CORRELATION ANALYSIS OF SECI-BASED DISCHARGE PLANNING IMPLEMENTATION WITH PATIENT SATISFACTION

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ABSTRACT

Discharge planning has been implemented and provided by nurses in all hospitals, but patients still feel dissatisfied regarding the response and explanation in nursing care. Therefore, this study aims to analyze the correlation of SECI-based discharge planning with patient satisfaction in hospitals. This study used a cross-section design with a sample of 50 patients in Palem Room 1 RSUD Dr. Soetomo. This research used a consecutive sampling technique for one month. Research data was collected through a discharge planning implementation questionnaire with a valid test of <0.5 and a reliable test of 0.780 >0.6, as well as a patient satisfaction questionnaire with a valid test of 0.5 and a reliable test of 0.844 >0.6. Research data was processed using the description test and the Spearman rho test with a p-value ≤ 0.05. There is a relationship between charge planning and patient satisfaction (0.000). In charge of planning for the patient, the nurse can provide information and actions according to the patient's expectations so that the level of independence of the patient and family can be optimal. Implementation of existing discharge planning is maintained and improved and provided to all patients starting from the time the patient enters the treatment room until the day the patient returns. Nurses provide discharge planning services to improve and maintain all indicators of socialization, externalization, combination, and internalization.

Keywords: discharge planning; hospital service; nursing; patient satisfaction

INTRODUCTION

Discharge planning is a service that prepares patients to receive ongoing care, both in the healing process and in maintaining their health status until the patient is ready to return to the environment (Fitriani, Bachtiar and Maisa, 2021). The implementation of discharge planning is expected to improve health services through patient satisfaction (Rahmatulloh *et al.*, 2022). Discharge planning helps increase patient and family satisfaction, and reduces complications after the patient is allowed to go home, and reduces anxiety for patients and families (Wakhdi *et al.*, 2021). Implementing SECI-based discharge planning can overcome gaps in the information and knowledge of patients and families (Siskaningrum *et al.*, 2023). Discharge planning has been implemented and provided by nurses in all hospitals, but patients still feel dissatisfied with the response and explanation in nursing care (Sumiati *et al.*, 2021). Thus, this study aims to further analyze the correlation of SECI-based discharge planning with patient satisfaction in hospitals.

Discharge planning at RSUD Dr. Soetomo Surabaya has been implemented from the moment the patient enters the room and is documented in the Planning of Care (POC) while the patient is being treated and before returning home it is written in the CPPT and when the patient leaves the hospital (KRS) in the form of a resume. However, its implementation has not been optimal due to the large number of patients and inadequate staff. The implementation of discharge planning has implemented a knowledge management model for patients using Socialization, Externalization, Combination, and Internalization (SECI). Preliminary study related to the implementation of discharge planning by interviewing and distributing questionnaires to patients. Based on initial interviews conducted with patients and families in the treatment room, 8 out of 10 patients, or 80% said they had received complete information about the illness they were experiencing and the treatment they were doing at home after returning from the hospital. In a preliminary study, the results of patient satisfaction at Palem 1 were that 80% said they were satisfied with the service because the educational information from the nurses was quite informative. Evaluation of the implementation of discharge planning for patients in Palm Room 1 has never been carried out, so researchers are interested in measuring the implementation of discharge planning with patient satisfaction.

The results of research in Kenya, South Africa in 2013 regarding the level of patient satisfaction with the information delivery and discharge planning process showed that only 40.4% of patients were satisfied (Baker, 2019). In research in Indonesia in 2021 at a hospital in Jakarta, 69 patients (61.6%) stated that they were less related to the discharge planning process and 58 patients (51.8%) stated that they were satisfied regarding services due to information from discharge planning (Sumiati *et al.*, 2021). Apart from that, research (Siskaningrum *et al.*, 2023) explains that nursing factors have the greatest influence in implementing discharge planning with a significance p-value of 0.014 so nurses have an important role in determining patient satisfaction.

