ORIGINAL ARTICLE

Factors Associated With Implementing Discharge Planning in One Private Hospital in Purwakarta

Yani Maryani, Fery Firmansyah, Martina Pakpahan, Dora Irene Purimahua

Department of Nursing, Faculty of Nursing, Universitas Pelita Harapan, Tangerang Regency, Banten 15811, Indonesia.

ABSTRACT

Introduction: Discharge planning is an important part of the nursing process because it can assist patients and families in preparing for future care at home. Discharge planning that begins from the outset can shorten the length of stay of patients in the hospital, reduce readmission following hospitalization, and arrange for patient discharge on time. Several factors influence the implementation of discharge planning. It is intended that by understanding all the factors that influence discharge planning, the implementation of discharge planning may be optimized. The study aims to determine the factors associated with the implementation of discharge planning in one of the private hospitals in Purwakarta. **Materials and methods:** The study employed a cross-sectional design with total population sampling. Nurses' knowledge, motivation, education level, and work length were all studied. The study involved 162 inpatient room nurses and critical care rooms. The instrument was an online questionnaire that had been validated and reliable. This study has been ethically approved. **Results:** Most respondents have a bachelor's degree (74%), work experience ≤5 years (61%), good motivation (86.4%), sufficient knowledge (64.8%), and good discharge planning implementation (91.4%). The findings revealed a relationship between nurse motivation and discharge planning implementation; however, knowledge, education level, and nurses' work length were unrelated to the implementation. **Conclusion:** Nurse motivation is critical for successful hospital discharge planning implementation. Hospitals can boost nurse motivation in discharge planning implementation by mentoring, monitoring, and rewarding nurses who perform well.
Malaysian Journal of Medicine and Health Sciences (2025) 21(1): 151-157. doi:10.47836/mjmhs.21.1.19

Keywords: Discharge planning, Motivation, Private hospital, Nurse, Readmissions

Corresponding Author:
Martina Pakpahan, BSN, MPH
Email: martina.pakpahan@uph.edu
Tel : 081318083606

INTRODUCTION

Readmissions to hospitals are common, expensive for our nation's healthcare system, and frequently preventable. Medicare spends about $17 billion per year on avoidable readmissions (1). Within 30 days, nearly 20% of Medicare beneficiaries are rehospitalized, and 34% are rehospitalized within 90 days (2). Discharge planning is critical for patients, families, nursing, and hospital administration (3). Discharge planning is a multidisciplinary procedure that promotes safe and timely transitions between levels of care and care settings, mainly when patients are discharged from a hospital or skilled nursing facility to their homes or communities (4). The patient should be given the knowledge, motivation, and skills required for self-management at home (5). The World Health Organization/WHO health systems framework categorizes the problems of efficient hospital discharge planning into six categories: management, delivery of services, information, financing, healthcare workers, and medical output (6). A study by Graham et al., (2013) revealed that the most common problems experienced by patients after discharge, according to nurses, were a lack of appropriate social support (45%), decreased capacity to self-manage (28%), recurrence of health-related conditions (27%), and increased self-management needs (27%), while 18% believed that patients were discharged too soon due to unresolved clinical and social issues.

The majority of nursing care omissions are related to patient discharge. Discharge planning is also fragmented because the nurses only perform routine tasks such as returning control information. According to Bekker et al. (2015), the most common nurse duties left undone were talking with patients, educating patients and families, and developing or updating nursing care plans (8). Furthermore, nurses' adherence to policies and standard operating procedures remains low (9). The data shows

that the implementation of discharge planning still needs to be improved. In Sydney, Australia, 23% of discharge planning was not successfully implemented due to a lack of nurse compliance (7). In Indonesia, the discharge planning implementation at Bukittinggi revealed that 50.8% of the discharge planning implementation was not optimal as it was likewise at X General Hospital Jakarta and one private hospital in central Indonesia (10 -12).

