THE RELATIONSHIP OF THE IMPLEMENTATION OF DISCHARGE PLANNING WITH THE LEVEL OF PATIENT SATISFACTION IN THE INPATIENT HEALTH CENTER

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ABSTRACT

Discharge planning that is not yet optimal has an impact on patients. This impact is an increase in the number of re-admissions and ultimately patients will bear the costs of inpatient care at the health center. The aim of this research is to find out the relationship between the implementation of discharge planning and the level of patient satisfaction at the Banjar Agung Inpatient Health Center, South Lampung Regency in 2024. This type of research is quantitative using a crosssectional approach. The population and sample in this study were all inpatients from January-April 2024, totaling 47 respondents. The sampling technique used is quota sampling, The sample was determined from a population with certain characteristics to the desired number (quota) of 47 patients. Based on the results of statistical tests, the P-value < 0.05 was obtained, namely the satisfaction variable 0.014, the tangible variable 0.007, the reliability variable 0.041, the responsiveness variable 0.000, the assurance variable 0.034 and the empathy variable 0.017, which means that there is a relationship between the implementation of discharge planning and the level of patient satisfaction based on dimensions. Tangible at the Banjar Agung Inpatient Health Center, South Lampung Regency in 2024.

Keywords: discharge planning; implementation; patient satisfaction level

INTRODUCTION

Health services are places or facilities used to carry out health efforts. One form of health service provided by the government is the Community Health Center. Puskesmas is a place that provides comprehensive health services which can be said to be the foundation of human hope for a healthy or prosperous life. Patients who go to health services hope for recovery from their illness and nurses can help patients by preparing patients to plan to go home from the health center and return to their respective homes (Kusnanto, 2020). According to (Indonesian Ministry of Health, 2021) , *discharge planning* is an important part of the client nursing program which starts as soon as the patient enter s the community health center until the patient returns home from the community health center. (Ministry of Health of the Republic of Indonesia, 2021) states that care at the community health center will be useful and useful if it is followed by home care by the patient himself or his family, so that *discharge planning* needs to be carried out optimally in nursing interventions. Based on data, only 40% of health workers provide *discharge planning* to patients who have received services from the community health center. If *the discharge planning* carried out by the nurse for the patient is good, it can cause the patient to feel satisfied with the services they receive, but *the discharge planning* carried out is not comprehensive, it can cause dissatisfaction with the patient (Ministry of Health of the Republic of Indonesia, 2021) .

According to data from the Indonesian Ministry of Health, in 2022 there will be approximately 133,340 patients undergoing inpatient treatment and there are 126,130 patients

who say they are dissatisfied with the services they receive, of this figure only 40% of patients are satisfied with the services they receive, whereas based on Department data Lampung Province Health, in 2022 the number of patients who are satisfied with the services provided at the Community Health Center will only be 42% of the 4,230 patients who were hospitalized (Ministry of Health of the Republic of Indonesia, 2021). According to data from the South Lampung District Health Service in 2023, patient satisfaction coverage reached 37% from 18,782 patients, in contrast to 2022 which only reached 34% from 17,940 patients, in contrast to Bandar Lampung City, in 2022 patient satisfaction reached 64% from 20,126 patients, and in 2023 patient satisfaction will increase to 70% from 21,231 patients. Based on data from 27 inpatient health centers in South Lampung Regency, the health center with the highest patient satisfaction coverage is the Ketapang health center with 68% coverage of 1,431 patients, while the health center with the lowest satisfaction coverage is the Sragi health center with 22% coverage of 650 patients. Banjar Agung Community Health Center itself ranks 8th with the lowest coverage of the 27 existing Community Health Centers, reaching only 26% of 530 patients (Banjar Agung Health Center, 2022). According to Banjar Agung Health Center Medical Record data, in 2021 the number of patients undergoing inpatient treatment reached 433 patients with a satisfaction percentage reaching 55% and in 2022 it reached 690 patients with the percentage of satisfaction decreasing to 46%, of the number of patients undergoing inpatient treatment there were only ±50% of patients are satisfied with Puskesmas services, while in 2023 the scope of patient satisfaction will decrease drastically to reach 26% of 530 patients (Puskesmas Banjar Agung, 2022)

Discharge planning that is not yet optimal has an impact on patients. This impact is an increase in the number of re-admissions and ultimately patients will bear the costs of inpatient care at the health center (Dessy, 2018) . The government's efforts to increase patient satisfaction are to improve the quality of good health care services, namely reliable, sophisticated, modern, complete and fast in responding to patient complaints and locations that can be reached easily and strategically by increasing training, seminars and supervision for all health workers, In this way, patients will make a decision to use the services offered and after using these services an attitude of satisfaction will arise. Good service can be used as capital to attract patient interest because the quality of service can determine satisfaction and the desire to use the service again (Rahman et al., 2019).

