



The Experience of Nurses in the Implementation of discharge planning for post-stroke

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ABSTRACT

The Implementation of discharge planning (DP) for stroke patients is very important because of the phenomenon that stroke can cause disability and last for a long time. This study describes the outcome with proper treatment of post-stroke disability can be minimized. The data analyzed in this study is the relationship between family knowledge about stroke to the family readiness in accepting of housing stroke sufferers. The result is there is a significant relationship between family knowledge about stroke and family readiness in accepting of stroke sufferers. So it is important to do for preparing the family readiness by supporting the knowledge on about the next post stroke patient care at home. This study uses a qualitative method by a phenomenological approach through in-depth interviews to 10 nurses in the Stroke Unit. The results of this study through data analysis, obtain 14 themes. Of these fourteen themes, two core themes were obtain discharge planning is the duty and responsibility of nurses and discharge planning helps simplify the treatment process.

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INTRODUCTION

The implementation of discharge planning is an important part in the process of treating stroke patients, because there is a phenomenon that needs to be observed that stroke can cause disability (Rasyid, et al., (2007). So that the patients need assistance in meeting their daily needs (Ahmad, 2010). The prevalence of stroke in the world that there are 15 million people with stroke / CVA every year, the mortality is one third and the rest experience permanent disability (Stroke forum, 2015). Some families think that stroke is incurable and lasts a lifetime, while a study explains that by proper care, post-stroke disability can be minimized (Irdawati, 2009). Meanwhile, treatment efforts in the post-attack or post-critical phase are still focused on treating

symptoms and maintaining the stability of the patient's clinical condition.

In Prince and Wilson (2006) it was explained that the number of stroke visits with recurrent stroke attacks was quite high, and one of the contributing factors was the inadequate provision of health education to patients and families when treated during the first attack, so that the care system during the recovery period at home did not work optimally. Because of it, the provision of health education should be programmed in the discharge planning implementation. Errors in the implementation of discharge planning by another study conducted by Hardivianty (2017) regarding the evaluation of the implementation of discharge planning at the Yogyakarta Hospital showed that nurses did not understand about discharge planning and attitudes in

controlling nurses' emotions when providing services, 36.4% still stated that they were not good.

It is importance of providing health education in the implementation of quality discharge planning programs from the experience of the nurses to families and post stroke patients. The nurses are required to provide professional services by mobilizing their best abilities and skills to assist the client's healing process by compiling discharge planning (Wulandari, F. D., Hariyati, R. T, 2019). The nurses who have not conveyed all components of knowledge clearly and completely can lead to an increase in the patient's recurrence rate after being at home, because patients and families have not been able to carry out treatment independently (Dessy NW, dkk, 2011). According to Friedman (2010), the family has an important role in shaping healthy culture and behavior, has a strategic position to serve as a health service unit because the health problems in the family are interrelated and affect each other between family members, which in turn will also affect the surrounding family.

METHOD

This study uses a qualitative phenomenological method. This study was conducted on 10 participants. The participants were selected by purposive sampling method. Data collection is carried out through in-depth interviews. The results of the interviews that have been obtained were analyzed using thematic analysis. This research has been declared ethically feasible by the Health Research Ethics Committee (KEPK) Karsa Husada Batu Hospital with Letter Number 072/1417/102.13/2022.

RESULTS AND DISCUSSION

This study resulted in 14 (fourteen) themes that answered 5 specific objectives ranged from the experience of nurses conducting assessments, delivering education, documentation and evaluation in the implementation of discharge planning.

Theme 1: Discharge planning is the duty and responsibility of nurses

A task is something that must be done or carried out, a job that is someone's responsibility, and a job that is assigned to someone. In this study, the theme emerged that participants considered that discharge planning was the duty and responsibility of a nurse. This theme is supported by three sub themes:

- a. The first sub-theme is discharge planning a part of the treatment process
"That also includes nursing care for patients who are nurses' main duties" (P5)
- b. The second sub-theme is an external push that needs to be done
"Patients need an explanation regarding their treatment from the first time they enter until they go home" (P4)
- c. The third sub-theme is that there is an internal drive that needs to be done
"Become tasks and activities that have been provided for the benefit of patients" (P10)

A nurse as one of the professional nursing care providers is responsible for the implementation of discharge planning for patients, which is carried out to prepare patients and their families in preparing the next stroke patient care at home. Nurses have the most important role as educators who provide instructions to patients and families regarding their health problems, prevention, consumption of drugs and explanations regarding the use of health facilities when needed (Herlambang S, Murwani A,2012). The duty of nurses as educators here is carried out in the implementation of discharge planning. Something could be happen when the nurses do not provide education in the implementation of discharge planning for post-stroke patients is increasing risk of patient recurrence after being discharged home because the patients and families have not capable yet and master what has been conveyed by nurses and health workers at the hospital.

