

Key Factors Impacting the Discharge Planning Process at a Hospital in Banda Aceh: A Cross-Sectional Study

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Abstract

Background: Discharge planning is a systematic process initiated at the point of patient admission and carried out through discharge, intended to promote continuity of care and reduce the risk of post-discharge complications. Despite its recognized importance, the execution of discharge planning in many hospitals remains inadequate, often hindered by barriers such as ineffective communication, poor time management, and insufficient nurse motivation and knowledge.

Objective: This study investigates the relationship between nurses' communication skills, time availability, knowledge, and motivation, and the implementation of discharge planning within inpatient care settings.

Material and Method: A quantitative, cross-sectional design was utilized in this study. A total of 167 nurses from the inpatient wards of Banda Aceh Regional General Hospital (RSUD) were recruited through purposive sampling. Data were gathered using a validated and reliable structured questionnaire. The analysis included univariate techniques, bivariate analysis using the Chi-square test, and multivariate analysis employing logistic regression.

Results: The implementation of discharge planning was found to be significantly associated with all four independent variables: communication, time availability, knowledge, and motivation (all $p < 0.001$). Results from the multivariate logistic regression analysis identified motivation as the most influential predictor (OR = 10.67; 95% CI: 4.074–27.984), with communication (OR = 5.74), time (OR = 5.21), and knowledge (OR = 2.95) also demonstrating substantial effects.

Conclusion: Nurse motivation, communication, time availability, and knowledge play a critical role in supporting the delivery of high-quality discharge planning. Targeted interventions aimed at enhancing these four factors are strongly recommended to improve the effectiveness of patient care transitions from hospital to home.

Keywords: Key Factors, Discharge Planning, Nurses, Cross-Sectional Study

Introduction

Discharge planning is a patient care program initiated at hospital admission that involves collaboration among the healthcare team, the patient's family,

the patient, and other relevant stakeholders. The primary objective of this process is to coordinate the continuity of care, emphasizing prevention, treatment, rehabilitation, and routine care integrated

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between the hospital and home settings.¹ Effective discharge planning can shorten hospital length of stay, prevent disease recurrence, create opportunities for other patients, and reduce hospital costs. Its implementation, in accordance with Standard Operating Procedures (SOP), requires the active involvement of all healthcare personnel from patient admission through discharge.²

However, in practice, discharge planning often encounters challenges such as poor coordination among healthcare providers, limited resources, and lack of follow-up after patient discharge. A study conducted in Iran reported suboptimal discharge planning implementation, primarily due to weak coordination and communication between healthcare professionals and patients.³ Several hospitals in Indonesia have also reported that the implementation of discharge planning does not meet established standards, with more than half of respondents rating the discharge planning process in inpatient wards as suboptimal.^{4,5} Therefore, effective communication and close coordination between healthcare providers and the patient's family are essential to ensure proper adherence to Standard Operating Procedures (SOP).⁶

Discharge planning conducted in accordance with Standard Operating Procedures (SOP) is anticipated to reduce hospital length of stay, decrease recurrence rates, prevent rehospitalization, and support patients' reintegration into daily life following discharge.⁷ Successful implementation requires collaborative efforts from the healthcare team, including physicians, nurses, dietitians, medical rehabilitation specialists, and pharmacists.⁸ The National Hospital Accreditation Standards (SNARS) stipulate that discharge planning must be initiated at the time of the initial inpatient assessment and must involve all relevant healthcare professionals.⁹

More than 20% of discharged patients fail to receive discharge planning that meets established standards, highlighting the need for hospitals to continuously improve the quality of this process.¹⁰ A lack of knowledge among medical staff, particularly nurses, regarding the implementation of discharge planning has also been identified at Dumai Regional General Hospital.¹¹ Nurses' motivation plays a critical

role in the successful implementation of discharge planning.¹² In addition, knowledge, patient and family readiness, effective communication, and the involvement of all healthcare providers are also key determinants of successful discharge planning.¹³ Other influential factors in the implementation of discharge planning include nurses' characteristics, attitudes, motivation, collaboration with other healthcare professionals, and the time available to nurses.¹⁴

Observational findings at Banda Aceh City General Hospital indicate that the implementation of discharge planning forms by nurses remains suboptimal, despite the hospital having undergone accreditation. The use of specific discharge planning forms has been discontinued, and no subsequent dissemination efforts have been made to support its implementation. This situation highlights the importance of investigating the factors associated with the implementation of discharge planning at Banda Aceh City General Hospital.

