Perry, 2005). A health worker who is a patient discharge planning staff consultant to the Discharge Planning using health facilities providing health education to motivate hospital staff to plan and implement Discharge Planning(Arianti & Gusmiati, 2018; Discharge Planning Association, 2008; Trismiyana & Elliya, 2019)).

Discharge Planners start with a plan, coordinate, monitor, and measure the continuation of the treatment. Nurses as nursing caregivers play a significant role in the implementation process that determines the Discharge Planning continuity of care after discharge (Carroll & Dowling, 2007; Pertiwiwati & Rizany, 2017).

A discharge planner is a nurse; the process of granting discharge plans requires considerable knowledge of the assessment process begins due to the provision of information. It is consistent with part of the job as a nurse educator. Administration of *discharge planning* must be done correctly and complied by nurses. Compliance professionals (nurses) is the

extent to which the behaviour of a nurse by the provisions that have been given leadership of nurses or the hospital (Niven, 2012),

Conclusion

There is a relationship between knowledge and a nurse's compliance in implementing Discharge Planning. The data show that most respondents are mature, which account for 19 people (68%). Women account for the large part with 19 people (68%). A majority of respondents have a Diploma of Nursing, which is 75%. The compliance of nurses with Discharge Planning implementation accounts for 66.7% and the state of knowledge of nurses accounts for 33%. The improvement of knowledgeable nurses needs to be maintained and improved through better time management or by creating innovations to be able to tackle the causes of a nurse's non-compliance with discharge planning in nursing. The managerial team should consider improving the quality of health services starting with the analysis of the workload.

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