Research Paper

The Nurses' Knowledge Regarding Discharge Planning in VIP Room Settings: A Case Study in Banda Aceh

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ABSTRACT: *Discharge planning extends from the start of initial hospitalisation. Subsequently, the patient was allowed to return home by assessing the possibility of further referral or care at home as needed. Nurse knowledge about discharge planning is needed to identify actual and potential problems. The nurse examines changes in the patient's condition, and there must be evidence of the patient and family's involvement in the discharge planning process. Internal factors, including age, gender, educational level and length of service, influence nurses' knowledge of discharge planning. The purpose of this case study is to describe the knowledge of VIP room nurses about discharge planning. A descriptive was applied to this case study. Case study instruments comprised questionnaires developed by Yuliana (2013) consisting of 33 Likert scale questions were used to gain data among nurses (Cronbach Alpha: 0.89). A questionnaire was used to recruit 17 nurses from the VIP room and analysed using descriptive analytics. The result of the case study showed that the majority of VIP nurses' knowledge of discharge planning is in a good category, with 15 respondents (88.2%). It is expected that nurses can carry out discharge planning optimally. In addition, hospital decision-makers can offer training, brochures and media for discharge planning to facilitate discharge planning for nurses.*
KEYWORDS: Knowledge, Discharge planning, Nurses.

I. INTRODUCTION

Discharge planning is performed from the time the patient enters the hospital, with a maximum time of 1x24 hours of action on the day of discharge. In other words, discharge planning is carried out during treatment until the evaluation of the patient when he is prepared to go home by reviewing possible references or further treatment at home according to needs [1]. Discharge planning for patients can provide motivation to achieve patient recovery, have an impact on shortening the length of patient care in the hospital, reduce pressure on needs, reduce recurrence rates, and allow interventions for discharge plans to be carried out on time [2]. In this situation, the nurse's knowledge of discharge planning is required to evaluate each patient. Nurses collect and use relevant data to identify actual and potential problems. The nurse examines all changes in the patient's condition, and there must be evidence of the involvement of the patient and family in the discharge planning process because the patient needs to have the necessary information and resources to return home [3]. Nurses' knowledge also influences internal factors such as age, gender, education level and length work as a nurse [4].

Nurses are health care workers who contribute significantly to the enhancement of health services. As part of their work, nurses act as collaborators, advisers, change agents, researchers, consultants and educators. As an educator, in the performance of her duties, she is also involved in discharge planning. Patients still require assistance in understanding their situation, making health care decisions, and learning new health-related behaviours. Nurses are capable of educating patients and their families. The nurse explains the health problems, what to avoid, the use of medications in the home, the types of complications and the sources of help available [5]. According to Potter and Perry, the discharge planning process must be thoroughly conducted and involve the hospital's medical staff, who act as a consultant. Nurses hold a significant position in patient care, which plays a very important role in providing continuity services in discharge planning [3].

The reasons the implementation of discharge planning is not good is because the nurse only provides information about re-control. Conversely, patients requiring home health nursing, health counselling and

community services are not informed before discharge. Hence, patients often return to the emergency room with minor problems and are often readmitted within 24 hours to 48 hours after discharge[1]. This linear by Graham that as many as 23% of nurses in Sydney, Australia, have not implemented discharge planning properly due to a lack of nurse compliance [6]. Research by Okatiranti showed that 54% of nurses did not carry out discharge planning properly due to a lack of knowledge and attitudes of nurses who did not support the implementation of discharge planning [7]. This phenomenon can result in increased rates of re-hospitalization. Ultimately, the patient will bear the costs of hospitalization and the hospital, which the patient will gradually abandon [8]. In Aceh, research conducted by Putra et al. regarding the implementation of discharge planning in public hospitals: nurses' perceptions found that nurses' perceptions of the importance of discharge planning for patients in inpatient rooms were mostly in the important category, namely 67.2% [9]. Therefore, the authors would like to conduct a further case study on the nurses' knowledge regarding discharge planning in VIP room settings: A Case study in Banda Aceh.

II.   METHOD

A descriptive study was conducted to describe nurses' knowledge of discharge planning. The purpose of this case study is to describe the knowledge of VIP room nurses about discharge planning. The data collection tool in this research is a questionnaire, which consists of 2 parts: Part A, in the form of respondent identity data consisting of nurses' demographic data. Part B were instruments of discharged planning comprising developed by Yuliana (2013) consisting of 33 Likert scale questions that were used to gain data among nurses.

The following steps process the data: editing, coding, transferring and tabulating. The reliability test in this study developed by Yuliana (2013) was carried out using Cronbach's Alpha Test with a value of 0.89 so that the statements in the questionnaire were considered reliable.

III.   FINDINGS

Table 1 presents patient demographics as follows: 17 nurses of VIP were involved. The majority of patients were reported to be   Felame 88.2%,age 26-35 years old 70.6%, Employment status were non-government employees 88.2%, bachelor in nursing 52.9%, work as nurses more than half >5 years 70.6 and the majority were Have not attended discharge planning training 76.5%.