Discharge planning is a planning process activity carried out for patients and families before treatment, during treatment, and before leaving the hospital with the aim of ensuring that patients can achieve optimal health and reduce the length of stay and hospital costs (Sumiati *et al.*, 2021). Caring for patients over a long period of experience is called Tacit so nurses can provide this caring knowledge as a form of applicable education that can make patients understand and be satisfied. Every time we treat, we always educate all of our patients who are treated, especially shortness of breath patients who need education that calms and helps breathing so that it can improve so that the patient becomes satisfied. This is called externalization, which then becomes a combination of the patient's knowledge and the newly acquired knowledge, This process can become internalization in the patient and family. The explanation above is Socialization, Externalization, Combination, and Internalization (SECI) which was introduced by Ikujiro Nonaka and Hirotaka Takeuchi (Siskaningrum *et al.*, 2023). Discharge planning is an indicator to determine the success of health services which is felt directly by patients and families, so discharge planning that is not optimal will have an impact on patient satisfaction (Amir, Darma and Zaimy, 2022).

Discharge planning is one of the activities in providing nursing care that has an impact on service quality which can be used as an indicator of the success of nursing services in hospitals through patient satisfaction with services (Azizah, Widayati and Rachmania, 2017). Patient satisfaction provides an overview of the quality of health services they receive. The implementation of discharge planning is still not a culture that is rooted in nurses, so its implementation is not optimal and cannot provide a sense of satisfaction to patients as service recipients (Asmuji and Faridah, 2020). Patient satisfaction is influenced by service quality,

namely the type of supervision related to activities monitored or regulated in services based on consumer needs or views (Nursalam, 2020). Service quality includes responsiveness, reliability, assurance, empathy, and tangible (Zees, Luawo and Thalib, 2022).

The high level of patient satisfaction who received health education in the discharge planning program shows that the nurse has carried out health education in preparation for the patient's discharge in accordance with the patient satisfaction assessment dimensions, and vice versa, if the patient satisfaction number is low then the nurse has not carried out discharge planning optimally (Sumiati *et al.*, 2021). Increasing patient satisfaction in nursing services is the main goal of caring for patients and implementing the SECI model discharge planning properly will reduce the days/length of patient care, prevent recurrence, improve the patient's health condition, reduce the burden on the patient's family, and reduce mortality and morbidity rates (Siskaningrum *et al* ., 2023). Nurses have a major role in providing discharge planning, for this reason, nurses need to have knowledge about the goals and benefits of discharge planning. SECI model discharge planning is a concept of managing service with experience in caring for the SECI method to be truly implemented in caring for patients in daily life so that patient service in the room will improve because nurses will pay more attention to patients by means of socialization, externalization, combination and internalization in daily activities so that it can be implemented into practice so that there is increased satisfaction for the patients being treated. Based on the explanation of the SECI phenomenon and theory that underlies this, this research aims to analyze the correlation between the implementation of SECI-based discharge planning and patient satisfaction at RSUD DR. Soetomo Surabaya.

METHOD
The design of this study is a cross-sectional study that links the implementation of discharge planning with patient satisfaction. The population of this study were patients in RSUD Dr. Soetomo. This study used a consecutive sampling technique for one month with a total of 50 patients. Research data were collected through questionnaires from observation variables of discharge planning implementation based on the SECI Baker theory which was developed with a valid value of 0.780-0.960 and a reliable value of 0.675 and patient satisfaction based on the Krowinsky Steiber Theory with a valid value of 0.844-0.966 and a reliable value of 0.657. The discharge planning implementation questionnaire with a valid test of <0.5 and a reliable test of 0.780 >0.6, as well as a patient satisfaction questionnaire with a valid test of 0.5 and a reliable test of 0.844 >0.6. Research data was processed using the description test and the Spearman rho test with a p-value ≤ 0.05. This research was approved by the Health Research Ethics Committee of RSUD Dr. Soetomo Surabaya on January 12, 2024 with letter number 0837/KEPK/XI/2023.

RESULTS
Based on the table 1, it contains information on the demographic frequency distribution of 50 respondents at RSUD Dr. Soetomo Surabaya. Most of the respondents in this study were male, 35 (70%). Almost half are aged 46 - 67 years, 24 (48%). Most of them had a high school education, 27 (54%). Almost half of the respondents work as private employees, 15 people (30%). All respondents had a source of costs from BPJS for 50 patients (100%). Most of the patient respondents had experience of having been treated previously, 45 people (90%).