Theme 2: Discharge planning helps simplify the treatment process

Facilitating comes from the word easy, which means that nurses do not require a lot of energy or thought in the treatment process. Because the patient care process can be programmed in the discharge planning implementation. For example, in carrying out nursing care interventions, Monitoring and observation of patients can be done periodically. This theme is supported by two sub themes:

- a. The first sub-theme is, as the efficiency of the implementation of DP
"Makes it easier for us in nursing actions" (P6)
- b. The second sub-theme is, as a form of support for nurses in the future
"In the future the nurse will also be more creative and more focused on the patient" (P6)

The implementation of discharge planning was considered by the participants that it could facilitate the nursing care process while in the hospital. Because nurses can understand their role in the discharge planning implementation system, besides that nurses can receive information related to treatment, development, deterioration of the patient's condition or progress at any time, can develop skills in other procedures (discharge planning) and work in a system effectively. Discharge planning is a dynamic and systematic process of assessment, preparation, and coordination carried out to provide convenience in monitoring health services as well as social services before and after returning home (Yuliana, L, 2013).

Theme 3: The need for documentation in the implementation of discharge planning

Completeness is a matter of completeness, completeness and completeness. In this case, discharge planning is all documentation that has been completed (provided). Participants interpreted discharge planning as a complete documentation in the nursing care process. This is because nurses must fill out a discharge planning form that is available routinely to patients being treated. This third theme is composed of three sub-themes:

- a. The first sub-theme is the importance of documenting the implementation of discharge planning
"In the medical record there is already a form that needs to be filled out and completed" (P1,2,3)

- b. The second sub-theme is that patients get a form from the hospital when they are discharged
"It is ensured that the discharged patient brings a form explaining that the patient requires home care" (P10)
- c. The third sub-theme is that patients get an education sheet when they go home
"There is an education sheet, right?" (P6)

All the activities in the nursing care process are required to record / document. The discharge planning should be part of the documentation process. So, documentation or patient recording contains anything that must be recorded, such as the entire nursing care process starting from assessment, intervention, implementation and evaluation including the discharge planning implementation process in it. The importance of the value of nursing documentation, then all data and information needed by the patients need to have a function and be recorded in nursing documentation (Dinarti.dkk, 2009). Documentation of failed discharge planning will risk aggravating the disease, and an increase in physical dysfunction (Rofi' I M.dkk, 2013).

Implementation of discharge planning in preparing patients to go home there is also an introductory form from the hospital or room to be given to the family if the patient is discharged using medical devices such as NGT, urine DC and so on to be given to the health team around the patient's home environment if at any time needed for patient care. So that families who still do not dare to take care of themselves can ask for help to learn more from midwives and nurses in their environment, until the family is able to be independent in caring for the next patient.

Theme 4: Discharge planning needs family involvement

Involvement is a process, method, and act of involving someone or something. Through this theme, it was revealed that discharge planning requires the involvement of the patient's family in a post-stroke patient care process. This is because the family will play the next role to carry out long-term follow-up care for post-stroke patients at home. This theme is composed of three sub-themes.

- a. The first sub-theme is the target of discharge planning
"The explanation is the most important, usually we are to families who are in the same house" (P8)
- b. The second sub-theme is the role of the family
"The priority is the family, the family is an important foundation for the patient's recovery" (P6)
- c. The third sub-theme is that families are responsible for patient care
"There is no family, it is difficult for us to ask for informed consent" (P6)

Discharge planning in its implementation needs involve patients and their families or other people who will accompany and help provide patient care when they are sent home. This family involvement must be ensured as soon as the patient enters the treatment room at the hospital to provide an explanation regarding the treatment process that will be carried out from the time the patient is first treated until the patient returns home. With the aim of planning for patient discharge, it can increase patient and family understanding of health problems and the possibility of complications from the disease as well as the limitations that will be imposed on patients at home (WHO, 2005).