The implementation of discharge planning in one of the private hospitals in Purwakarta refers to medical service guidelines and is adjusted to hospital accreditation standards (KARS). Nurses' Discharge planning starts from assessment when the patient arrives at the hospital to evaluation when the patient goes home. Discharge planning is beneficial because it can decrease hospital lengths of stay and unplanned readmissions and improve the integration of services after discharge from the medical facility (13). The most effective interventions for avoiding inappropriate readmission to the hospital and promoting early discharge included integrated hospital-community care systems, multidisciplinary service delivery, service individualization, discharge planning initiated in the hospital, and specialist follow-up (14). The study by Baraki et al. (2017) revealed that most nurses must carry out the nursing process correctly (15). According to the nurses, human resources contributed to missed nursing care, while patients mentioned human resources and communication (16).

Many factors prevent the nurses from using the nursing process, including the level of education, knowledge of nurses, nurses' skills, work environment, lack of material supply to use the nursing process, and high patient load, which were empirically significant effects. (15). Another study by Soebagyo et al. (2019) found a relationship between nurse knowledge and the implementation of discharge planning (17). The study by Jehosua et al. (2023) in one of the hospitals in Purwakarta showed that there was an effect of discharge planning training attended by nurses, executive midwives, and team leaders on the implementation of discharge planning, where previously they had never received any training on patient discharge planning (18). Based on interviews with patient service managers as the primary discharge planning coordinator in the hospital, it was found that the knowledge of nurses and midwives regarding discharge planning was at a good level after receiving training (18). In addition, motivation for discharge planning, as well as supervision, will influence discharge planning process implementation (19). Furthermore, nurses with a length of work of more than three years, more implemented discharge planning more than those who did not implement discharge planning (20). This study aims to determine the factors associated with implementing discharge planning in one private hospital in Purwakarta.

MATERIALS AND METHODS

The study was conducted in one of the private hospitals in Purwakarta in February-April 2023. This study uses a cross-sectional design. In this study, the dependent variable is discharge planning implementation, while the independent variables are nurse knowledge, motivation, education level, and tenure. 162 responses were collected using total population sampling, which included nurses from every typical inpatient and critical care room. All regular and critical care inpatient rooms follow hospital operating guidelines for discharge planning. After obtaining hospital approval, the researcher discussed the study with nurses in each room. The head nurse in each room assisted the researchers in distributing questionnaires to nurses. The researcher ensured that the number of questionnaires received from each room matched the amount of data possessed by the researcher.

The instrument used was an online questionnaire using Google Forms. The discharge planning implementation questionnaire was developed based on the operational standards for implementing discharge planning in one of the private hospitals, and the study questionnaire was developed by Pakpahan et al. (21). The knowledge questionnaire was modified from the Jehosua et al. (2023) study questionnaire (18). The motivation questionnaire was modified from Riyanti & Kurniawati (2015) and Africia & Wahyuningsih (2020) study questionnaires (22-23). The authors received permission from the owners of the questionnaires. The knowledge questionnaires include definitions, objectives, benefits, and stages of discharge and follow-up care plans. The motivation questionnaire provides information about roles and responsibilities, care goals, and nursing care standards. The discharge planning implementation questionnaire includes procedures that follow standards from when the patient enters the hospital until the patient leaves, such as room orientation, the treating team, the actions provided, health education, patient needs fulfillment, and follow-up care. The author modifies the questionnaire to reflect the research objectives and operational standards at the research site. Some questions were removed, while others were added. As a result, the authors performed Exploratory Factor Analysis (EFA) in this study.

The Exploratory Factor Analysis (EFA) is as follows: 1) Discharge planning questionnaire: Kaiser-Meyer-Olkin (KMO) value of 0.89; Barlett's Test of Sphericity obtained approximately chi-square 2235.56, df 210, p-value 0.001; Communalities obtained an initial value of 1 with an extraction value of 0.437-0.792; suggested factors of 1-3 with a cumulative 61.98%. Twenty-one question items are grouped into one factor in the component matrix and scree plot-eigenvalue. As a result, the authors decided to use all questions

