



**RELATIONSHIP BETWEEN KNOWLEDGE, INFRASTRUCTURE AND WORK STRESS TOWARDS NURSES' COMPLIANCE IN IMPLEMENTING DISCHARGE PLANNING IN STROKE PATIENTS**

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**ABSTRACT**

Stroke is a disease of the blood vessels of the brain that can occur due to blockage or rupture of blood vessels in the brain, causing cell death. Stroke requires comprehensive care so that the family plays an important role in helping the patient recover after the acute phase has passed. Therefore, providing optimal discharge planning by health workers greatly helps patients and families in providing care at home. Objective to analyze the factors of knowledge, facilities and infrastructure and work stress on nurses' compliance in providing discharge planning. This study used a cross-section design with a sample of 80 nurses. Data collection using a questionnaire included independent variables in the form of knowledge, facilities and infrastructure and work stress and dependent variables in the form of nurse compliance. This questionnaire has been previously tested by researchers to 30 respondents. Data were analyzed using logistic regression with a p value  $\leq 0.05$ . The results showed that there was an influence between knowledge (0.004), facilities and infrastructure (0.015), and work stress (0.017) on nurse compliance in implementing discharge planning in stroke patients. The factors of knowledge, facilities and infrastructure and work stress have a significant influence on nurse compliance in implementing discharge planning in stroke patients. Therefore, nursing managers should facilitate the provision of health education regarding discharge planning to nurses and routinely carry out nursing supervision to increase nurse compliance.

Keywords: discharge planning, nurse compliance, nurse knowledge, stroke

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**INTRODUCTION**

Stroke is a disease of the blood vessels of the brain that can occur due to blockage or rupture of blood vessels in the brain, causing cell death (Campbell & Khatri, 2020). Stroke requires comprehensive care so that the family plays an important role in helping the patient recover after the acute phase has passed (Mohammadi et al., 2019). Therefore, providing optimal discharge planning by health workers greatly helps patients and families in providing care at home (Rahayu et al., 2016). Discharge planning is a structured process carried out by health workers to patients and families in preparing patients to return home after being assessed as being able to leave hospital services (Xiao et al., 2019). Discharge planning that is not optimal can have various impacts on patients, including relapse of the disease, causing patients to have to be readmitted to the hospital for re-treatment, re-treatment costs that must be borne by the family, and slowing down the healing process of the disease in patients (Sulistyowati, 2022).

The prevalence of discharge planning implementation in Indonesia is still less than optimal, as evidenced by several research results from Fitriani et al., (2021) at the Dumai City Hospital,

Riau, it was found that out of 96 implementing nurses, most nurses (72.9%) were not good at implementing discharge planning, this was due to the lack of nurse knowledge. Strengthened by the research results from Destri et al., (2021) at RSI Ibnu Sina Payakumbuh, as many as 50% of nurses did not carry out discharge planning optimally, and the research results from Wibowo et al., (2020) at Dr. Sardjito Hospital, Yogyakarta, it was found that out of 129 respondents, only 58.1% of discharge planning implementation met the standards. Suboptimal discharge planning in stroke patients can cause patients to be readmitted to the hospital with the same problems and can increase the family's financial burden. The results of a study by Ang et al., (2021), showed that among 151,729 stroke patients, 11 to 13% were readmitted within 28 days of discharge from the hospital with the main causes of readmission being recurrent stroke (32.1%), pneumonia (13.0%) and sepsis (4.8%). This can be reduced by providing good discharge planning to patients and families by health workers.

One of the health workers who has a role in providing discharge planning to patients is a nurse. Nurses have a role as educators and caregivers so that nurses are directly involved in providing discharge planning to patients and families (Zakiyah et al., 2017). Providing less than optimal discharge planning to stroke patients will affect their quality of life. Handling patients with stroke needs to pay attention to the quality of life aspect because this stroke disease is long in terms of recovery and rehabilitation so that it has a broad impact on all aspects of life, both physical, psychological, social, and spiritual patients (Wan-Fei et al., 2017). Quality in the implementation of discharge planning will improve the quality of nursing care, patient independence, quality of life, self-efficacy, and reduce relapse rates and LOS (Length of Stay) and reduce costs (Rahayu et al., 2016). So that in the implementation of discharge planning, good knowledge of the disease is very much needed by nurses, so that the implementation of discharge planning can be optimal. This is evidenced by research from Sumah & Nendissa, (2019), showing that good knowledge of a disease is related to success in the implementation of discharge planning, supported by research from (Ezdha et al., 2019) proving that good knowledge, training and length of service are key factors in the implementation of discharge planning.