According to research conducted by Fuady et al (2016) regarding family support in the implementation of discharge planning states that psychosocial support consists of several things including informational support, instrumental support, assessment support, emotional support and observation and the family support during discharge planning (Fuady.dkk, 2016). In addition, the family will play an important role in the treatment process when the patient has been discharged. Research conducted by Yaslina et al (2019) stated that the role of the family in caring for patients was guided by the information obtained during hospitalization.

Theme 5: Differences in the implementation of discharge planning in patients with first stroke and recurrent stroke

It means the beginning or the beginning. According to this theme, it means that there are differences in the implementation of discharge planning for those who had a stroke for the first time and those who had repeated strokes. This theme is composed of five sub-themes.

- a. The first sub-theme is the condition of recurrent stroke patients based on the patient's condition
"motor assessment 3 to 4, then if it's repeated it can usually go down again" (P5)
- b. The second sub-theme is recognizing the signs and symptoms of recurrent stroke
"You must know the signs and symptoms of the next stroke, if there are signs of symptoms, you must immediately go to the hospital or go to the nearest clinic if possible before 6 hours" (P6)
- c. The third sub-theme is ensuring repeated stroke prevention education for patients experiencing stroke for the first time
"Ensuring that what the nurse previously taught was carried out properly and correctly" (P10)
- d. The fourth sub-theme is the experience of repeated stroke, the family already understands the treatment
"already know how to take care at home, how about the rest, we emphasize what deficiencies and additions are" (P7)
- e. The fifth sub-theme is an explanation in the implementation of discharge planning given to post-stroke patients
"Discharge planning for recurrent stroke patients has a longer explanation" (P1,4)

The American Stroke Association (ASA) states that about 1 in 100 adults will experience a transient ischemic attack (TIA) at least once in their lifetime. If the incident is not carried out properly, then about a tenth of these patients will have a stroke within three months after the first attack, generally experiencing an ischemic type of stroke, and five years later after the first attack occurs about a third will have another stroke (Feigin, Valery, 2006). Therefore, the implementation of discharge planning in stroke patients with initial attacks will require more time and a long explanation compared to patients with repeated attacks. Because the patient and family have never faced an incident that he or she experienced for the first time, so it takes time to adapt, and understand their current condition and how to undergo treatment in the future.

Another opinion is that patients with recurrent strokes last longer because the condition of recurrent strokes tends to be heavier than the previous stroke, so that information and education are in accordance with current conditions.

Another condition is related to the experience of families caring for recurrent stroke patients. Some nurses think that families are able to care for stroke patients at home, but actually it is necessary to add and refresh Health Education for families who care for patients at home.

Theme 6: Differences in experience in discharge planning

Experience is an event that has been experienced (felt, lived, borne, and so on). So it can be interpreted that in this theme there are differences in events that have been experienced, whether lived, felt and borne by someone before in the discharge planning implementation. This theme has 13 sub themes.

- a. The first sub-theme is the difference in treatment and activity in infarct / mild stroke patients
"can't speak, we definitely suggest slow activities, for example eating, combing hair" (P6)
- b. The second sub-theme is the difference in treatment and activity in moderate stroke patients
"moderate stroke is possible, if it is considered only hemiparesis, not tetraparesis, it can still be used for activities" (P6)
- c. The third sub-theme is the difference in treatment in patients with severe stroke / bleeding
"stroke bleeding restricted activity and range of motion" (P10)
- d. The fourth sub-theme is exercise to increase range of motion
"improve his range of motion with regular exercise" (P10)
- e. The fifth sub-theme is the condition of the patient who needs the help of a device
"The difference may be that the patient is still dependent on the aid of the device" (P6)
- f. The sixth sub-theme is the signs and symptoms of stroke patients
"Usually, patients with stroke have the most complaints being unable to defecate normally" (P10)
- g. The seventh sub-theme is the difference in the length of treatment time in the implementation of discharge planning for stroke, infarction and bleeding
"If the difference is the length of treatment, if it's bleeding, it's 21 days, so the total treatment will be longer" (P8)
- h. The eighth sub-theme is the experience of nurses related to the implementation of discharge planning
"educational activities provided to patients and their families from the initial admission until the patient will be discharged" (P10)
- i. The ninth sub-theme is the experience of nurses related to the time of recording discharge planning
"we do that DP fill it up early" (P7)
- j. The tenth sub-theme is the experience of nurses related to discharge planning assessment time
"Our study is every day from the beginning of entering until KRS or moving rooms" (P9)
- k. The eleventh sub-theme is the experience of nurses related to when preparing discharge planning
"Plan ahead for the patient, whether it's from the initial patient admission until the patient goes home" (P6)
- l. The twelfth sub-theme is the experience of nurses preparing families and patients in discharge planning