Table 1.
Patient Demographic Characteristics

Demographics	Category	f	%
Jenis Kelamin	Female	15	30,0
	Male	35	70,0
Age	17-25 years	3	6
	26-35 years	3	6
	36-45 years	20	40
	46-67 years	24	48
Education	SD	7	14
	SMP	2	4
	SMA	27	54
	PT	14	28
Work	Non-work	14	28
	Student	3	6
	Private	15	30
	Honorary	1	2
	Civil Servant	10	2
	Retired	7	14
Source of Costs	BPJS	50	100
	Independent	0	0
Experience of Being Treated	Previous	45	90
	Never	5	10

Table 2.
Analysis of the Relationship between Discharge Planning and Patient Satisfaction

| Discharge Planning | Patient Satisfaction | | | | | | Total | | Spearman Rank | |
| | Satisfied | | Fairly | | Less | | | | | |
	f	%	f	%	f	%	f	%	p	r
Very Good	27	78	0	0	10	22	37	100	0,000	0,792
Good	2	67	0	0	1	33	3	100		
Just	5	50	0	0	5	50	10	100		
Less	0	0	0	0	0	0	0	0		

Based on the table 2, it contains a discharge planning crosstab with patient satisfaction. Discharge planning was carried out very well in 37 patients with the majority of 27 people feeling satisfied regarding patient satisfaction (78%). Discharge planning was carried out on 3 patients with almost all 2 people feeling satisfied regarding patient satisfaction (67%). Discharge planning was carried out sufficiently for 10 patients with half as many as 5 people feeling satisfied (50%) and half as many as 5 people feeling quite good (50%). none of the respondents stated that discharge planning was not good. The results of tests carried out using the Spearman rank test correlation method show that discharge planning and patient satisfaction have a relationship (p=0.000) with a very strong degree of strength of relationship (r=0.792) and the direction of the relationship is positive, which means that the better the discharge planning is carried out, the better satisfaction related to patient satisfaction regarding nursing services in the room.

DISCUSSION

The results of tests carried out using the Spearman rank test correlation method showed that charge planning and patient satisfaction were related (p=0.000). The relationship between charge planning and patient satisfaction has a very strong degree of strength (r=0.792). The relationship between these two variables is unidirectional and positive, which means that the

better the discharge planning is carried out, the more satisfied the patient will be regarding nursing services in the room. Discharge planning is planning carried out for patients and families before the patient leaves the hospital with the aim of ensuring that the patient can achieve optimal health and reduce the length of stay and hospital costs (Gane *et al.*, 2022). 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 that it can reduce complications and improve the quality of access to health services (Fitriani, Bachtiar and Maisa, 2021). Discharge planning is a focused and coordinated process consisting of various disciplines that ensures that clients have a plan to receive ongoing care after leaving the hospital. The patient needs in discharge planning vary because some patients have complex needs, while other patients are simpler ones (Rahmatulloh *et al.*, 2022). Nurses have an important role in discharge planning because nurses interact most with patients. If the nurse fails to provide discharge planning, there will be a risk of the severity of the patient's illness, life threats, and physical dysfunction (Considine *et al.*, 2020).

Crosstab discharge planning test results with patient satisfaction in Palem Room 1 RSUD Dr. Soetomo showed that discharge planning had been carried out very well in 37 patients with almost all 27 people feeling satisfied regarding patient satisfaction (78%). This research is in line with (Sumiati *et al.*, 2021), showing that there is a relationship between return planner services and patient satisfaction. There is a positive relationship between discharge planning services and patient satisfaction. This means that the better the debit planning service, the higher the patient satisfaction. There is a positive relationship between the implementation of discharge planning and patient satisfaction in the inpatient room. A positive relationship means that the better the implementation of discharge planning, the higher the level of patient satisfaction.

Patient satisfaction with nursing services is an important predictor of the results of the nurse's ability to meet individual patient needs. Research Penelitian Mobolaji-Olajide *et al.*, (2020), states that the factors that influence patient satisfaction with nursing services, especially discharge planning, include individual care, the patient's feeling of being accepted by the nurse, the nurse's certainty, early discharge planning, quick response to the patient's needs, good knowledge of the condition, a good nurse/patient relationship, increased self-esteem, timely treatment, relative involvement in patient care and a cheerful and gentle nurse approach towards the patient. Inpatient nurses need to carry out a series of discharge planning in nursing services so that patient satisfaction and quality can be felt.