in measuring discharge planning and group them into one factor; 2) Knowledge questionnaire: Kaiser-Meyer-Olkin (KMO) value of 0.51; Barlett's Test of Sphericity obtained approx chi-square 217.02, df 91, p-value <0.001; Communalities obtained initial value is 1 with an extraction value of 0.522-0.786; suggested factors are 6 with a cumulative 64.221%. In the component matrix and scree plot-eigenvalue, 14 question items are in six factors. These six factors correspond to the cognitive level to be measured according to the cognitive level by Blum taxonomy, namely: remember (C1), understand (C2), apply (C3), analyze (C4), evaluate (C5), and create (C6). C1: items 1, 3, and 7; C2: items 4, 9, 10, 13, and 14; C3: 2, 5 and 12; C4: item 6: C5: Item 11: C6: Item 8. Thus, the authors decided to use all questions grouped into six cognitive factors in measuring knowledge, 3) Motivation questionnaire: KMO value of 0.915; Barlett's Test of Sphericity obtained approximately chi-square 1169.310, df 66, p-value 0.001; The obtained initial value for Communalities is 1, with an extraction value of 0.429-0.744; suggested factors are 1-2, with a cumulative 62.981%. The 12 question items are one factor in the component matrix and scree plot-eigenvalue. As a result, the authors decided to use all the questions grouped into one factor to assess motivation.

The questionnaire consisted of 21 questions regarding implementing discharge planning, 14 regarding knowledge, and 12 regarding nurse motivation. Questions use a Likert scale with a value of 4 = Always, 3 = Often, 2 = Sometimes, and 1 = Never, which goes into the assessment as follows: Less ≤ 55%, Fair 56-75%, Good > 75%. The questionnaire has been tested for validity, reliability, and factors analysis in one of the private hospitals in Cirebon. The results of the validity and reliability tests obtained an r count more significant than the r table (0.361) and Cronbach alpha value, namely 0.897 for the discharge planning implementation questionnaire, 0.908 for the knowledge questionnaire, and 0.777 for the motivation questionnaire.

Data were collected using an online questionnaire by Google Forms. Univariate and bivariate analyses were used. Bivariate analysis using the chi-square test was used to determine the relationship between the affecting factors and the implementation of discharge planning in one of the private hospitals in Purwakarta. The study has passed ethics approval from the ethics committee, No.074/KEPFON/I/2023, and applies principles of ethics, such as autonomy, confidentiality, and beneficence.

Ethical Consideration

The study has passed the ethics of the Faculty of Nursing ethics team, Pelita Harapan University with No.074/KEPFON/I/2023.

RESULTS

TThe total respondents in this study were 162 nurses. The study findings are summarized in Table I-Table III. Table I shows the distribution of characteristics of respondents that most respondents, namely, female (77.8%), Bachelor (74%), have a length of work ≤ 5 years (61%), moderate knowledge (64.8%), and high motivation (86.4%).

Table I: Distribution of Characteristics of Respondents (N=162)

Variable	n	%
Gender		
Male	36	22.2
Female	126	77.8
Education		
Diploma	42	26
Bachelor	120	74
Length of work		
≤ 5 Years	99	61
> 5 Years	63	39
Knowledge		
Low	3	1.9
Moderate	105	64.8
High	54	33.3
Motivation		
Low	1	0.6
Moderate	21	13
High	140	86.4

Table II: Distribution of Discharge Planning Implementation (N=162)

Category	N	%
Bad	0	0
Enough	14	8.6
Good	148	91.4

Table II revealed that most respondents (91.4%) had a good implementation of discharge planning, and none (0%) had a bad implementation.

Table III: Analysis of the Relationship Between Affecting Factors with Implementation of Discharge Planning (N=162)

Factors		Implementation of Discharge Planning						*P value*
		Bad		Enough		Good		
		n	%	n	%	n	%	
Education	Diploma	0	0	1	0.62	41	25.31	0.093
	Bachelor	0	0	13	8.02	107	66.05	
Length of Work	≤ 5 Years	0	0	7	4.32	92	56.79	0.372
	> 5 Years	0	0	7	4.32	56	34.57	
Knowledge	Low	0	0	0	0	3	1.85	
	Moderate	0	0	10	6.17	95	58.64	0.782
	High	0	0	4	2.47	50	30.87	
Motivation	Low	0	0	0	0	1	0.62	
	Moderate	0	0	11	6.79	10	6.17	0.001
	High	0	0	3	1.85	137	84.57	

** Chi-square test*

Table III shows that most respondents with good discharge planning implementation are those with a bachelor's education, length of work ≤ 5 years, moderate knowledge, and high motivation. In addition, nurse motivation is related to the implementation of discharge planning, while education, length of service, and

knowledge are not associated with discharge planning.