"Preparation of the patient to go home is the planning before the patient goes home, how and from the beginning of entering the hospital" (P8)

- m. The thirteenth sub-theme requires an equal time for discharge planning
"The implementation time is not the same" (P2)

The difference in the implementation of discharge planning in the first stroke patient lies in the type of stroke experienced. According to participants, the difference lies only in physical exercise. Most stroke patients will experience disability, especially in the age group above 50 years (Black,J.M., and Hawks,J.H, 2005). Signs of symptoms that occur such as sudden paralysis on one side of the body or even both sides of the body, this is caused by lesions that block blood vessels, specifically affecting the contralateral side of the body. The degree of disability due to lesions will differ from one patient to another, depending on the location and extent of the lesion that will appear in motor dysfunction.

Patients with minor strokes can still control and perform their own care with minimal or no assistance. The discharge planning is carried out by providing support to continue the spirit of training and education on relapse prevention. Patients with minor strokes may experience paralysis or impaired range of motion in one/half of the body. This type of stroke is able to exercise activities with the help of other people and tools. Meanwhile, patients with severe type of stroke can be seen from prolonged bed rest, right and left tilt activities and passive Range of motion (ROM) exercises to reduce pressure caused by old bed rest so that pressure sores (decubitus) do not arise, there is no accumulation of phlegm caused by severe stroke. in patients on long bed rest which will cause pneumonia. Research conducted by Iskandar, et al (2018) by conducting 3 assessments, namely before the intervention was carried out, on the seventh day and also on the fourteenth day so that the results showed that there was a difference between the assessment results, a significant difference began to appear on the second test (seventh day).

The next difference in experience in the implementation of discharge planning for stroke patients lies in the length of treatment time. Patients with hemorrhagic stroke / bleeding have a longer treatment period than patients with non hemorrhagic stroke / infarction. This finding is in accordance with a study conducted by Kim SM (2013) where the length of stay of patients with hemorrhagic stroke will be longer than that of non-hemorrhagic stroke patients.

The implementation of discharge planning is mainly related to time. The ideal time for post-stroke patient care, such as long-term patient care. The length of patient care according to the theory based on the type of stroke experienced is a minimum of 14 days of treatment for patients with stroke / mild infarction, and a minimum of 21 days for patients with stroke bleeding / moderate to severe. Although it actually comes back to the conditions of each different individual.

Theme 7: Discharge planning requires review

Assessment is a process, method, act of reviewing, investigating, and reviewing. It can be interpreted that in this theme discharge planning requires a process, method or act of reviewing and investigating to find out the condition and needs of the patient in the treatment process before carrying out the discharge planning. This theme consists of four sub-themes.

- a. The first sub-theme is understanding the importance of assessment
"a patient assessment was carried out" (P10)
 - b. The second sub-theme is the initial history
"initial assessment" (P4)
 - c. The third sub-theme is asking again to what extent the family knows about treatment
"make sure yes, review the family" (P10)
 - d. The fourth sub-theme is to reaffirm the results of previous studies
"We have to review again, previous diseases, medicines, hereditary diseases" (P6)
- "Strengthens the mental and fuels the spirit of the family to carry out treatment and to the patient to be healed and obedient in the exercise program" (P9,P5)
- d. The fourth sub-theme is ensuring that education is delivered
"We are educating the patient again that they are allowed to go home" (P6)

Assessment in discharge planning is the main thing to do. In the discharge planning process, the initial assessment is very important to support the decision making of the intervention needed by the patient as soon as possible. The assessment is carried out when a new patient is admitted to continuous during treatment. According to Sitorus (2011), the nursing care process it self is continuous, starting from the assessment until the evaluation of the patient's progress reaches the final result that has been determined. Furthermore, an ongoing assessment can be carried out to obtain comprehensive information regarding the patient's needs that continue to arise until the patient is discharged. All patient needs are identified with an assessment and then linked to problems that arise until the time of preparation for the patient's discharge later, so that possible problems that are at risk when at home can be anticipated. The things that need to be studied above, several things have been done based on the experience of nurses in this study. Mutaqqin (2008) argues that an accurate, precise, and complete assessment is very important to determine the next step in planning nursing care according to the patient's response.