There are two factors that influence nurse compliance in carrying out nursing care, namely internal factors including: knowledge and motivation and external factors namely supervision of the head of the room, completeness of facilities and infrastructure, organizational support and the existence of regulations that must be implemented in the hospital (Abdurrahman et al., 2020). There is a relationship between nurse workload and the implementation of discharge planning (Wisnawa et al., 2022), supported by research from Zakiyah et al., (2017) stating that individual factors including age, education, length of service, marital status have a relationship with the implementation of discharge planning. The education factor is a factor that has a significant relationship in the implementation of discharge planning. The purpose of this study was to analyze the factors of knowledge, facilities and infrastructure and work stress on nurses' compliance in providing discharge planning.

## **METHOD**

The design used in this study is correlational with a cross-sectional method. This study was conducted at Dr. Soetomo Hospital, Surabaya in February 2023. The population in this study were all nurses working in the stroke patient care room at Dr. Soetomo Hospital, Surabaya in 2023. The sample of this study was 80 nurses consisting of 4 stroke rooms, namely Seruni A, Seruni B, HCU Aster and Neurology ICU, which were taken using purposive sampling techniques. The research sample criteria are as follows: Inclusion Criteria (1 Nurses working in the stroke room at Dr. Soetomo Hospita, (2) Nurses who are over 20 years old (3) Minimum

education of Diploma III in nursing, (4)Nurses who agree to be research respondents. Exclusion Criteria: (1)Nurses who are on leave, (2)Nurses who resign from the study.

This study uses 4 research instruments including: (1) Knowledge Instrument: Knowledge is measured using a knowledge questionnaire prepared by the researcher himself and has been tested for validity and reliability. The questionnaire contains 16 questions. (2) Facilities and Infrastructure Instrument: The facilities and infrastructure instrument used in this study is an instrument compiled by the researcher himself. The instrument consists of 10 statements. (3) Work Stress Instrument: Nurses' work stress is measured using a questionnaire from Shukla & Srivastava, (2016). This questionnaire consists of 22 questions in total. There are 4 domains in this work stress questionnaire, namely job stress scale, role expectation conflict, work-life balance, coworker support. (4) Nurse Compliance Instrument: Nurse compliance instrument in carrying out discharge planning using standard operating procedures adapted from the book (Potter & Perry, 2007). This questionnaire has been previously tested by researchers to 30 respondents and obtained a calculated r value between 0.683 - 0.912 greater than the r table so that the question items from the variables are declared valid. The results of the questionnaire are declared reliable with a cronbach's alpha value between 0.632-0.812. Data were processed and analyzed using frequency and percentage distributions. Logistic regression tests were run on the tabulated data to determine the validity of the hypothesis. The p-value chosen as the cutoff for significance was  $p \leq 0.05$ . The regression coefficient value (B) indicates the value of the relationship if positive means in line and negative means opposite. The regression value (Wald) indicates the strength of the relationship, the higher the stronger. This research has passed the ethical test at the Health Research Ethics Committee of Dr. Soetomo Hospital, Surabaya with the number 0816/KEPK/X/2023 on October 27, 2023.

## RESULTS

Table 1.  
Nurse Demographic Data

No	Demographic	Category	f	%
1	Gender	Man	30	37,5
		Woman	50	62,5
2	Age	17 - 25 Years	4	5
		26 - 35 Years	38	47,5
		36 - 45 Years	26	32,5
		46 - 55 Years	11	13,75
		56 - 65 Years	1	1,25
3	Education	Diploma of Nursing	42	52,5
		Bachelor of Nursing	37	46,25
		Master of Nursing	1	1,25
4	Income	< 4.530.000	18	22,5
		> 4.530.000	62	77,5
5	Work unit	Seruni A	16	20
		Seruni B	14	17,5
		HCU A	30	37,5
		Neurologi ICU	20	25
6	Experience	2-3 Years	12	15
		4-5 Years	4	5
		> 5 Years	64	80

Table 1 contains information related to the demographics of 80 nurses working in the stroke room of Dr. Soetomo Hospital, Surabaya. Most of the respondents were female (50 (62.5%)), Almost half of the respondents were aged 26-35 years (38 (47.5%)), Most of the respondents

had a D-III Nursing education (42 (52.5%)), Most of the respondents had an income of > 4,530,000 (62 (77.5%)), Most of the respondents worked in the HCU A room (30 (37.5%)), Most of the respondents had work experience of > 5 years (64 (80%)).