DISCUSSION

Effective discharge planning is one of the most important variables influencing hospital quality (6). Even more, a discharge planning program improves patient satisfaction and nurses' roles (24). Communication between nurses and patients or families during the discharge planning is critical to supporting this. It trains patients and their families for autonomous self-care by offering them community-based support and services (6). This would make it easier for patients to receive or understand instructions while at home, allowing them to maintain or improve their health on their own (9). Following the study findings of Gholizadeh et al. (2016), the obstacles to successful hospital discharge planning include a lack of health information systems, a lack of effective communication, a lack of current training materials, community and patient ignorance about discharge planning, a lack of competent healthcare providers to begin discharge planning, inadequate motivation of healthcare providers, a lack of team spirit workforce, and workload misalignment and responsibilities (6). It also tends to improve discharge planning while decreasing long-term needs that are not met through flexible planning, which offers relevant information for predicting future needs (25). Patients who got more nursing discharge items reported feeling much less prepared to return home (26).

Discharge planning implementation by nurses correctly for patients and families can be related to the nurse's degree of knowledge, the form's applicability, patient readiness, good communication, and the family role, all contributing to the improvement (27). According to the findings, implementing discharge planning in one of the private hospitals in Purwakarta is good. This can be attributed to many respondents having a bachelor's degree, high motivation, and adequate knowledge about discharge planning. According to a study by Zakiyah et al. (2017), higher education will make nurses more critical, think systematically and logically, and improve their ability to perceive their role to improve their work quality (28). However, higher education does not guarantee that a person will automatically perform their competency and responsibilities well. The study conducted by Karami et al. (2017) revealed that continuing education, a conducive work environment, leadership behavior, and leader role models are instrumental in strengthening nurses' professional competence (29).

Nurses have moderate knowledge, which can be caused by the discharge planning training they have attended. The training was conducted between the 30th of January and the 9th of February 2022 and consisted of 11 sessions ranging between 60 and 120 minutes each (18). A study by Jehosua et al. (2023) found that nurses' knowledge increased after attending training on discharge planning (18). Soebagiyo et al. (2019) revealed that the level of knowledge of nurses is an essential factor in achieving the effectiveness of discharge planning, where nurses who have received training on discharge planning methods and concepts will be more effective in implementing discharge planning than those who have not received training (17). However, nurses' knowledge is not the only factor that influences whether they do their duties by the expected competence. The most successful ways to promote higher levels of organizational commitment were through organizational culture, job satisfaction, value, and staff member respect (29).

The study revealed that respondents were motivated to implement discharge planning. This can be attributed to nurses' educational backgrounds, as most are undergraduates. It will encourage respondents to effectively implement discharge planning since they will acquire information and understanding about discharge planning immediately, making implementation easier. Furthermore, hospital administration supports nurses' motivation by monitoring discharge plan implementation by reviewing current forms and analyzing nurse performance, ensuring that nurses are encouraged to execute their jobs successfully. Anthonie et al. (2022) explained that motivation is influenced by a person's factors, namely nurse age, experience, autonomy, education level, and managerial status (30). Personal qualities, meaning-making, sickness perceptions, and environmental and temporal caregiving features have all been identified as factors shaping motivations and willingness to care and sustain caring (31). Teaching discharge planning programs for medical staff nurses has helped enhance nurses' attitudes and behaviors toward discharge planning and has altered the climate of entire units (32).

The study also found a relationship between nurse motivation and the implementation of discharge planning in private hospitals in Purwakarta. It showed that respondents provided the best service to patients to get rewards and praise. Moreover, nurse compliance in implementing discharge planning in one private hospital, Purwakarta, is one of the critical performance appraisals for nurses. Negussie & Oliksa (2020) explained that nurses are motivated when the tasks performed get appreciation or reward from the hospital (33). Another study by Natasia et al. (2015) and Gholizadeh et al. (2016) revealed that nurse motivation and leadership supervision influence nurse performance in discharge planning and documentation (6,19). The nurses who have high motivation will do discharge planning well (17). Nurses' work motivation should be improved by implementing a performance appraisal system to recognize nurses according to their burden and performance, creating a collaborative and cooperative

work environment and team spirit in healthcare (33).