Theme 8:

The need for a detailed explanation according to the patient's condition

Explanation is a process, method, act of explaining. While the details are already detailed. This theme explains that there is a process or method in explaining the implementation of discharge planning that has been detailed, so that what is conveyed will be received well and clearly by the patient and family. The nurse also explained that a detailed explanation was needed by the family in the implementation of discharge planning. This theme consists of four sub-themes.

- a. The first sub-theme is to provide detailed education
"the explanation must be complete and detailed" (P1)
- b. The second sub-theme is providing education to patients and families regarding treatment
"explain scientifically" (P5,6)
"The mobilization is because it must be assisted, if it is allowed to continue on bed rest, decubitus will occur" (P9)
"how to take medicine" (P10)
"how to enter nutrition per ngt tube" (P10)
"routine control" (P3,P7)
"home care, many things will be personal hygiene" (P7)
- c. The third sub-theme is the existence of psychological and emotional support

According to Christensen and Kocrow (2011), discharge planning aims to ensure that the patient: (1) Understands related to the disease he is experiencing, (2) Can comply with medical therapy, (3) Adhere to dietary recommendations, (4) Regulate daily activities, (5) Understanding the treatment that will be undertaken, (6) Knowing the complications that may occur with a complete explanation (7) Knowing the schedule for controlling the health facilities. The provision of information and education by nurses ensures evidence of the involvement of patients and families in the implementation of discharge planning. Patients need to have the information and resources they need to return home.

There are several indicators that need to be ensured in the discharge planning implementation that must be ensured for several things such as: ensuring that the patient and family can understand the condition of the disease, understand the drugs consumed and follow-up treatment when returning home, anticipating emergency conditions to perform first aid at home, education specifically to families and patients to ensure proper care after the patient returns home, there is a readiness to coordinate with the support system in the community, assist patients and families in coping management in their health status, and coordinate systems that support and transfer patients to other health care facilities.

Theme 9:

Discharge planning requires multidisciplinary collaboration

Collaboration is an act, cooperation to make something. This theme means explaining that discharge planning requires an action that is done together to make something, which in this case is cooperation in the implementation of discharge planning for stroke patients. The nurse revealed that the discharge planning implementation also involved other health teams in accordance with their respective expertise in meeting educational needs. This theme consists of a sub-theme that requires the collaboration of the health team according to the patient's condition.

"Stroke patients who are here will automatically be consulted to medical rehabilitation or physiotherapy" (P6,10)
"The doctor will later explain what the patient's condition is like" (P8)
"Pharmaceuticals may also be more than just dispensing drugs that are currently given any function" (P8)
"It's the same with nutrition for a liquid diet, then the nutrition part will be explained, like what foods are allowed and not allowed" (P9)

Discharge planning is obtained from the interaction process of nurses as professionals, patients and families collaborate to plan and manage continuous care. Potter & Perry (2010) the discharge planning process must be carried out comprehensively and involve hospital medical staff who serve as consultants. So the implementation of discharge planning requires collaboration between other health teams such as doctors, pharmacists, medical rehabilitation, and

nutritionists, because services in patient health problems are services that involve multidisciplinary science and each team must work together (Nursalam, 2015). Winarni's qualitative research (2018) shows that the nurse's role as an educator is fundamental in the recovery of patients, so it is very important for nurses to provide education that emphasizes the independence of patients after being released from hospital care.

Theme 10: Methods in implementing Discharge planning

The method is a method that is regularly used to carry out a job so that it is achieved in accordance with what is desired in a systematic way to facilitate the implementation of an activity. In this theme, the methods and methods of delivering information and education are used in the discharge planning implementation, the selection of methods used can be lectures, interviews, flipcharts and others. This theme is formed by the sub-theme of the methods used in the implementation of the DP.