Materials and Methods

Research design and setting

This study employed a quantitative approach with a cross-sectional design. Data collection was conducted in February 2025, following the acquisition of all necessary research permits. The researcher explained the objectives and benefits of the study to the respondents, who then provided written informed consent.

Population and sample

The study population consisted of all 304 staff nurses working in the inpatient wards of Banda Aceh Regional General Hospital. A total of 167 nurses were selected as the sample using purposive sampling based on predefined inclusion and exclusion criteria. The inclusion criteria included staff nurses working in inpatient wards, employed under civil servant, contract, or government-assigned positions, with a minimum of one year of work experience, not currently on leave or sick, and willing to participate as respondents. The exclusion criteria were head nurses and nurses on leave or sick for more than three days.

Procedure of study

Data were collected using structured questionnaires, which included instruments to assess communication, time availability, and nurses' knowledge related to discharge planning, as well as nurse motivation, measured using the Unified Motive Scale (UMS). The implementation of discharge planning was assessed using a dedicated discharge planning implementation questionnaire. All instruments were tested for content and face validity, and their reliability was confirmed by the researchers.

Respondents were asked to independently complete questionnaires covering demographic information, communication, time availability, nurses' knowledge and motivation, as well as their assessment of discharge planning implementation. The researcher, along with one trained enumerator, supervised the process to ensure clarity and completeness of responses. Upon completion, the questionnaires were reviewed and completed if necessary. Each questionnaire was then coded for data analysis.

The collected data were analyzed using univariate analysis with frequency distributions to describe the characteristics of respondents and each variable. Bivariate analysis was conducted using the chi-square test to examine the relationships between independent and dependent variables, with a significance level set at $p < 0.05$. Multivariate analysis employing logistic regression was performed to identify the most dominant factors associated with the implementation of discharge planning. Variables with $p < 0.25$ in the bivariate analysis were included in the logistic regression model.

Results

Descriptive Statistics

Based on the study involving 167 nurses from the inpatient wards of Banda Aceh Regional General Hospital, the majority of participants were female ($n = 91, 54.5\%$), aged between 23 and 32 years. Most held a Diploma III in Nursing ($n = 116, 69.5\%$), were married ($n = 113, 67.7\%$), and had a work experience of five years or less ($n = 105, 62.9\%$). The majority had not participated in discharge planning training ($n = 114, 68.3\%$). (Table 1)

Table1: Respondents' individual characteristic factors (N = 167)

Variables	Frequency	%
Age		
23-32 Years	91	54.5
33-42 Years	67	40.1
> 42 Years	9	5.4
Gender		
Male	35	21.0
Female	132	79.0
Last Education		
Diploma-III of Nursing	116	69.5
Bachelor of Nursing	23	13.8
Nurse Profession	28	16.8
Marriage Status		
Married	113	67.7
Notmarried	54	32.3
Length of Work		
≤ 5 Years	105	62.9
> 5 Years	62	37.1
Employment Status		
Civil Servant	10	6.0
Government Employee with a Work Agreement	104	62.3
Contract Employee	53	31.7
Training on the Implementation of Discharge Planning, Including the Completion of Discharge Planning Forms		
Received training	53	31.7
Not received training	114	68.3

The communication factor among nurses in the implementation of discharge planning was classified as good in 86 respondents (51.5%). Time availability was found to be inadequate in 88 respondents (52.7%) during the discharge planning process. A total of 90 respondents (53.9%) demonstrated good knowledge, while the level of motivation was low in 90 respondents (53.9%). Additionally, the implementation of discharge planning was categorized as suboptimal in 95 respondents (56.9%) (Table 2).