Furthermore, the findings revealed no association between the length of work and the education level of nurses with discharge planning. However, someone working for a long time will be more skilled and experienced. In addition, the hospital already has a discharge planning implementation format and monitoring of its implementation. Nurses are exposed to various planning situations due to the availability of discharge planning guidelines, forms, and monitoring (27). The impression of nurses as educators is another crucial factor that may be related to the adoption of discharge planning. A study by Pakpahan et al. (2020) revealed that a nurse's perception as an educator is associated with implementing discharge planning (21).

Nurses must grasp their critical role in timely, effective discharge processes for optimal hospital discharge planning (7). The effectiveness of discharge planning depends not only on nurse variables or hospital regulations but also on the participation and readiness of patients and their families. To achieve high-quality discharge planning, a nursing manager must consider nurse perception and motivation in discharge planning, policy, compliance with discharge planning implementation, discharge planner team communications, the discharge planning plan, client and family agreement, and participation (3,7). In addition, coaching is related to discharge planning because it can increase a nurse's expertise and motivation in nursing care and documentation (3). Another thing that may be done is to involve caregivers in the discharge planning process for older people who are discharged to the community, which can reduce the likelihood of re-admission to the hospital (4,7).

The author recognizes that this study has limitations, specifically that the cross-sectional design utilized in this study has flaws because the variables are assessed simultaneously, even though the research variables change throughout time. Furthermore, with total sampling using an online questionnaire, the authors needed help ensuring all hospital nurses completed the questionnaire. The authors were constrained to match the number of nurses in each room. However, the entire sampling utilized in this study may be a strength, as the results can be extrapolated to the selected population.

CONCLUSION

Effective discharge planning is one of the most important variables influencing hospital quality. Implementing discharge planning in one of the private hospitals in Purwakarta is good. This can be attributed to many respondents having a bachelor's degree, high motivation, and adequate knowledge of discharge planning. The study's findings reveal that nurse motivation is related to discharge planning implementation. The good motivation of nurses is supported by hospital management, which monitors the implementation of discharge planning by checking existing forms and assessing nurse performance so that nurses are motivated to do their job well. Nurse motivation and leadership supervision affect nurses' performance in discharge planning. Knowledge, education level, and tenure are not related to implementing discharge planning, because a good management team, policy, patient readiness, family involvement (caregiver), and supervision influence them.

According to the study's findings, hospitals ought to boost nurses' motivation to do discharge planning effectively. Guiding, monitoring, and rewarding nurses who perform efficiently can accomplish this. High nurse motivation during discharge planning can enhance patient health, lower expenses, promote patient and family readiness to go home and minimize hospitalization rates. Future studies can explore factors that can motivate nurses to implement discharge planning.

ACKNOWLEDGEMENT

The authors would like to thank one of the private hospitals in Purwakarta, one of the private hospitals in Cirebon, and the ethics committee of the Faculty of Nursing, Universitas Pelita Harapan, for supporting this study.

REFERENCES

1. Boozary AS, Manchin J, Wicker RF. The Medicare Hospital Readmissions Reduction Program: Time for Reform. JAMA. 2015 Jul 28;314(4):347–8. https://doi.org/10.1001/JAMA.2015.6507
2. Snyderman D, Salzman B, Mills G, Hersh L, Parks S. Strategies to help reduce hospital readmissions. J Fam Pract. 2014 Aug 1;63(8). https://www.mdedge.com/familymedicine/article/84500/practice-management/strategies-help-reduce-hospital-readmissions
3. Rahayu, C. D., Hartiti, T., & Rofi'i M (2016). A Review of the Quality Improvement in Discharge Planning through Coaching in Nursing. Nurse Media Journal of Nursing. 2016;6(1):19–29. https://doi.org/10.14710/jil.%25v.%25i.10-18
4. Rodakowski J, Rocco PB, Ortiz M, Folb B, Schulz R, Morton SC, et al. Caregiver Integration During Discharge Planning for Older Adults to Reduce Resource Use: A Metaanalysis. J Am Geriatr Soc. 2017 Aug 1;65(8):1748–55. https://doi.org/10.1111/JGS.14873
5. Hayajneh AA, Hweidi IM, Abu Dieh MW. Nurses' Knowledge, Perception, and Practice of Discharge Planning in Acute Care Settings. J Nurs Care Qual. 2021 Apr 1;36(2):E30–5. https://doi.org/10.1097/NCQ.0000000000000493
6. Gholizadeh M, Delgoshaei B, Gorji HA bulghasem,