"What method do we give to the patient, are we lectures, interviews, flipcharts?" (P6)

"We deliver education in different ways, I prefer demonstrations and direct imitation by patients and families" (P1)

The nurse's knowledge about the implementation of structured discharge planning is important for a nurse. The results of research conducted by Hariyati et al (2008), stated that there was a significant increase in knowledge of nurses after the introduction of a structured discharge planning model, so that nurses' knowledge became the basis of continuous discharge planning care carried out to patients. One method that can be used to learn a skill is to use the demonstration method technique (Notoatmojo S, 2007). This demonstration method is effective by directly involving families and patients in the patient care process while in hospital, so they can see and practice directly what nurses do at each stage of care. In addition to the demonstration method that can be used in the delivery of information and education in the discharge planning program, the interview method, discussions with questions and answers, seminars and so on are also used.

Theme 11: In discharge planning requires standardized SOP

Standardized is already standardized, while the standard itself is a certain size that is used as a benchmark. This theme can be interpreted that there is no specific measure that is used as a benchmark in the SOP for the implementation of discharge planning in hospital stroke units. This theme consists of two sub-themes.

- a. The first sub-theme is requiring SOPs
"still drafting a new sop" (P1)
- b. The second sub-theme is, there is no adequate SOP
"It's better if the soup is patent and valid" (P7)

Implementation of discharge planning in accordance with standards must be carried out in hospitals, because discharge planning is one of the important elements in nursing services which aims to make clients able to be independent in care after leaving the hospital (Munif, B., Indriani, N., & Nanik, N, 2020). In fact, there are still SOPs that are not standardized due to several factors so that the discharge planning itself is not optimal and not directed. The standard operating procedure for discharge planning is a

guide for nurses to prevent errors in the discharge planning process.

Adequate standard operating procedures will assist nurses in implementing discharge planning. Another important thing in the discharge planning SOP is the documentation of its implementation. The documentation process requires a uniform and consistent recording format. So that the evaluation of the patient's condition at the end of the treatment period can be carried out objectively. The procedure manual or standard operating procedure (SOP) in the implementation of discharge planning according to Nursalam and effendi (2008) includes the implementation stage consisting of preparation and implementation of the activities carried out, the time and place as well as information on the activities.

Theme 12: Discharge planning requires therapeutic communication skills

Communication is the process of sending and receiving messages or news between two or more people so that the intended message can be understood. While therapeutic is related to therapy. So the purpose of this theme is that in discharge planning it is necessary to send an information or message that can be understood by interacting with the recipient of information related to a therapy. Therapy in this case is the process of patient care. The nurse said that in its implementation, discharge planning requires therapeutic communication to the patient and family. This theme consists of six sub-themes.

- a. The first sub-theme is miscommunication
"The communication is different" (P3)
- b. The second sub-theme is that it requires a maximum and quality explanation
"The information conveyed cannot be understood" (P9)
- c. The third sub-theme is the nurse's communication competence in performing care
"It takes patience because it is difficult to understand the information and education delivered" (P7)
- d. The fourth sub-theme requires scientific explanation and understanding
"When the patient's family believes in not medical treatment but other treatments such as alternatives" (P6)
- e. The fifth sub-theme is feeling not a nuclear family
"The family is not cooperative because it's not the nuclear family" (P6)
- f. The sixth sub-theme is the difficulty of receiving the information provided
"Families find it difficult to understand what we educate and inform" (P10)

Return planning requires a good and directed communication to be understood by the recipient of the information. Communication is very influential in the implementation of discharge planning. Communication consists of the extent to which nurses can provide health information (Poglitsch, L.A., Emery, M., & Darragh, A, 2011). Reshidi (2016) states that communication problems between nurses and patients are the main factors that affect the success of discharge planning. Research by Rofi'I (2011) states that there is a significant relationship between communication factors and the implementation of discharge planning. Communication between service providers/officers

and families/patients involved in discharge planning is essential for successful discharge planning. Emotional control is also an influential factor in the implementation of discharge planning in providing health education so that nurses are able to be more patient, careful and painstaking. This the information conveyed becomes more easily accepted by patients and families (Notoatmodjo, S, 2003).

Therapeutic communication skills are essential and needed for healthcare professionals working with patients. One's skill in communicating effectively is becoming one of the most important tools by which healthcare professionals can transfer knowledge into implementation, empowering patients to find solutions for their health, and increasing confidence in caring for patients. Conversely, if ineffective communication causes an increased risk of medical errors, stress, complicates nursing tasks, hinders pain control, hinders correct assessment of the patient's situation and meets their needs and reduces the quality of patient care (Suares, A, 2020).