One of the factors that influence patients who are dissatisfied with treatment is the lack of facilities, the attitude of health workers, and the lack of health education provided by health workers such as nurses in carrying out their role in providing teaching in *discharge planning*. The impact that occurs when nurses do not provide teaching in *discharge planning* can cause an increase in the patient's recurrence rate after being at home, because the patient and family are not yet able to carry out treatment independently. Nurses need to carry out their role and understand the importance of patient compliance for control so that nurses can evaluate the patient's condition and the patient's recurrence rate can be prevented (Dessy, 2018). These nursing actions can be carried out optimally when *discharge planning* is carried out well. *Discharge planning* is planning carried out for patients and families before the patient leaves the puskesmas with the aim of ensuring that the patient can achieve optimal health and reduce the length of stay and costs of the puskesmas. Before returning home, patients and families must understand and know how to manage care that can be done at home, such as continuous patient care, so as to reduce complications. Complications or failure to provide *discharge planning* will pose a risk of serious illness, life threats, and physical dysfunction, apart from that, patients who do not receive *discharge planning* before going home, especially patients who require home care such as health counseling or counseling and community services,

usually will return to the emergency department in 24-48 hours. This condition is of course very detrimental to patients, families and health centers. Therefore, patients need to be prepared in facing discharge (Hermawan, 2020).

The results of the initial survey conducted on April 15 2024 in the Inpatient Room of the Banjar Agung Community Health Center, obtained from interviews with 5 patients in the Inpatient Room stated that 2 of them said they were satisfied with *discharge planning* , namely that the nurse explained to the patient how to plan the patient's discharge and 3 patients said they were dissatisfied with *discharge planning* , namely the nurse did not provide information about the next place of care after returning home, the nurse did not clearly explain the treatment that can be done at home before the health center, the nurse did not provide brochures (materials) related to the patient's health problems, the nurse was difficult to find / contacted if you need a nurse, the impact will reduce the quality of service at the Banjar Agung Inpatient Health Center, South Lampung Regency. Based on the description of the problems above, the author is interested in conducting research on "The Relationship between the Implementation of Discharge Planning and the Level of Patient Satisfaction at the Banjar Agung Inpatient Health Center, South Lampung Regency in 2024. The aim of this research is to find out the relationship between the implementation *of discharge planning* and the level of patient satisfaction at the Banjar Agung Inpatient Health Center, South Lampung Regency in 2024.

METHOD
This type of research is quantitative with a *cross sectional approach* . The location of this research was carried out at the Banjar Agung Inpatient Health Center, South Lampung Regency, from 14 June - 20 July 2024. The population and sample in this study were all inpatients from January-April 2024, totaling 47 respondents. The sampling technique used is *quota sampling. With* the inclusion criteria, they are willing to become respondents without coercion by signing a consent form, being able to read and write, respondents aged 17-60 years, respondents from patients who are hospitalized at the Banjar Agung Community Health Center. Exclusion criteria were that respondents had hearing problems and respondents aged > 60 years (unable to interact well). Data analysis using univariate analysis, *using the chi-square test, if there is a p-value < 0.05, then Ha is accepted, and vice versa if the p-value > 0.05, then Ho is accepted aims* to explain or describe the characteristics of each research variable and bivariate analysis to look at the relationship between the implementation of *discharge planning* and the level of patient satisfaction. *The researcher took care of the ethical clearance to the Ethics Commission of Mitra University of Indonesia and has been declared ethical with No. S.25/066/FKES10/2024. https://drive.google.com/file/d/1Y0CFZXrNiuwDrtdXfjKfFYR3JwaJcEaO/view?usp=share_link.*

RESULTS
Based on table 1, it is known that in the Banjar Agung Inpatient Health Center, South Lampung Regency in 2024, the majority of respondents aged > 35 years amounted to 24 respondents (51.1%). The majority of respondents were male, totaling 26 respondents (55.3%). The majority of respondents had a high school education, totaling 17 respondents (36.2%). The majority of respondents have jobs as entrepreneurs totaling 18 respondents (38.3%). the majority of respondents who accepted the implementation of *discharge planning* poorly were 27 respondents (57.4%). The majority of respondents were dissatisfied, totaling 25 respondents (53.2%), the majority of patient satisfaction based on the *tangibles dimension* was not good, amounting to 26 respondents (55.3%). The majority of patient satisfaction was

based on the good *reliability dimension, amounting to 26 respondents (55.3%).* The majority of patient satisfaction was based on the dimension of poor *responsiveness , amounting to 29 respondents (61.7%).* The majority of patient satisfaction was based on the dimension of poor *assurance , amounting to 26 respondents (55.3%).* And most of the patient satisfaction was based on the dimension of *empathy* which was not good, amounting to 27 respondents (57.4%).