Table 2.

Nurses' knowledge variables related to the implementation of discharge planning			
Variable	Category	f	%
Nurses' knowledge	Good	38	47,5
	Enough	28	35
	Less	14	17,5

Table 2 contains information on nurses' knowledge related to the implementation of discharge planning in stroke patients at Dr. Soetomo Hospital, Surabaya. Almost half of the nurses have knowledge in the good category, 38 people (47.5%), sufficient category 28 people (35%), and lacking category 14 people (17.5%).

Table 3.

Variables of facilities and infrastructure related to the implementation of discharge planning			
Variable	Category	f	%
Facilities and infrastructure	Good	23	28,75
	Enough	47	58,75
	Less	10	12,5

Table 3 contains information on facilities and infrastructure with the implementation of discharge planning in stroke patients at Dr. Soetomo Hospital, Surabaya. Most of the facilities and infrastructure have a sufficient influence on the implementation of discharge planning, namely 47 (58.75%), good category 23 (28.75%), and less category 10 (12.5%).

Table 4.

Nurses' work stress variables related to the implementation of discharge planning			
Variable	Category	f	%
Nurses' work stress	Severe	9	11,25
	Medium	39	48,75
	Light	32	40

Table 4 contains information on nurses' work stress with the implementation of discharge planning in stroke patients at Dr. Soetomo Hospital, Surabaya. Almost half of the nurses have work stress in the moderate category, namely 39 people (48.75%), light category 32 people (40%), and severe category 9 people (11.25%).

Table 5.

Variables of nurse compliance with the implementation of discharge planning			
Variable	Category	f	%
Nurse Compliance	Compliance	53	66,25
	Deny	27	33,75

Table 5 contains information on nurses' compliance in implementing discharge planning in stroke patients at Dr. Soetomo Hospital, Surabaya. Most nurses are categorized as compliance in implementing discharge planning, namely 53 (66.25%), and 27 (33.75%) are deny.

Table 6.

Hypothesis Testing Results

Variable	Regresi Wald	Sig.	Result
Knowledge	11.086	0.004	Significant
Facilities and Infrastructure	8.386	0.015	Significant
Work Stress	8.195	0.017	Significant

Table 6 contains information on hypothesis analysis with regression test of knowledge, facilities and infrastructure, and work stress on nurses' compliance in implementing discharge planning in stroke patients based on McGovern's theory at Dr. Soetomo Hospital, Surabaya. Based on the results of the regression test, it shows that there is an influence between knowledge (0.004), facilities and infrastructure (0.015), and work stress (0.017) on nurses' compliance in implementing discharge planning in stroke patients.

## **DISCUSSION**

### **The relationship between knowledge and nurse compliance in implementing discharge planning in stroke patients based on McGovern's theory.**

Almost half of the nurses have knowledge in the good category, 38 people (47.5%), sufficient category 28 people (35%), and lacking category 14 people (17.5%). Nurses' knowledge of discharge planning is essential to identify actual and potential problems that may occur in patients while being treated at home (Farhah & Mayasari, 2023). The quality of discharge planning implementation will improve the quality of nursing care, patient independence, quality of life, self-efficacy, and reduce relapse rates and LOS (Length of Stay) and reduce costs (Rahayu et al., 2016). So that in implementing discharge planning, good knowledge of the disease is essential for nurses, so that the implementation of discharge planning can be optimal. This is proven by research from Sumah & Nendissa, (2019) showing that good knowledge of a disease is related to success in implementing discharge planning, supported by research from (Ezdha et al., 2019) proving that good knowledge, training and length of service are key factors in implementing discharge planning.