Torani S, Janati A. Challenges in Patient Discharge Planning in the Health System of Iran: A Qualitative Study. Glob J Health Sci. 2016 Jun 1;8(6):168. https://doi.org/10.5539/GJHS.V8N6P168
7. Graham J, Gallagher R, Bothe J. Nurses' discharge planning and risk assessment: behaviours, understanding and barriers. J Clin Nurs. 2013 Aug 1;22(15–16):2338–46. https://doi.org/10.1111/JOCN.12179
8. Bekker M, Coetzee SK, Klopper HC, Ellis SM. Non-nursing tasks, nursing tasks left undone, and job satisfaction among professional nurses in South African hospitals. J Nurs Manag. 2015 Nov 1;23(8):1115–25. https://doi.org/10.1111/JONM.12261
9. Jannah, N., Sukartini, T., & Hidayat AAA. Discharge planning model with approach of method in improving patients' readiness for discharge in hospitals. Indian J Public Health Res Dev. 2019;10(1):288–92. https://repository.um-surabaya.ac.id/3041/
10. Rezkiki F, Nelatul Fardilah V. Deskripsi Pelaksanaan Discharge Planning Di Ruang Rawat Inap. REAL in Nursing Journal. 2019 Dec 20;2(3):126–36. https://doi.org/10.32883/RNJ.V2I3.566
11. Lestari DS, Silvana R. The Effects Of Summarizing Using Infographics On Efl Learners' Reading Comprehension. Globish (An English-Indonesian journal for English, Education and Culture). 2020;9(2):129–44. http://dx.doi.org/10.31000/globish.v9i2.2707
12. Daman MMG, Tallo ChindyCC. Gambaran Pelaksanaan Discharge Planning Pada Pasien Stroke Di Ruang Rawat Inap Rumah Sakit Swasta Di Indonesia Tengah. Repository Universitas Pelita Harapan. 2018. http://repository.uph.edu/3075/
13. Gonçalves-Bradley DC, Lannin NA, Clemson L, Cameron ID, Shepperd S. Discharge planning from hospital. Cochrane Database of Systematic Reviews. 2022 Feb 24;2022(2). https://doi.org/10.5539/GJHS.V8N6P168
14. Coffey A, Leahy-Warren P, Savage E, Hegarty J, Cornally N, Day MR, et al. Interventions to Promote Early Discharge and Avoid Inappropriate Hospital (Re)Admission: A Systematic Review. International Journal of Environmental Research and Public Health 2019, Vol 16, Page 2457. 2019 Jul 10;16(14):2457. https://doi.org/10.3390/IJERPH16142457
15. Baraki Z, Girmay F, Kidanu K, Gerensea H, Gezehgne D, Teklay H. A cross-sectional study on nursing process implementation and associated factors among nurses working in selected hospitals of Central and Northwest zones, Tigray Region, Ethiopia. BMC Nurs. 2017 Sep 15;16(1):1–9. https://doi.org/10.1186/S12912-017-0248-9/TABLES/4
16. Moreno-Monsiváis MG, Moreno-Rodríguez C, Interial-Guzmán MG. Missed Nursing Care in Hospitalized Patients. Aquichan. 2015 Sep 1;15(3):318–28. https://doi.org/10.5294/AQUI.2015.15.3.2
17. Soebagiyo H, Beni KN, Fibriola TN. The Analysis of the Influencing Factors Related to the Effectiveness of Discharge Planning Implementation in Hospitals: A Systematic Review. Jurnal Ners. 2019 Jan 4;14(3):217–20. https://doi.org/10.20473/JN.V15I1SP.18905
18. Jehosua WA, Kakerissa N, Pangaribuan RN, Eka NGA. Effect of an educational intervention program on discharge planning for nurses and midwives. Enferm Clin. 2023 Mar 1;33:S33–7. https://doi.org/10.1016/J.ENFCLI.2023.01.005
19. Natasia, N., Andarini, S., & Koeswo M (2015). Hubungan antara Faktor Motivasi dan Supervisi dengan Kinerja Perawat dalam Pendokumentasian Discharge Planning di RSUD Gambiran Kota Kediri. Jurnal Aplikasi Manajemen. 2015;12(4):723. https://jurnaljam.ub.ac.id/index.php/jam/article/view/722
20. Agus ES, Nurhidayah, Kadir A. Faktor yang Berhubungan dengan Pelaksanaan Discharge Planning pada Perawat. Jurnal Ilmiah Mahasiswa & Penelitian Keperawatan. 2021;1(2):222–8. https://doi.org/10.35892/jimpk.v1i2.570
21. Pakpahan M, Rangga FD, Vasquien S, Octaria M. Persepsi Perawat sebagai Edukator Berhubungan dengan Implementasi Discharge Planning. Jurnal Kesehatan Holistic. 2020 Jul 25;4(2):30–43. https://doi.org/10.33377/JKH.V4I2.81
22. Riyanti RD, Kurniawati T. Hubungan antara Motivasi Kerja Perawat dengan Pelaksanaan Discharge Planning di Ruang Rawat Inap RSU PKU Muhammadiyah Bantul. 2015 Oct 22; http://digilib.unisayogya.ac.id/147/
23. Africia F, Wahyuningsih SW. Hubungan Motivasi Perawat Dengan Pelaksanaan Discharge Planning Di Ruang Rawat Inap Rsm Siti Khodijah Gurah Kabupaten Kediri. JURNAL SABHANGA [Internet]. 2020 Jan 17 [cited 2023 Nov 17];2(1):7–17. https://doi.org/10.53835/VOL-2.NO-1.THN-2020.HAL-7-17
24. Wulandari DF, Sri Hariyati RT, Kuntarti K. Henderson's approach in nursing discharge planning to improve patient satisfaction. Enferm Clin. 2021 Apr 1;31:S170–4. https://doi.org/10.1016/J.ENFCLI.2020.12.016
25. Andrew NE, Busingye D, Lannin NA, Kilkenny MF, Cadilhac DA. The Quality of Discharge Care Planning in Acute Stroke Care: Influencing Factors and Association with Postdischarge Outcomes. Journal of Stroke and Cerebrovascular Diseases. 2018Mar1;27(3):583–90.https://doi.org/10.1016/J.JSTROKECEREBROVASDIS.2017.09.043
26. Mabire C, Bьla C, Morin D, Goulet C. Nursing discharge planning for older medical inpatients in Switzerland: A cross-sectional study. Geriatr Nurs (Minneap). 2015 Nov 1;36(6):451–7. https://doi.