Table 1.
Frequency distribution age, gender, education, job, implementation of discharge planning, patient satisfaction level, tangible, reliable, responsiveness, assurance, and emphaty (n=47)

Age	f	%
25-35 Years	23	48.9
> 35 Years	24	51.1
Man	26	55.3
Woman	21	44.7
Education		
College	6	12.8
elementary school	9	19.1
Senior High School	17	36.2
Junior High School	15	31.9
Work		
Laborer	16	34.0
Civil servants	4	8.5
Private	9	19.1
Self-employed	18	38.3
Implementation of Discharge Planning		
Good	20	42.6
Not good	27	57.4
Patient Satisfaction Level		
Satisfied	22	46.8
Not satisfied	25	53.2
Tangibles		
Good	21	44.7
Not good	26	55.3
Reliable		
Good	26	55.3
Not good	21	44.7
Responsiveness		
Good	18	38.3
Not good	29	61.7
Assurance		
Good	21	44.7
Not good	26	55.3
Empathy		
Good	20	42.6
Not good	27	57.4

Based on the table, it is known that at the Banjar Agung Inpatient Health Center, South Lampung Regency in 2024, of the 20 respondents who received good *discharge planning implementation, 14 respondents (70.0%) said they were satisfied, while of the 27 respondents who received* bad *discharge planning* implementation , There were 19 respondents (70.4%) who said they were not satisfied. *P - value of* 0.014 or *P - value* < 0.05 was obtained, which means that there is a relationship between the implementation of *discharge planning* and the level of patient satisfaction at the Banjar Agung Inpatient Health Center, South Lampung Regency in 2024 with an OR value of 5.542, which means that respondents received If the

implementation of *discharge planning* is not good, there is a 5 times greater risk of respondents being dissatisfied compared to respondents who accept that the implementation of *discharge planning* is good.

Table 2.
Relationship between *Discharge Planning* Implementation and Patient Satisfaction Level

Implementation of *Discharge Planning*	Satisfaction Level				Total		P - value	OR (Cl 95%)
	Satisfied		Not satisfied					
	f	%	f	%	f	%		
Good	14	70.0	6	30.0	20	100.0	0.014	5,542
Not good	8	29.6	19	70.4	27	100.0		(1,566 – 19,610)
Implementation of *Discharge Planning*	Tangible Dimensions				Total		P - value	OR (Cl 95%)
	Good		Not good					
	f	%	f	%	f	%		
Good	14	70.0	6	30.0	20	100.0	0.007	6,667
Not good	7	25.9	20	74.1	27	100.0		(1,841 – 24,138)

Based on *Tangible* Dimensions

Based on the table 2, it is known that at the Banjar Agung Inpatient Health Center, South Lampung Regency in 2024, of the 20 respondents who received good *discharge planning implementation* , 14 respondents (70.0%) said satisfaction based on the tangible dimension was good, while of the 27 respondents who received *discharge planning implementation planning* was not good, there were 20 respondents (74.1%) who said that satisfaction based on the *tangible dimension* was not good. Based on the results of statistical tests, *a P - value of* 0.007 or *P - value* < 0.05 was obtained, which means that there is a relationship between the implementation *of discharge planning* and the level of patient satisfaction based on the *tangible dimensions* at the Banjar Agung Inpatient Health Center, South Lampung Regency in 2024 with an OR value of 6.667, which means Respondents who received poor *discharge planning implementation had a 6 times greater risk of* poor patient satisfaction based on *tangible dimensions compared to respondents who received good discharge planning implementation*.

Table 3.
Relationship between *Discharge Planning* Implementation and Patient Satisfaction Level Based on *Reliability* Dimensions

Implementation of *Discharge Planning*	Reliable Dimensions				Total		P - value	OR (Cl 95%)
	Good		Not good					
	f	%	f	%	f	%		
Good	15	75.0	5	25.0	20	100.0	0.041	4,364
Not good	11	40.7	16	59.3	27	100.0		(1,225 – 15,543)

Based on the table above, it is known that at the Banjar Agung Inpatient Health Center, South Lampung Regency in 2024, of the 20 respondents who received good implementation of *discharge planning* , 15 respondents (75.0%) said satisfaction based on the *reliability dimension* was good, while of the 27 respondents who received the implementation *discharge planning* was not good, there were 16 respondents (59.3%) who said that satisfaction based on the *reliability dimension* was not good. Based on the results of statistical tests, *a P - value of* 0.041 or *P - value* < 0.05 was obtained, which means that there is a relationship between the implementation of *discharge planning* and the level of patient satisfaction based on the *reliability dimension* at the Banjar Agung Inpatient Health Center, South Lampung Regency in 2024 with an OR value of 4.364 which is This means that respondents who received poor *discharge planning implementation* had a 4 times greater risk of patient satisfaction based on

the *reliability dimension* being poor compared to respondents who received good *discharge planning implementation.*

Table 4.

