NURSES' ROLE IN THE DISCHARGE PLANNING IMPLEMENTATION ON FAMILY READINESS CARING FOR PATIENTS AT HOME

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ABSTRACT

One of the important components in the management of patient care in hospitals is the role of nurses in implementing discharge planning, which is a structured process of preparing patients to return to their environment after they get treatment in the hospital. Nurses have a significant role in helping families prepare to care for patients after discharge from psychiatric hospitals. Through evaluation of the patient's condition, coordination with multidisciplinary care teams, patient and family education, and preparation of a detailed discharge plan, nurses can positively influence Family Readiness. Objective: to evaluate the relationship between the role of nurses in implementing discharge planning and family readiness to care for patients at home. Method: The sample used was a purposive sample of 78 implementing nurses working in the inpatient room and the design of this study was cross-sectional. Data was collected through questionnaires as well as statistical correlation Chi-Square was used to analyze it. The validity test for the nurse role questionnaire was 0.629 to 0.777, while the family readiness questionnaire was 0.456 to 0.765. The Cronbach's alpha value for the nurse's role variable was 0.962 and family readiness was 0.967 so the questionnaire was declared reliable. Results: The results showed a relationship between the role of nurses in implementing discharge planning and family readiness to care for patients at home ($0.020 < 0.05$). Conclusions: Thus, the role of nurses in the discharge planning process plays an important role in improving family readiness in caring for patients at home.

Keywords: discharge planning; family readiness; nurse role

INTRODUCTION

The nursing profession must have moral, technical, and interpersonal skills. The effectiveness of nurses in providing nursing care to patients affects the quality of nursing services. Therefore, nurses are an important part of hospital services (Noviyanti et al., 2021). The nursing profession is a profession of a practitioner who creates a caring relationship by providing holistic care to patients. The role of nurses in all health care settings such as hospitals and communities has changed a lot. Nurses are involved in nursing care, intervention and evaluation, emotional support, spiritual care, comfort, security, treatment, examination, surgery, emergencies, rehabilitation, and childbirth and are asked to act in a therapeutic role (Ambushe et al., 2023). The role of nurses is very important for patients with mental disorders. While patients are hospitalized until they go home, the care process continues. This is because patients with mental disorders, the illness they suffer cannot be seen directly through their physical appearance and have many different symptoms and can appear for various reasons. Therefore, the knowledge and skills of nurses in the nursing

process, including the discharge planning process, can help maintain continuity of care for patients with mental disorders (Kaba et al., 2020). Discharge planning in a psychiatric hospital is an important part of the patient's care plan. People with mental illness are a population that is particularly vulnerable to post-hospital impairment. Mental illness has the potential to affect the ability to participate in self-care, social activities, money management, work or school activities, leisure time use, and personal safety (Ojo et al., 2024).

Discharge planning is an ongoing process that facilitates the return of patients to the appropriate level of care and involves a multidisciplinary assessment of the patient's or family's needs and coordination of care, services, and referrals (Gledhill et al., 2023). Discharge planning allows nurses to assist patients during treatment and become members of the hospital discharge planning team. To achieve effective discharge planning, ongoing assessments must be conducted to determine the patient's changing needs, ongoing nursing diagnosis statements, and planning to ensure that healthcare provider actions are appropriate to the patient's needs (Asmuji et al., 2018). In addition, families must understand how to manage patient care at home as they are faced with the impact of possible and unexpected changes. Failure to understand these impacts can leave families unprepared for discharge and can increase complications that occur in patients once they are home (Babaei & Abolhasani, 2020). Family readiness and involvement are essential to developing and implementing an adequate discharge plan for the patient (Hastuti et al., 2023). Family is crucial in developing and implementing an adequate discharge plan (Hajalizadeh et al., 2021).

Research conducted by Asnani et al. (2022) concluded that the implementation of discharge planning can improve patient and family readiness in facing discharge. Yaslina et al. (2019) concluded in their research that there is a relationship between providing discharge planning and family ability in post-stroke care at home. Basuni et al. (2023) stated the results of their research that the effect of discharge planning was very good, the readiness and support of the family to care for stroke patients will have an impact on improving the quality of life and daily activities of stroke patients, namely increasing activity, preventing disease complications and patient compliance in taking medication and routinely carrying out disease control. The results of an initial survey conducted by researchers on October 18, 2022, at the Prof. Dr. Muhammad Ildrem Mental Hospital in Medan showed that cases of relapse of mental disorders are still ongoing. Based on interviews with four nurses, it was stated that the number of patients who had to seek treatment due to relapse was increasing due to the patient's discontinuation or withdrawal of medication, this was because the patient's family was uncooperative and did not support the patient's overall treatment. Nurses had also advised families to supervise patients while they were taking medication, but the families did not do so, so many patients relapsed and came back for treatment, while the results of interviews conducted with six families of patients who were in the hospital at that time said that relapses occurred due to lack of family support, not paying enough attention and loving the patient, and little information in caring for patients. Therefore, the study aims to evaluate the relationship between the role of nurses in implementing discharge planning and family readiness to care for patients at home.