Table2: Frequency distribution of communication, time, knowledge, motivation factors, and discharge planning implementation (N = 167)

The categorization of “good” and “poor” is based on the respondents’ mean scores. Communication is considered good if the score is ≥ 20.50 and poor if < 20.50 . Time management is categorized as good if the score is ≥ 13.38 and poor if < 13.38 . Knowledge is classified as good if the score is ≥ 6.86 and poor if < 6.86 . Motivation is considered high if the score is ≥ 88.68 and low if < 88.68 .

Variables	Frequency	%
Communication		
Good	86	51.5
Poor	81	48.5
Time		
Good	79	47.3
Poor	88	52.7
Knowledge		
Good	90	53.9
Poor	77	46.1
Motivation		
High	77	46.1
Low	90	53.9

Bivariate Analysis

The results of the Chi-Square test can be seen in table 3 below:

Based on the results presented in the table above, among the 86 nurses with good communication factors,

58 nurses (67.4%) effectively implemented discharge planning. Conversely, among 81 nurses with poor communication factors, 67 nurses (82.7%) showed inadequate discharge planning implementation. Chi-square statistical analysis indicated a significant association between communication factors and discharge planning implementation at Banda Aceh Regional General Hospital ($p = 0.000$). Regarding the time factor, out of 79 nurses with adequate time availability, 59 nurses (74.7%) carried out discharge planning effectively. In contrast, among 88 nurses with insufficient time, 75 nurses (85.2%) demonstrated poor discharge planning implementation. The chi-square analysis confirmed a significant relationship between the time factor and discharge planning implementation at Banda Aceh Regional General Hospital ($p = 0.000$).

Regarding nurses’ knowledge, among the 90 nurses with good knowledge, 54 (60.0%) demonstrated effective discharge planning implementation. In contrast, among the 77 nurses with poor knowledge, 59 (76.6%) exhibited inadequate discharge planning practices. Chi-square analysis revealed a significant association between nurses’ knowledge and the implementation of discharge planning at Banda Aceh Regional General Hospital ($p = 0.000$). Regarding motivation, among the 77 nurses with high motivation, 57 (74.0%) effectively implemented discharge planning. Conversely, of the 90 nurses with low motivation, 75 (83.3%) demonstrated poor discharge planning practices. Chi-square analysis yielded a p-value of 0.000, indicating a significant association between motivation and the implementation of discharge planning at Banda Aceh Regional General Hospital ($p = 0.000$) (Table 3).

Multivariate Analysis

The results of the multivariate logistic regression analysis using the enter method are presented in table 4 below:

Based on the results presented in the table above, the independent variables that show a significant association with the implementation of discharge planning are motivation, communication, time, and knowledge, all of which have p-values less than 0.05. Among these four factors, motivation emerged as the most strongly associated factor with the implementation

Table 3: Association of Personnel Factors, Involvement and Participation, Communication, Time, Agreement and Consensus, Knowledge, and Motivation with the Implementation of Discharge Planning at Banda Aceh Regional General Hospital

Variables	Discharge Planning Implementation						p-value
	Good		Poor		Total		
	f	%	f	%	f	%	
Communication Factor							
Good	58	67.4	28	32.6	86	100	0.000
Poor	14	17.3	67	82.7	81	100	
Total	72	43.1	95	56.9	167	100	
Time Factor							
Good	59	74.7	20	25.3	79	100	0.000
Poor	13	14.8	75	85.2	88	100	
Total	72	43.1	95	56.9	167	100	
Knowledge Factor							
Good	54	60.0	36	40.0	90	100	0.000
Poor	18	23.4	59	76.6	77	100	
Total	72	43.1	95	56.9	167	100	
Motivation Factor							
High	57	74.0	20	26.0	77	100	0.000
Low	15	16.7	75	83.3	90	100	
Total	72	43.1	95	56.9	167	100	

of discharge planning. Therefore, further modeling was deemed unnecessary. This indicates that motivation has a statistically significant relationship with discharge planning, with a *p*-value of 0.000 and an odds ratio

(OR) of 10.677 (95% CI: 4.074–27.984). This suggests that nurses with high motivation are 10.6 times more likely to effectively implement discharge planning at RSUD Kota Banda Aceh (Table 4).