org/10.1016/J.GERINURSE.2015.07.002
27. Soebagiyo H, Nursalam N, Ahsan A. The Influence of Impedance and Enhancement Factors of Discharge Planning Implementation at Hospital: A Systematic Review. Jurnal Ners. 2020 Jul 7;15(1Sp):25–33. https://doi.org/10.20473/JN.V15I1SP.18905
28. Zakiyah A, Basuki D, Santoso W. Relationship Between Nurse Characteristics With Discharge Planning Implementation. International Journal Of Nursing And Midwifery Science (IJNMS). 2017 Dec 16;1(2):193–7. https://doi.org/10.1080/17437199.2022.2058581
29. Karami A, Farokhzadian J, Foroughameri G. Nurses' professional competency and organizational commitment: Is it important for human resource management?. PloS one. 2017 Nov 8;12(11):e0187863. https://doi.org/10.1371/journal.pone.0187863
30. Anthonie, W., Nelwan, O. S, &Tarore NR. Urgensi Peran Perawat di Era New Normal. 2022.
31. Zarzycki M, Seddon D, Bei E, Morrison V. Why do they care? A qualitative systematic review and meta-synthesis of personal and relational motivations for providing informal care. https://doi.org/101080/1743719920222058581. 2022;17(2):344–76.
32. Suzuki S, Nagata S, Zerwekh J, Yamaguchi T, Tomura H, Takemura Y, et al. Effects of a multi-method discharge planning educational program for medical staff nurses. Japan Journal of Nursing Science. 2012 Dec 1;9(2):201–15. https://doi.org/10.1111/J.1742-7924.2011.00203.X
33. Negussie BB, Oliksa GB. Factors influence nurses' job motivation at governmental health institutions of Jimma Town, South-west Ethiopia. Int J Afr Nurs Sci. 2020 Jan 1;13:100253. https://doi.org/10.1016/J.IJANS.2020.100253