Analysis of the Relationship between the Implementation *of Discharge Planning* and the Level of Patient Satisfaction Based on the *Responsiveness* Dimension

Implementation of *Discharge Planning*	Dimensions of Responsiveness				Total		*P - value*	OR (Cl 95%)
	Good		Not good					
	f	%	f	%	f	%		
Good	14	70.0	6	30.0	20	100.0	0,000	13,417
Not good	4	14.8	23	85.2	27	100.0		(3,214 - 56,008)

Based on the table above, it is known that at the Banjar Agung Inpatient Health Center, South Lampung Regency in 2024, of the 20 respondents who received good implementation of *discharge planning*, 14 respondents (70.0%) said that satisfaction based on *the responsiveness dimension* was good, while of the 27 respondents who received The implementation of *discharge planning* was not good, there were 23 respondents (85.2%) who said that satisfaction based on the *responsiveness dimension* was not good. Based on the results of statistical tests, *a P - value of* 0.000 or *P - value* < 0.05 was obtained, which means that there is a relationship between the implementation of *discharge planning* and the level of patient satisfaction based on the *responsiveness dimension* at the Banjar Agung Inpatient Health Center, South Lampung Regency in 2024 with an OR value of 13.417 which is This means that respondents who received poor *discharge planning implementation had a 13 times greater risk of patient satisfaction based on* the poor *responsiveness dimension compared to respondents who received good discharge planning implementation.*

Table 5.

Relationship between *Discharge Planning* Implementation and Patient Satisfaction Level Based on *Assurance* Dimensions

Implementation of *Discharge Planning*	Assurance Dimension				Total		*P - value*	OR (Cl 95%)
	Good		Not good					
	f	%	f	%	f	%		
Good	13	65.0	7	35.0	20	100.0	0.034	4,411
Not good	8	29.6	19	70.4	27	100.0		(1,282 - 15,174

Based on the table above, it is known that at the Banjar Agung Inpatient Health Center, South Lampung Regency in 2024, of the 20 respondents who received good implementation of *discharge planning* , 13 respondents (65.0%) said satisfaction based on *the assurance dimension* was good, while of the 27 respondents who received the implementation *discharge planning* was not good, there were 19 respondents (70.4%) who said that satisfaction based on the *assurance dimension* was not good. Based on the results of statistical tests, *a P - value of* 0.034 or *P - value* < 0.05 was obtained, which means that there is a relationship between the implementation of *discharge planning* and the level of patient satisfaction based on *the assurance dimension* at the Banjar Agung Inpatient Health Center, South Lampung Regency in 2024 with an OR value of 4.411 which is This means that respondents who received poor *discharge planning implementation* had a 4 times greater risk of patient satisfaction based on *the assurance dimension* being poor compared to respondents who received good *discharge planning implementation.*

Based on the table 6, it is known that at the Banjar Agung Inpatient Health Center, South Lampung Regency in 2024, of the 20 respondents who received good *discharge planning implementation* , 13 respondents (65.0%) said satisfaction based on the *empathy dimension* was good, while of the 27 respondents who received *discharge planning implementation*

planning was not good, there were 20 respondents (74.1%) who said that satisfaction based on the *empathy dimension* was not good. Based on the results of statistical tests, *a P - value of* 0.017 or *P - value* < 0.05 was obtained, which means that there is a relationship between the implementation of *discharge planning* and the level of patient satisfaction based on the *empathy dimension* at the Banjar Agung Inpatient Health Center, South Lampung Regency in 2024 with an OR value of 5.306 which is This means that respondents who received poor *discharge planning implementation had a 5 times greater risk of* poor patient satisfaction based on *the empathy dimension compared to respondents who received* good *discharge planning implementation.*

Table 6 .
The Relationship between the Implementation *of Discharge Planning* and the Level of Patient Satisfaction Based on the *Emphaty* Dimension

Implementation of *Discharge Planning*	Empathy Dimension				Total		*P - value*	OR (Cl 95%)
	Good		Not good					
	f	%	f	%	f	%		
Good	13	65.0	7	35.0	20	100.0	0.017	5,306
Not good	7	25.9	20	74.1	27	100.0		(1,507 – 18,688)