Table 4: Multivariate Logistic Regression Analysis Using the Enter Method on the Association Between Discharge Planning Factors and the Implementation of Discharge Planning

Variable	<i>p</i> -value	OR (95% CI)	Interpretation
Interpretation	0.000	10.677 (4.074 - 27.984)	Most dominant factor
Communication	0.001	5.748 (2.010 - 16.436)	Significant
Time	0.001	5.213 (1.953 - 13.911)	Significant
Knowledge	0.027	2.955 (1.129 - 7.736)	Significant

Discussion

Communication

The results of this study indicate a significant association between nurse communication and the implementation of discharge planning ($p = 0.000$). These findings are consistent with previous studies, which have shown that effective communication between nurses and patients enhances understanding of the care plan and reduces the risk of hospital readmission. Conversely, ineffective communication may result in information discrepancies and hinder the discharge process.¹⁵⁻¹⁷

Time

Effective time management is strongly correlated with the implementation of discharge planning ($p = 0.000$). This finding aligns with previous studies emphasizing that sufficient time enables nurses to thoroughly educate patients and their families. Inadequate time, on the other hand, limits opportunities for discussion, education, and patient preparation prior to discharge, which may increase the risk of complications.^{18,19}

Knowledge

Knowledge was also found to be significantly associated with the implementation of discharge planning ($p = 0.000$). This result is consistent with previous studies indicating that nurses with higher levels of knowledge are more thorough in providing education, formulating follow-up plans, and explaining warning signs post-discharge. Insufficient knowledge directly impacts adherence to discharge planning procedures.^{20,21}

Motivation

Motivation emerged as the most dominant factor in the regression model ($OR = 10.67$). This finding aligns with previous research indicating that high levels of motivation enhance nurses' commitment to delivering care, including the education and documentation involved in discharge planning. Motivation serves as an internal driving force that influences behavior, engagement, and the successful implementation of discharge planning.^{12,22}

Conclusion

This study demonstrates that individual nurse-related factors—namely communication, time management, knowledge, and motivation—are significantly associated with the implementation of discharge planning in the inpatient wards of RSUD Kota Banda Aceh. Among these variables, nurse motivation emerged as the most influential factor ($OR = 10.68$), indicating that intrinsic drive plays a critical role in ensuring effective discharge planning, whereby nurses are actively engaged in patient education, interdisciplinary coordination, and timely clinical decision-making.

Motivated nurses play a crucial role in effective discharge planning, enhancing patient education and understanding of post-discharge care. This not only improves patient satisfaction but also helps reduce complications and readmissions, highlighting the importance of fostering nurse motivation in delivering quality and continuous patient-centered care.

This study has several limitations. First, it was conducted in a single hospital, which limits the generalizability of the findings. Second, the use of a cross-sectional design prevents the establishment of causal relationships. Third, organizational factors such as managerial support or information systems were not included in the analysis. Lastly, the majority of respondents were young nurses with relatively short work experience, which may not fully reflect the depth of clinical practice in discharge planning.

The findings of this study highlight the need for managerial interventions to enhance nurses' work motivation through appropriate incentives and a supportive work environment. Hospitals should strengthen training programs focused on communication and time management, and improve discharge planning competencies through continuous education. From a policy perspective, a comprehensive review of discharge planning standard operating procedures is necessary, including the integration of multidisciplinary teams and an effective monitoring system. Effective discharge planning not only improves patient safety and service efficiency but also facilitates a smoother transition to independent care at home.

Recommendation: Future research is recommended to involve multiple hospitals to enhance the generalizability of findings and to compare the implementation of discharge planning across various organizational contexts. Additional variables such as organizational support, nursing leadership, workload, information systems, and workplace culture—factors that are likely to significantly influence discharge planning—should be considered. Furthermore, complementing the quantitative approach with qualitative studies is advised to gain deeper insights into the experiences of nurses, patients, and families regarding the discharge planning process, including perceived barriers and individual perceptions.

Ethical Clearance: This study has received ethical approval from the Meuraxa General Hospital Ethics Committee under approval number 112/09/Etik-penelitian/2024.

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