The results of research (Asmuji and Faridah, 2020), show that not all discharge planning deliveries are provided completely due to the large number of patients with various diagnoses, the lack of staff, and the high routine of staff, so the majority of patients receive incomplete discharge planning. Providing information in discharge planning that is less than optimal can cause patients to not understand what should be done after returning home so ongoing care will be hampered (Siskaningrum *et al.*, 2023). The high satisfaction rate of patients who received health education in the discharge planning program shows that the nurse has carried out health education in preparation for the patient's discharge according to the patient satisfaction assessment dimensions, and vice versa, if the patient satisfaction rate is low then the nurse has not implemented discharge planning optimally. Based on previous research, it was found that the implementation of discharge planning was already underway, but was only carried out on patients with certain criteria and there had been no evaluation of the implementation of discharge planning, so researchers were interested in conducting research on the relationship between the implementation of discharge planning and patient satisfaction.

This is in accordance with the results of research Tasalim, Widodo and Surya, (2020), which shows the influence of providing health education in preparation for patient discharge (discharge planning) on patient satisfaction regarding nursing services. The level of knowledge of nurses in providing services to patients greatly influences the satisfaction of patients being treated, whether in nursing actions or patient education. The high level of patient satisfaction who received the discharge preparation health education program shows that nurses have carried out health education in preparation for discharge planning for patients in accordance with the patient's time, needs, and condition. The results of the study showed that patients rated the implementation of charge planning provided by nurses in the good category. The implementation of discharge planning which was assessed as good by the patient gave an assessment of the level of satisfaction at a quite satisfactory level. This is because the implementation of discharge planning is based on SOP (Standard Operating Procedure) where in the SOP there are special criteria for implementing discharge planning, namely that it is only carried out on patients over the age of 60 years old, patients with mobility impairments, patients with ongoing care, and patients with activity limitations. Even though the SOP for the implementation of discharge planning that is implemented is not in accordance with the theory put forward by (Potter and Perry, 2005), patients feel that the implementation of discharge planning is in a good category. The procedure for discharge planning is as follows, from the moment the client is admitted, carry out an assessment of the health service needs for the client going home, using the nursing history, treatment plan, and continuous assessment of physical abilities and cognitive function. Assessing health education needs for clients and families related to implementing therapy at home, things to avoid, and complications that may occur (Friscilia, Wijaksono and Rizali, 2021).

This research is in line with Yulia, (2023), explaining that there is a significant relationship between the implementation of socialization related to patient observations and explanations of patient satisfaction. This socialization is a form of service that prioritizes the needs and desires of patients. As well as providing patients with understanding and support to make decisions about the care they receive. This requires a good relationship between the doctor, patient, and family. This from socialization is holistic health care and is a development of traditional care. This research is in line with Fadhillah, Nursalam and Mustikasari, (2020), explaining that the development of SECI in externalization discharge planning provides patient safety and satisfaction in hospitals. The externalization process prepares patients before leaving the hospital, including explanations and practices for preparing to leave the hospital. This causes the patient to get a picture of preparations for leaving the hospital. The externalization stage is the process of expressing and translating tacit knowledge into explicit concepts such as books, manuals, reports, and so on for publication to those interested (Wakhdi *et al.*, 2021).

This research is in line with Darmanik, (2016), explaining that there is a relationship between the combination stage and patient independence. The combination stage obtained from the nurses' assessment was mostly categorized as poor. This combination is the stage of analyzing the knowledge gained by nurses which is organized and compiled into a concept, in this case regarding the implementation of discharge planning. The nurse re-evaluates the knowledge the client has gained regarding discharge planning. This research is in line with Darmanik, (2016),explaining that there is a relationship between the internalization stage and patient satisfaction during the patient discharge process (KRS). Furthermore, Ikujiro Nonaka and Hirotaka Takeuchi (Bandera, 2017) stated that knowledge creation is a continuous process of dynamic interaction between tacit and explicit knowledge. Only by tapping into tacit knowledge can new and better explicit knowledge be created.

Researchers assume that implementing charge planning for patients while being treated in the hospital will provide patient satisfaction regarding nursing services. This is because by carrying out charge planning for patients, nurses can provide information and actions according to what the patient expects so that the level of independence of the patient and family can be optimal. Implementation of existing discharge planning is maintained and improved and provided to all patients starting from the time the patient enters the treatment room until the day the patient returns. Nurses provide discharge planning services to improve and maintain all indicators of socialization, externalization, combination, and internalization.

CONCLUSION
Discharge planning for patients while being treated in a hospital provides patient satisfaction regarding nursing services. This is because by carrying out charge planning for patients, nurses can provide information and actions according to what the patient expects so that the level of independence of the patient and family can be optimal.

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