DISCUSSION
Relationship between *Discharge Planning* Implementation and Patient Satisfaction Level
Based on the research results, it is known that at the Banjar Agung Inpatient Health Center, South Lampung Regency in 2024, of the 20 respondents who received good *discharge planning implementation* , 14 respondents (70.0%) said they were satisfied, while of the 27 respondents who received bad *discharge planning implementation.* , there were 19 respondents (70.4%) who said they were not satisfied. Based on the results of statistical tests, *a P - value of* 0.014 or *P - value* < 0.05 was obtained, which means that there is a relationship between the implementation of *discharge planning* and the level of patient satisfaction at the Banjar Agung Inpatient Health Center, South Lampung Regency in 2024 with an OR value of 5.542, which means that respondents received If the implementation of *discharge planning* is not good, there is a 5 times greater risk of respondents being dissatisfied compared to respondents who accept that the implementation of *discharge planning* is good.

Discharge planning that is successfully implemented well means that the patient's return from the health center will not experience obstacles and can reduce the days or length of treatment and prevent recurrence, but on the other hand, if *discharge planning* is not implemented properly it can be one of the factors that prolongs the healing process which will lead to recurrence. and re-treatment. According to (Dessy, 2018) , the success of *discharge planning* is influenced by several factors. These factors include: involvement and participation, communication, time, agreement and consensus as well as *discharge planning personnel* (Nelson, 2019) explains that the type of health center (educational or general), patient complexity, and nurse competency influence the success of implementing *discharge planning.*

Discharge planning that is not yet optimal has an impact on patients. This impact is an increase in the number of re-admissions and ultimately patients will bear the costs of inpatient care at the health center (Nursalam, 2018) . The government's efforts to increase patient satisfaction are to improve the quality of good health care services, namely reliable, sophisticated, modern, complete and fast in responding to patient complaints and locations that can be reached easily and strategically by increasing training, seminars and supervision for all health workers, In this way, patients will make a decision to use the services offered and after using these services an attitude of satisfaction will emerge. Good service can be used

as capital to attract patient interest because the quality of service can determine satisfaction and the desire to use the service again (Baharza & Putri, 2020).

Effective *discharge planning also involves coordinating post-health center care such as home care or primary care services.* When patients receive appropriate follow-up care and necessary support, they will experience better health outcomes and possibly lower return rates to health centers. This continuity of care can increase patient satisfaction, because patients feel that their care needs are met consistently and comprehensively. Discharge planning also involves arranging post-discharge support services, such as home care, rehabilitation, or social support. The same statement was expressed (Zees et al., 2021) When patients receive the right support after discharge, they feel cared for and supported during the recovery process. This level of support greatly influences patient satisfaction, because they feel that health care providers care and are invested in their well-being even after they leave the health center.

One of the factors that influence patients who are dissatisfied with treatment is the lack of facilities, the attitude of health workers, and the lack of health education provided by health workers such as nurses in carrying out their role in providing teaching in *discharge planning* . The impact that occurs when nurses do not provide teaching in *discharge planning* can cause an increase in the patient's recurrence rate after being at home, because the patient and family are not yet able to carry out treatment independently. Nurses need to carry out their role and understand the importance of patient compliance for control so that nurses can evaluate the patient's condition and the patient's recurrence rate can be prevented (Dessy, 2018) The results of this research are in line with research by Dwi Andriyani, et al (2020) regarding the relationship between *discharge planning* and the level of satisfaction of inpatients in the Cathleya Perkebunan Jember Clinic room. This research aims to analyze the relationship between *discharge planning* and the level of satisfaction of inpatients in the Cathleya Perkebunan Jember Clinic room. The results of the study showed that there was a relationship between *discharge planning* and the level of satisfaction of inpatients with a significant level of *P - value* = 0.000 and *the Spearman's rho correlation coefficient value* is .623. The results of the research obtained and the theory above, according to the researchers, there were several respondents who were given good *discharge planning* , but the respondents were not satisfied, this was due to a lack of facilities and infrastructure and services that took too long, while there were also respondents who were not given good *discharge planning* . However, they were satisfied because respondents received fast service and were provided with health information from health workers.