Theme 13:

There is a discrepancy in the provision of discharge planning

Non-conformance is a matter that is not appropriate. It can be interpreted that there are things that are not appropriate in the provision of discharge planning. According to the nurse, the discrepancy in the provision of discharge planning was that there was a failure when the patient was going to be discharged due to several factors. This theme is supported by one sub-theme, namely failure in patient discharge time.

"Regarding financing, it is also long in administration" (P3,4)

"Sometimes they are ready to be sent home but fail because of the administrative process" (P7)

Improper discharge planning implementation can be seen where discharge planning implementation activities are limited to daily routine activities, namely only in the form of information regarding re-control schedules, while patients require home nursing, health counseling or counseling and community services but are not assisted in preparing for their return. Inaccuracy in the provision of discharge planning will cause the provision of information provided to clients is not optimal. Nurse knowledge is the key to success in providing patient health education. Good knowledge of nurses will lead to patient and family learning activities, so that the information provided is in accordance with the needs. Kasanah 2013, also reported that the most influential factor on the implementation of discharge planning was knowledge. Nurses need to increase knowledge about the goals and benefits of discharge planning. Knowledge is the key to success in providing health education to patients and families. The higher the level of knowledge of nurses, the better the nursing care that will be carried out, including the implementation of discharge planning.

Theme 14:

The need to evaluate the implementation of discharge planning

Evaluation is an assessment of something by collecting and observing various kinds of evidence to measure the impact and effectiveness of an object. So in this theme it can be interpreted that in its implementation discharge planning requires evaluation. This theme is supported by two subthemes:

- a. The first sub-theme is updating SOP
"we are still confused because of the lack of socialization" (P8)
- b. The second sub-theme is the assessment of the success of the implementation of DP
"We evaluate it like directly to our friends" (P6)

The evaluation of discharge planning implementation to meet ongoing care needs is carried out and supervised by nurses who are experienced in discharge planning. The evaluation is multidisciplinary, not based on one need, so it is necessary to involve other health professionals such as nurses, social workers, physical therapists, occupational therapists, speech and language pathologists, pharmacists, dietitians, doctors and case managers. The category of evaluation of patients who need continuous care, is not limited to assessment of functional ability (activities and routines of daily life), evaluation of the impact of comorbidities and complications on medical planners, assessing environmental barriers to care after discharge and assessment of services that will be needed by patients. Evaluation is checked at a certain time in advance if necessary. Evaluation of a person's image and experience will inform any necessary changes (Boyd,2009). Continuous evaluation needs to be carried out to see how the acceptance of a structured discharge planning program is, whether it has an impact on the effectiveness of a discharge planning and can explore the factors that influence the implementation of a discharge planning.

CONCLUSIONS AND SUGGESTIONS

(1) The motivation of nurses in implementing discharge planning (DP) is the existence of internal and external encouragement which considers that DP is the duty and responsibility of nurses who can help nurses more easily in the process of caring for patients in hospitals. (2) In the DP of stroke patients, it is necessary to record or document the patient's treatment plan which is carried out when the patient is first admitted to be treated until the patient is discharged, and in its implementation requires collaboration by involving the family in it and a multidisciplinary team. (3) In practice, DP there is a differences between the implementation of discharge planning to the patients with stroke for the first time and the recurrent stroke patients. The is also a differences among the experience in its implementation, requires an assessment, the need for a detailed explanation to the family to improve their understanding, as well as the selection of methods used in the implementation of DP. (4) Barriers to nurses in implementing DP for post-stroke patients are the absence of standardized SOPs related to DP so that activities become less focused, and require therapeutic communication skills so that they get good feedback, as well as discrepancies in the discharge planning implementation. (5) Suggestions and inputs expected by nurses in the implementation of DP, namely the need to evaluate the implementation of DP so that what is done can be measured its achievement.