Most respondents have a Diploma in Nursing education, namely 42 (52.5%) and some respondents have a bachelor's degree in nursing education, namely 37 (46.25%). Based on Wald regression (11,086), the knowledge factor is the most influential factor in carrying out discharge planning for stroke patients based on McGovern's theory at Dr. Soetomo Hospital, Surabaya. There are several factors that influence the success of discharge planning implementation, including nurse factors (nursing services and collaboration of health workers) towards discharge planning, patient factors (fear, anxiety and depression) towards SECI Model knowledge management, family factors (social support and role models), and organizational factors (hospital policies and infrastructure support) towards discharge planning for stroke patients from the hospital (Siskaningrum et al., 2023; Soebagiyo et al., 2020). Therefore, nurse knowledge is very important in the success of discharge planning implementation through the provision of health education so that nurses can provide patient care knowledge to families (Abdul-Kareem & Kadhum, 2022).

One intervention that can be done to improve nurse knowledge regarding discharge planning is to provide education and training to nurses. This is evidenced by research from (Jehosua et al., 2023) on 165 nurses who had been given educational and training interventions consisting of 11 sessions, each lasting between 60 and 120 minutes, showing results that there was an increase in nurses' knowledge and skills in providing discharge planning to patients before patients returned home from hospital care. Supported by research from (Rahayu et al., 2018) which stated that coaching carried out by nursing managers would improve the skills, knowledge and motivation of nurses in providing discharge planning to patients. Recommendations for educational materials provided to nurses to improve their knowledge related to the implementation of discharge planning are knowledge about the patient's illness in detail in a room, specific details regarding the format for implementing discharge planning, the content of the information communicated, and the media used in providing discharge planning, this is useful so that the implementation of discharge planning can be optimal, patients and families can understand the contents of the material in detail so that discharge planning can be of high quality so that it can improve the quality of nursing care services, patient independence, quality of life and self-efficacy. This also reduces the rate of disease recurrence, length of stay (LOS), and treatment costs (Rahayu et al., 2016; Reig-Garcia et al., 2022). Researchers assume that nurses' knowledge related to the implementation of discharge planning is very much needed to improve nurses' compliance in carrying out the intervention.

This is because nurses will know how effective steps are in implementing discharge planning in patients with stroke and how important it is to provide optimal discharge planning to patients and families to reduce the number of patient relapses so that it can reduce patient care costs.

**The relationship between facilities and infrastructure and nurse compliance in implementing discharge planning in stroke patients based on McGovern's theory.**

Based on the results of the hypothesis test of the relationship between facilities and infrastructure with nurse compliance in implementing discharge planning in stroke patients based on McGovern's theory, the Wald value was 8.386 with a significance value of 0.015. This value is smaller than 0.05. This shows that there is a significant relationship between facilities and infrastructure with nurse compliance in implementing discharge planning in stroke patients based on McGovern's theory. Most facilities and infrastructure have a sufficient influence on the implementation of discharge planning, namely 47 (58.75%), good category 23 (28.75%), and less category 10 (12.5%). The availability of adequate facilities and infrastructure can increase nurse compliance and support the success of implementing discharge planning. This is in line with research from (Gholizadeh et al., 2016), which found that one of the keys to success in implementing effective discharge planning in the health system in Iran is the availability of adequate infrastructure. Facilities and infrastructure can help nurses in making it easier to explain various important information about the patient's illness that must be understood by the family when providing care to patients at home (Skovgaard et al., 2022).

One of the facilities and infrastructure that can be utilized by nurses in providing discharge planning at Dr. Soetomo Hospital, Surabaya, for stroke patients is leaflets and posters. This is in line with research from (Aisyah et al., 2023) which states that the implementation of discharge planning using leaflet media in stroke patients has been proven to increase the readiness of patients and families to return home to provide care at home after returning home from the hospital. Supported by research from (Ahmil et al., 2021) on 45 stroke patients who were treated at the Anutapura Palu Hospital, it was found that the leaflet method was effective in increasing the family's ability to carry out massage techniques on stroke patients with bedrest at home. Supported by the results of a systematic review from (Barik et al., 2019) which found that traditional health promotion media such as leaflets and posters are still useful in the current digital era, especially for adult respondents. This form of media will be more effective if combined with other media such as videos, telephone interactions, games and others. In addition to using leaflet and poster media, the facilities and infrastructure used in the implementation of discharge planning at Dr. Soetomo Hospital Surabaya are also digital-based. This is in line with research from (Kurniati et al., 2022) who conducted a discharge planning study that combined the provision of modules with audiovisual explanations to stroke patients and found that the provision of modules with audiovisual explanations to stroke patients can improve family-centered nursing preparedness caring in caring for post-acute stroke patients during hospitalization, treatment and discharge from the hospital so that it can be used as a guideline and media in providing education for patients and families returning home from the hospital.