The Relationship between Discharge Planning Implementation and Patient Satisfaction Levels Based on Five Dimensions:
1) Relationship between *Discharge Planning* Implementation and Patient Satisfaction Level Based on *Tangible* Dimensions
Based on the research results, it is known that at the Banjar Agung Inpatient Health Center, South Lampung Regency in 2024, of the 20 respondents who received good implementation of *discharge planning* , 14 respondents (70.0%) said satisfaction based on the *tangible dimension* was good, while of the 27 respondents who received the implementation *discharge planning* is not good, there are 20 respondents (74.1%) who say that satisfaction based on the *tangible dimension* is not good. Based on the results of statistical tests, *a P - value of* 0.007 or $P - value < 0.05$ was obtained, which means that there is a relationship between the implementation of *discharge planning* and the level of patient satisfaction based on the *tangible dimensions* at the Banjar Agung Inpatient Health Center, South Lampung Regency in

2024 with an OR value of 6.667 which is This means that respondents who received poor *discharge planning implementation* had a 6 times greater risk of poor patient satisfaction based on *tangible dimensions compared to respondents who received* good *discharge planning implementation.*

For patients who use physical *evidence* as an indicator in determining satisfaction with the facilities received, this needs to receive attention from the Community Health Center because this *tangible dimension* is physical evidence that can be felt and measured by the patient. Meanwhile, according to Zeithaml, Berry and Parasuraman, direct evidence (*tangible*) is the physical appearance of services, physical facilities, appearance of workers, tools or equipment used, and in providing physical evidence as an initial medium for clients (patients) to see in real terms for the first time. what is there, according to the appearance of the staff as well as the physical facilities used in the inpatient unit. Regarding the physical appearance of service facilities, equipment or supplies, human resources, and company communication materials (Nursalam, 2018). Because a service cannot be seen, cannot be smelled and cannot be touched, the tangible aspect becomes important as a measure of service. Customers will use their sense of sight to assess the quality of service. Apart from buildings and equipment, customers will assess the physical appearance of employees. Employee appearance influences customers' perceptions that they have good service quality. Good *tangibles will influence customer perceptions.* At the same time, this *tangible aspect* is also a source that influences customer expectations. Because of good *tangibles* , patient expectations become higher. The *tangible* dimension is generally more important to new customers. The level of importance of this aspect is relatively lower for customers who already have a relationship with a service provider (Dabri et al., 2014) .

The results of this research are in line with research by Dwi Andriyani, et al (2020) regarding the relationship between *discharge planning* and the level of satisfaction of inpatients in the Cathleya Perkebunan Jember Clinic room. This research aims to analyze the relationship between *discharge planning* and the level of satisfaction of inpatients in the Cathleya Perkebunan Jember Clinic room. The results of the study showed that there was a relationship between *discharge planning* and the level of satisfaction of inpatients with a significant level of *P - value* = 0.000 and *the Spearman's rho correlation coefficient value* is .623. Researchers are of the opinion that the majority of respondents who received the implementation of *discharge planning* were good, but there were some respondents who said that satisfaction based on the *tangible dimension* was not good, while respondents who received the implementation of *discharge planning* was not good. There were respondents who said that satisfaction based on the *tangible dimension* was good, this is because there are factors Other things that affect patient satisfaction apart from *tangible* are the lack of facilities, facilities and infrastructure available from the Community Health Center and the relatively expensive price of services.

2) **Relationship between *Discharge Planning* Implementation and Patient Satisfaction Level Based on Dimensions *Reliability***

Based on the research results, it is known that at the Banjar Agung Inpatient Health Center, South Lampung Regency in 2024, of the 20 respondents who received good implementation of *discharge planning* , 15 respondents (75.0%) said satisfaction based on the *reliability dimension* was good, while of the 27 respondents who received the implementation *discharge planning* was not good, there were 16 respondents (59.3%) who said that satisfaction based on the *reliability dimension* was not good. Based on the results of statistical tests, *a P - value of* 0.041 or p-value <0.05 was obtained, which means that there is a relationship between the

implementation of *discharge planning* and the level of patient satisfaction based on the *reliability dimension* at the Banjar Agung Inpatient Health Center, South Lampung Regency in 2024 with an OR value of 4.364 which is This means that respondents who received poor *discharge planning implementation* had a 4 times greater risk of patient satisfaction based on the *reliability dimension* being poor compared to respondents who received good *discharge planning implementation* .

One of the foundations of customer satisfaction is regarding attitudes, actions and training for officers, whereas according to the opinion of (Nugroho Wismadi & Annisa, 2021) , which states that the easiest quality value to understand for a good or service is fast in the sense of how a facility or service can be obtained quickly, easily or pleasantly. Relates to the company's ability to deliver the promised service accurately the first time. Dimensions that measure the reliability of the company in providing services to customers. Advertising that is creative and makes excessive promises will not be effective. Customers are interested but after trying the service, it turns out it doesn't match what was promised. Therefore, when determining the promises offered to customers in an advertisement, it is necessary to ensure that the company is able to deliver what is promised (Mu'ah, 2019) .