METHOD
The study was a quantitative with cross-sectional approach. Seventy-eight subjects were involved in this study using a saturated sampling technique. The study was conducted from September 2023 to February 2024. The questionnaire for the role of nurses in implementing discharge planning is a modification of Baker (2019) which consists of 18 statements and is modified in numbers 2,3,4,7,11. A score of 1 is given if the answer is "yes" and a score of 0 if

the answer is "no". The readiness of the patient's family to care at home is a modification of Lubis and Setiawan (2023) which consists of 18 statements and is modified in numbers 4,5,7,9,14. A score of 1 is given if the answer is "yes" and a score of 0 if the answer is "no". The validity test for the nurse role questionnaire was 0.629 to 0.777, while the family readiness questionnaire was 0.456 to 0.765. The Cronbach's alpha value for the nurse's role variable was 0.962 and family readiness was 0.967 so the questionnaire was declared reliable. Bivariate analysis in this study evaluated the relationship between the role of nurses in discharge planning and the readiness of patient families to care at home using the Chi-Square test. This study has received ethical approval from the Health Research Ethics Committee, Universitas Sumatera Utara No.144/KEPK/USU/2024.

RESULTS

Table 1 shows that it is dominated by female nurses, namely 65 people (83.3%), Most respondents are aged 31-40 years, namely 33 people (42.3%), generally work experience > 10 years as many as 43 respondents (55.1%). The level of education of the majority of respondents is Bachelor's degree as many as 60 people (76.9%).

Table 1.
Respondent characteristics (n=78)

Respondent characteristics	f	%
Gender		
Male	13	16,7
Female	65	83,3
Age (year)		
20-30	9	11,5
31-40	33	42,3
41-50	22	28,2
>50	14	17,9
Work experience (year)		
<2	1	1,3
2-5	22	28,2
5-10	12	15,4
>10	43	55,1
Educational level		
Diploma III	18	23,1
Bachelor	60	76,9

Table 2, describes the relationship between nurses' assessment of their role in implementing discharge planning and family readiness in caring for patients at home. Of the total 78 respondents consisting of nurses, 20 nurses assessed their role as less than good, with 15 of them (75%) feeling that the family was not ready and 5 (25%) feeling that the family was ready to care for the patient at home. In contrast, of the 58 nurses who assessed their role as good, 26 (44.83%) felt that the family was not ready and 32 (55.17%) felt that the family was ready. Overall, of the 78 nurses who participated, 41 (52.56%) felt that the family was not ready and 37 (47.44%) felt that the family was ready to care for the patient at home. These data indicate that nurses' perceptions of their role in discharge planning have a significant effect on family readiness to care for patients after discharge from the hospital and based on the p-value of 0.020 <0.05, there is a relationship between the role of nurses in implementing discharge planning and family readiness to care for patients at home so that it can be stated that the hypothesis in this study is accepted.

Table 2.
Crosstab of the nurses' role in implementing discharge planning and family readiness to care for patients at home (n=78)

Crosstab		Family Readiness				Total		p-value
		Not ready		Ready				
		f	%	f	%	f	%	
Nurses role	Poorly	15	75	5	25	20	100	0,020
	Good	26	44,83	32	55,17	58	100	

DISCUSSION

The results of the study showed that 74.4% of nurses carried out discharge planning well, ensuring effective communication, complete information, and good coordination with the health team. In contrast, 25.6% of nurses felt that their role was less than optimal due to communication, information, and coordination constraints, which could cause confusion for the patient's family and affect patient recovery. The role of nurses in discharge planning in mental hospitals has its uniqueness because it combines clinical and psychosocial elements in caring for patients with mental disorders (Xiao et al., 2019). Discharge planning in a mental hospital not only considers medical factors but also considers a mature strategy for reintegrating patients into society while considering their safety and well-being (Sari et al., 2024). Nurses must assess the patient's psychological and social condition thoroughly, they must understand the patient's diagnosis of mental disorder, treatment history, and social and environmental factors that may affect recovery (Samartzis & Talias, 2020). This evaluation is important to create a recovery plan that meets the patient's needs and safety (Bhati et al., 2023). Nurses play a role in working collaboratively with other care professionals, such as psychiatrists, psychologists, social workers, and activity therapists. This professional collaboration ensures that all aspects of patient care are taken into account in discharge planning, including medication monitoring and psychosocial support (Karam et al., 2021).