Table. 1 Respondent's Demographic Data

Demographic Data	f	%
Gender		
Male	2	11.8
Female	15	88.2
Age		
17-25	1	5.9
26-35	12	70.6
36-45	4	23.5
Employment status		
Government employees	2	11.8
Non-government employees	15	88.2
Level of education		
Nursing Diploma	8	47.1
Bachelor in nursing	9	52.9
Work as nurses		
< 5 years	5	29.4
< 5 years	12	70.6
Have attended discharge planning training		
Done	4	23.5
Not	13	76.5

Based on the results in table 2, it shows that the highest proportion of Knowledge of Nurse regarding discharge Planning in VIP Room is high, 88.2%.

Table. 2 Frequency of Knowledge of Nurse regarding *discharge Planning* in VIP Room (n=17)

Category	f	%
High	15	88.2
Enough	2	11.8

IV. DISCUSSION.

Table 1 shows that nurses' age was largely in early adulthood, with 12 respondents (70.6%). This finding is consistent with the view of Pribadi, that the mean age of performing nurses is 35.8 years. There where performing nurses are at a productive age level that can support better performance and theoretically this age is classified as a productive age with responsible psychosocial abilities [10]. Nursalam argued that age impacts performance [1]. This is based on the reasons: employee performance will decrease with age, and actual employee age will increase and retire. The maturity of a nurses can be seen from age, which is a factor that influences capacity, knowledge and responsibility in action, thought and decision-making. The older the employee, the more engaged they are in the organization.

The majority of respondents were women, representing 15 respondents (88.2%). There are no constant differences between male and female in problem-solving, skills, analysis, motivation, sociability or ability to learn. Psychological studies have found that women are more obedient to authority and that men are more aggressive and more likely than women to be successful [11]. It aligns with Kurniadi's research, which argues that female nurses providing nursing care are more thorough and patient in doing their jobs than men because female psychology makes female workers provide empathetic care to patients compared to men [12]. The survey of respondents' educational attainment focused on nurses, with up to nine respondents (52.9%). Nursing education has reached a higher degree. Similar to Junaidi and Rhadiatul's research at the Jambak Hospital in West Pasaman District, which stated that nurse education had the strongest influence on the implementation of the discharge plan [13].

Another characteristic of nurses is that, according to the study findings, most nurses have been working for more than 5 years, with up to 12 respondents (70.6%). Nursalam reported that the duration of the work is less 5 years, which may be considered nurses with limited work experience or new entrants. On the other hand, Work > 5 years which may be regarded as nurses who have sufficient experience [1]. Study conducted by Aini at Dr Iskak Tulung Agung stated that individual factors (age, years of service, and level of education) affected the implementation of the discharge planning [14]. The study conducted by Pribadi showed that there was a relationship between personality factors in discharge planning and the completeness of medical resumes [10]. However, this is in contrast to research conducted by Sulistyawati at Cengkareng Hospital, West Jakarta, which stated that there was no significant relationship between the characteristics of the implementing nurses (gender, educational level, age, length of work) and discharge planning implementation [15].

The respodent were only 4 out of 17 nurses (23.5%) who had attended discharge planning training. This can be seen in the lack of nurses involved in discharge planning training, which will influence nurses' attitudes and actions during discharge planning. Education and training is one of the most important aspects of employee development [16]. The education and training that nurses receive should help them improve their knowledge, skills and attitudes [2].

Table 2 shows that most respondents have good knowledge, up to 15 respondents (88.2%). This explanation indicates that the nurse in the VIP room is already aware of the meaning, purpose, principles and process of discharge planning. This study follows Yuliana, who reported that nurses' knowledge of discharge planning is that most nurses are in the good knowledge category (62.5%) [17]. In detail, it is explained that the knowledge variable regarding the meaning of discharge planning is in a good category (59%), the purpose of discharge planning is in a good category (63%), the principles of discharge planning are in the good category (58%), the discharge planning implementation process is sufficient (58%).

A good knowledge can constitute the initial capital so that nurses can implement the appropriate discharge planning process to meet the needs of patients. In line with study from Budiyanti's, concerning the relationship between implementing discharge planning and patient satisfaction at Ungaran Hospital, the results showed that out of 89 patients hospitalized at Ungaran Hospital. Most of the discharge planning was in a good category; 55 respondents (61.8%) were satisfied with the education provided by nurses in discharge planning. Up to 49 respondents (55.1%) reported that the nurse had explained how to take medication before going home. When it comes to home care provided by nurses, 54 respondents (60.7%) provided an explanation. Fifty-five respondents (61.8%) were explained regarding facilities that could be contacted in case of an emergency, 57 respondents (64.0%) explained things which can cause disease recurrence, and 55 respondents (61.8%) stated that nurses provide health education about the disease [18]. According to the authors, the nurses in the VIP room possess a good knowledge of discharge planning. Due to several internal factors in Table 1, the majority of nurses are in the adult group and the last education is a diploma. This assumption is supported by research by Rofi (2013) regarding the characteristics of nurses showed that 58.2% of nurses carried out discharge planning in the age range ≤ 30 years, as many as 40% of female nurses carried out discharge planning and as many as 50.9% of nurses with Nursing education carried out discharge planning.

V. CONCLUSION

From the findings of the case study, it can be concluded that most of the VIP room nurses' knowledge of discharge planning is in a good category (88.2%). The author recommends that nurses carry out discharge planning optimally. On the other hand, decision-makers may offer training, pamphlets, and media to support leave planning for nurses.

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