Research by Tri Nugroho Wismadi. et al (2021) regarding the relationship between the implementation of *discharge planning* and the level of satisfaction of inpatient patients at the Community Health Center. To determine the relationship between the implementation of *discharge planning* and the level of satisfaction of inpatients. The research results showed that there was a positive and significant relationship between the implementation of *discharge planning* and the level of satisfaction of inpatient patients. Researchers are of the opinion that the majority of respondents who received the implementation of *discharge planning* were good, but there were several respondents who said that satisfaction based on the *reliability dimension* was not good, while respondents who received the implementation of *discharge planning* was not good. There were respondents who said that satisfaction based on the *reliability dimension* was good, this is because there are factors Another thing that influences patient satisfaction besides *reliability* is the lack of information provided by available health workers.

3) Relationship between *Discharge Planning* Implementation and Patient Satisfaction Level Based on Dimensions *Responsivenes*

Based on the research results, it is known that at the Banjar Agung Inpatient Health Center, South Lampung Regency in 2024, of the 20 respondents who received good implementation of *discharge planning* , 14 respondents (70.0%) said that satisfaction based on *the responsiveness dimension* was good, while of the 27 respondents who received The implementation of *discharge planning* was not good, there were 23 respondents (85.2%) who said that satisfaction based on the *responsiveness dimension* was not good. Based on the results of statistical tests, *a P - value of* 0.000 or *P - value* < 0.05 was obtained, which means that there is a relationship between the implementation of *discharge planning* and the level of patient satisfaction based on the *responsiveness dimension* at the Banjar Agung Inpatient Health Center, South Lampung Regency in 2024 with an OR value of 13.417 which is This means that respondents who received poor *discharge planning implementation had a 13 times greater risk of patient satisfaction based on* the poor *responsiveness dimension compared to respondents who received good discharge planning implementation* .

The quality of service is more related to the responsiveness of staff to meet patient needs and smooth communication between staff and patients, where in this case the patient's needs are to

be more suited to or cured of the complaint/illness they are suffering from (Saputra et al, 2019) . Be right with the service provider's willingness and ability to help customers and respond to their requests promptly. Capture Capacity is the most dynamic quality dimension. Customer expectations regarding service speed will almost certainly change with an upward trend over time. The price at any time differs between each customer. There are groups of customers who value time more and there are those who value time less (Mu'ah, 2019). The results of this research are in line with research by Falerisiska Yunere, et al (2022) regarding the relationship between *discharge planning* and patient satisfaction in the Anggrek and Dahlia Inpatient Room at DR Regional Hospital. Adnaan Wd Payakumbuh. To analyze the relationship between *discharge planning* and patient satisfaction in the Anggrek and Dahlia Inpatient Room at RSUD Dr. Adnaan WD Payakumbuh in 2022. The statistical test results obtained a p-value = 0.000 (<0.05) where Ho was rejected and Ha was accepted, meaning that there was a relationship between patients who perceived *discharge planning* and patient satisfaction with an Odds Ratio (OR) = 12.188. Researchers are of the opinion that the majority of respondents who received the implementation *of discharge planning* were good, but there were some respondents who said that satisfaction based on the *responsiveness dimension* was not good, while respondents who received the implementation of *discharge planning* was not good. There were respondents who said that satisfaction based on the *responsiveness dimension* was good, this is because there are factors Other things that affect patient satisfaction besides *responsiveness* are distances that are too far and the lack of health facilities provided by patients.

4) **Relationship between *Discharge Planning* Implementation and Patient Satisfaction Level Based on Dimensions *Assurance***

Based on the research results, it is known that at the Banjar Agung Inpatient Health Center, South Lampung Regency in 2024, of the 20 respondents who received good implementation of *discharge planning* , 13 respondents (65.0%) said satisfaction based on *the assurance dimension* was good, while of the 27 respondents who received The implementation of *discharge planning* was not good, there were 19 respondents (70.4%) who said that satisfaction based on the *assurance dimension* was not good. Based on the results of statistical tests, *a P - value of* 0.034 or *P - value* < 0.05 was obtained, which means that there is a relationship between the implementation of *discharge planning* and the level of patient satisfaction based on *the assurance dimension* at the Banjar Agung Inpatient Health Center, South Lampung Regency in 2024 with an OR value of 4.411 which is This means that respondents who received poor *discharge planning implementation* had a 4 times greater risk of patient satisfaction based on *the assurance dimension* being poor compared to respondents who received good *discharge planning implementation* .