Nurses are also responsible for teaching patients and their families about mental disorders, symptom management, and effective coping techniques (Maideen et al., 2022). Strong family support and a good understanding of the patient's mental condition can improve compliance with treatment and help patients return to society (Ong et al., 2021). Nurses create discharge plans that take into account all of the patient's needs, including determining appropriate accommodations after discharge, such as rehabilitation programs, home support, and community services that can help patients live their daily lives more independently and meaningfully (Hayajneh et al., 2020). Nurses are responsible for planning the skills that patients will need to live their daily lives independently in the community after they return home. By teaching patients these skills, nurses can increase their chances of success in dealing with the challenges they may face in the community setting. This may include the ability to communicate well, manage stress, or build a healthy social support network (Mlambo et al., 2021). Adequate follow-up plans after discharge are also made by nurses, in which case nurses can help patients arrange access to services and resources in the community that can help them in the reintegration process (Kurniawan et al., 2023). This plan includes follow-up visits with mental health professionals, ongoing therapy, and community support as needed to ensure that the patient's continuity of care and recovery at home can occur (Pama et al., 2023).

When a patient is discharged from a psychiatric hospital, the nurse's role does not end. Nurses can continue to provide support and monitoring after discharge through telephone contact or follow-up visits. This allows the nurse to evaluate the patient's family's response to discharge planning, provide additional support if needed, and help the patient and family cope with difficulties that may arise during the transition back to the community (Lin et al., 2012).

Therefore, nurses are very important in discharge planning from psychiatric hospitals because they must consider not only clinical issues but also psychosocial issues and continuity of care, both of which are very important for successful recovery (Kealeboga et al., 2023).The results of the study showed that 52.6% of nurses stated that the patient's family was not ready to provide care at home due to a lack of knowledge, emotional support, and access to resources. In contrast, 47.4% of nurses reported that families were ready to care because of effective communication, clear information, and good support from the healthcare team. The care of patients with mental disorders and the well-being of the family itself is greatly influenced by the family's ability to care for the patient at home. Adequate understanding of the mental condition experienced by their family member, including an understanding of the symptoms, prognosis, and possible treatments, is an important part of family readiness to care for patients with mental disorders. Nurses can help families understand mental disorders and how best to care for them (Ong et al., 2021).

Family readiness also requires an understanding of mental health and practical skills for caring for the patient. These skills include managing crises, providing emotional support, ensuring treatment adherence, and recognizing warning signs. Families can improve these skills with training and guidance from nurses (Lohrasbi et al., 2023). In addition, family preparation includes creating a home environment for patients with mental disorders that is supportive of patient healing. This includes ensuring adequate social support, reducing external stress, and finding causes that can worsen the patient's mental condition because this can reduce the risk of complications and improve the patient's quality of life (Søvold et al., 2021). The results of the study showed that there was a relationship between the role of nurses in implementing discharge planning and the readiness of families to care for patients at home, indicating that one important aspect in the management of care for patients with mental disorders is the relationship between the role of nurses and the patient's family. Nurses do this by assessing the patient's condition, working with the multidisciplinary care team, and educating the patient and family. The nurse's role in evaluating the patient's condition allows them to identify special care needs and difficulties that the family may face while caring for the patient at home. This evaluation includes a thorough understanding of the patient's mental state, the level of social support available, and the family's ability to handle potential crises (Taberna et al., 2020). There are several important factors in helping families prepare to care for patients at home, namely effective coordination with the multidisciplinary care team (Stephenson et al., 2022). Interprofessional collaboration ensures that all aspects of patient care are properly considered in the discharge plan so that nurses can provide appropriate support to families in addressing any issues that may arise (Geese & Schmitt, 2023).

The results of this study also show that there is a relationship between the role of nurses in implementing discharge planning and the family's readiness to care for patients at home. The results of this study are in line with a previous study which proves that there is a significant relationship between the implementation of discharge planning and the readiness to go home of the families of stroke patients in the Stroke Unit (Rinawati et al., 2024). The same research was also conducted by Ahmadi et al. (2023) which also showed that there was a significant relationship between the implementation of discharge planning carried out by nurses and the family's readiness to carry out healthcare tasks for patients with pulmonary tuberculosis in the inpatient ward of lung Hospital.

CONCLUSION
There is a relationship between the role of nurses in discharge planning and the readiness of families to care for patients at home. Nurses who carry out discharge planning well help

improve family readiness, improving the quality of patient care at home. Family readiness is influenced by evaluation of the patient's condition, collaboration with the care team, family education, and detailed discharge planning. Families are more prepared to care at home when nurses carry out their roles well in all stages of the discharge process.

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