Facilities and infrastructure can increase nurses' compliance in carrying out discharge planning and can help patients and families understand health information provided by nurses so that patient and family knowledge regarding home care can be optimal. So that the objectives of implementing discharge planning can be achieved, namely fewer patients being readmitted to the hospital, higher treatment compliance, and higher patient satisfaction so that

the cost of care incurred is lower (Becker et al., 2021). Researchers assume that adequate facilities and infrastructure can support nurses' compliance in implementing discharge planning. Complete facilities and infrastructure can facilitate nurses in carrying out discharge planning interventions and facilitate patients and families in receiving information from nurses. Complete facilities and infrastructure are also one of the keys to success in implementing discharge planning so that important information provided by nurses can be optimally received by patients and families.

### **The relationship between work stress and nurse compliance in implementing discharge planning for stroke patients based on McGovern's theory.**

Based on the results of the hypothesis test of the relationship between work stress and nurse compliance in implementing discharge planning in stroke patients based on McGovern's theory, the Wald value was 8.195 with a significance value of 0.017. This value is smaller than 0.05. This shows that there is a significant relationship between work stress and nurse compliance in implementing discharge planning in stroke patients based on McGovern's theory. Almost half of nurses have moderate work stress, namely 39 people (48.75%), mild category 32 people (40%), and severe category 9 people (11.25%). Work stress is stress that arises due to excessive workload. The nursing profession is a job that has a high workload, the task of nurses who must provide comprehensive nursing care up to the implementation of the discharge plan or patient discharge planning requires time and proper work management. Stress caused by workload can affect the quality of nursing care services, such as the implementation of discharge planning (Vellyana et al., 2020). The results of a study by (Putra et al., 2021) on 26 nurses working in hospitals showed that 15.4% of nurses had a low risk of work stress, 69.2% had a moderate risk of work stress, and 15.4% had a high risk of work stress. In addition, there is a significant relationship between social support and workload factors on the risk of work stress. In the case of palliative nurses, this unit is a place where people have a terminal prognosis, a place where news communication leads to death cases, and a place where contact with families and patients is more continuous and close and nurses are often faced with difficult situations and must make quick and appropriate decisions, so nurses who work in terminal patient care rooms are more at risk of experiencing work stress compared to other ward nurses (Gómez-Urquiza et al., 2020).

Job stress in nurses is determined by many factors including: gender, operating unit (work), work experience, and type of institution in government and private hospitals (Tsegaw et al., 2022). Supported by the results of a systematic review from (Rizany et al., 2022), it states that the factors causing job stress in nurses are workload, work environment, and work-family conflict. Nurses have higher levels of job stress which can negatively impact their quality of life and caring behavior. Job stress can harm the physical and mental health of nurses, reduce energy and work efficiency, and fail to provide appropriate nursing care, which ultimately has a negative impact on patient outcomes (Babapour et al., 2022). Hospital managers can improve nurses' quality of life and caring behavior by providing cognitive behavioral intervention programs aimed at identifying sources of stress in the workplace and providing soft skill programs such as teamwork, behavioral and communication skills, and teaching effective coping strategies to reduce stress triggers in nurses (Babapour et al., 2022). There are several methods that can be applied in dealing with work stress in nurses. The results of a study by (Asih Sudiyananti et al., 2022) on 106 nurses working in inpatient rooms found that motivation had a significant and positive effect on patient discharge planning, supervision had a significant and positive effect on patient discharge planning, and transformational leadership style had a significant and positive effect on patient discharge planning. Researchers assume that work stress experienced by nurses can reduce nurse compliance in implementing

discharge planning. This is because high work stress can reduce the productivity of providing nursing care to patients so that patient care is not optimal. In addition, high work stress can cause a decrease in the quality of providing discharge planning to patients and families.

## CONCLUSION

Based on the Wald value, the knowledge factor is the most influential factor in conducting discharge planning for stroke patients based on McGovern's theory at Dr. Soetomo Hospital, Surabaya.

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