Characteristics used by customers in evaluating quality, including assurance (*Assurance*) which includes the ability, politeness and trustworthiness of staff, free from danger, risk or doubt. Pleased with the knowledge and politeness of employees and their ability to foster a sense of trust. and customer confidence. The quality dimension relates to the company's ability and the behavior of front-line staff in instilling a sense of trust and confidence in customers. Based on a lot of research conducted, there are 4 aspects in this dimension, namely friendliness, competence, credibility and security (Nursalam, 2018). The results of this research are in line with the research of Taufiq Rahman, et al (2019) regarding the Implementation of *Discharge Planning* with Patient Satisfaction (Study at Sultan Imanudin Hospital Pangkalan Bun, West Kotawangirin, Central Kalimantan). To determine the relationship between the implementation of *discharge planning* and patient satisfaction. Based on the research results, the majority of 17 (70.8%) respondents explained that the

implementation of *discharge planning* was in the good category, while the implementation of *discharge planning* was not good, 7 (29.2%), based on the correlation test, the value was obtained ρ= 0.000 < 0.05, thus H0 rejected and H1 accepted, meaning there is a relationship between the implementation *of discharge planning* and patient satisfaction. Researchers are of the opinion that the majority of respondents who received the implementation of *discharge planning* were good, but there were several respondents who said that satisfaction based on *the assurance dimension* was not good, while respondents who received the implementation of *discharge planning* was not good. There were respondents who said that satisfaction based on *the assurance dimension* was good, this is because there are other factors. What affects patient satisfaction other than *assurance* is the lack of information provided by available health workers.

5) Relationship between *Discharge Planning* Implementation and Patient Satisfaction Level Based on Dimensions *Empathy*

Based on the research results, it is known that at the Banjar Agung Inpatient Health Center, South Lampung Regency in 2024, of the 20 respondents who received good implementation of *discharge planning* , 13 respondents (65.0%) said satisfaction based on the *empathy dimension* was good, while of the 27 respondents who received the implementation *discharge planning* was not good, there were 20 respondents (74.1%) who said that satisfaction based on the *empathy dimension* was not good. Based on the results of statistical tests, *a P - value of* 0.017 or *P - value* < 0.05 was obtained, which means that there is a relationship between the implementation *of discharge planning* and the level of patient satisfaction based on the *empathy dimension* at the Banjar Agung Inpatient Health Center, South Lampung Regency in 2024 with an OR value of 5.306, which means Respondents who received poor *discharge planning implementation had a 5 times greater risk of poor patient satisfaction based on the empathy dimension* compared to respondents who received good *discharge planning implementation* .

By providing pleasant service and following appropriate processes, appropriate service quality can be realized. By using these five dimensions, the concept of service quality gap is obtained, between customer expectations and perceived service. The gap between the service provided and the perceived service is a measurement of service quality which will lead to satisfaction (Positive) or disappointment (Negative) (Dabri et al., 2014). This means that the company understands the problems of its customers and acts in the interests of customers and has convenient operating hours. Customers from the upper middle class have high expectations for service providers to get to know them personally. Empathetic service really requires a personal touch. The results of this research are in line with research by Satria Nandar Baharza and Dian Utama Pratiwi Putri (2020) regarding the relationship between patient satisfaction and interest in repeat visits at the Kotabumi Udik Community Health Center, North Lampung Regency, stating that The research results showed that there was a relationship with interest in revisiting the Kotabumi Udik community health center with a p value of 0.000 (α <0.05). Conclusion: from the results of the research it is recommended that the Kotabumi Udik community health center can improve the registration service system, so that the pharmacist service explains in detail how to take medication and explains what medication to give to patients and those who lack discipline must be given strict sanctions. Researchers are of the opinion that the majority of respondents who received the implementation of *discharge planning* were good, but there were some respondents who said that satisfaction based on *the empathy dimension* was good, while respondents who received the implementation of *discharge planning was not good.* There were respondents who said that satisfaction based on the *empathy dimension* was not good, this is because there are other

factors. What affects patient satisfaction apart from *empathy* is the lack of fast service from health workers towards patients.

CONCLUSION
Based on the results of statistical tests, *the P - value* < 0.05 is obtained, namely the satisfaction variable is 0.014, the *tangible variable* is 0.007, the *reliability variable* is 0.041, *the responsiveness variable* is 0.000, the *assurance variable is 0.034 and the empathy* variable is 0.017, which means that there is a relationship between the implementation *of discharge planning* and the level of patient satisfaction based on dimensions. *Tangible* at the Banjar Agung Inpatient Health Center, South Lampung Regency in 2024. It is recommended that the health center carry out the role of nursing staff in providing *discharge planning* by maximizing or optimizing the quality of service in five dimensions *(tangibles, reliability, assurance, responsiveness, and empathy)* so that patient satisfaction increase in health services at the Banjar Agung Inpatient Health Center

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