Declaration of conflict of interest

The authors declare that there is no conflict of interest

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REFERENCES

- Ahmadi, Ahmad. 2010. Ilmu pendidikan. Jakarta: Rineka Cipta.
- Black, J.M., dan Hawks, J.H. 2005. Medical Surgical Nursing. New York. Elsevier
- Boyd, M.,Byrne, E.,Donovan, A.,Gallagher,J.,Phelan, J.,Keating,A.,etal.(2009). Guidelines for nurse/ Midwives Facilitated Discharge Planning. Irlandia: Nursing Services Directors
- Christensesn B.L and Kockrow, E.O, 2011. Foundations of nursing. Elsevier, United states of america.
- Dessy NW, dkk. Peran perawat dalam memberikan discharge planning pada pasien hipertensi di RSUD Dr. M. Soewandhi Surabaya. (Online) Surabaya: Jurusan Keperawatan Poltekkes Kemenkes, 2011
- Dinarti, Aryani, R., Nurhaeni, H. & Chairani, R. (2009). *Dokumentasi Keperawatan*. Trans Info Media: Jakarta
- Ennen, Marsh, Keyrouz. Stroke forum. 2015. Available from: http://www.strokeassociation.org/STROKEORG/AboutStroke/TypesofStroke/TypesofStroke_UCM_308531_SubHomePage.jsp
- FA, Nurul Fuady, Elly L. Sjattar, and Veni Hadju. "Pengaruh Pelaksanaan discharge planning terhadap dukungan Psikososial keluarga merawat pasien stroke di RSUP DR. Wahidin Sudirohusodo." *JST Kesehatan* 6.2 (2016): 172-178. Tersedia pada <http://pasca.unhas.ac.id/jurnal/files/665136a1ad4c390481ff7d393387f2d3.pdf> [Diunduh pada tanggal 12 agustus 2022]
- Feigin, Valery. 2006. Stroke, Panduan Bergambar tentang Pencegahan dan Pemulihan Stroke. Bhuana Ilmu Populer: Jakarta.
- Friedman, M. 2010. Buku Ajar Keperawatan keluarga: Riset, Teori, dan Praktek. Edisi ke-5. Jakarta: EGC
- Hardivianty, C. (2017). Evaluasi Pelaksanaan Discharge Planning di Muhammadiyah Gamping Yogyakarta. Evaluasi Pelaksanaan Discharge Planning Di Muhammadiyah Gamping Yogyakarta, 1, 21–34.
- Hariyati T, Afifah E, Handiyani H. *Evaluasi model perencanaan pulang yang berbasis teknologi informasi. Jurnal Makara Kesehatan*. 2008;12.
- Herlambang S, Murwani A. Manajemen Kesehatan dan Rumah Sakit. Yogyakarta: Gosyen Publishing; 2012
- Irdawati (2009). Perbedaan Pengaruh Latihan Gerak Terhadap Kekuatan Otot pada pasien Stroke Non-Hemoragik Hemiparese kanan dibandingkan dengan Hemiparese Kiri.
- Iskandar, M., et al. (2018). The Effectiveness of discharge planning and Range of Motion (ROM) Training in Increasing Muscle Strength of Non-Hemorrhagic Stroke Patient. *Global Health Management Journal* Vol. 2 (3) Hal. 57-62. Poltekkes Kemenkes Semarang: Indonesia.
- Kasanah Y. *Faktor-faktor yang Mempengaruhi Pelaksanaan Discharge Planning oleh Perawat di Ruang Penyakit Dalam RSUD Kebumen*. 2012. <http://digilib.stikesmuhgombong.ac.id/gdl.php>. Diakses 10 April 2013
- Kim SM, Hwang SW, Oh EH, Kang JK. Determinants of the Length of Stay in Stroke Patients. *Osong Public Health Res Perspect*. 2013;4(6):329-341.
- Munif, B., Indriani, N., & Nanik, N. (2020). Discharge Planning Standart in Improving Mother's Skills in Caring for Newborn. *Nurse and Health: Jurnal Keperawatan*, 9(2), 152–159. <https://doi.org/10.36720/nhjk.v9i2.183>
- Muttaqin, A. (2008). *Buku Ajar Asuhan Keperawatan Dengan Gangguan Sistem Pernapasan*. Jakarta, Indonesia: Salemba Medika
- Notoatmodjo, S. 2003. Pendidikan dan Perilaku Kesehatan. Jakarta: Rineka Cipta.
- Notoatmojo S. *Promosi Kesehatan dan Ilmu Perilaku*. Rineka Cipta, Jakarta. 2007
- Nursalam & Efendi, Ferry. (2008). Pendidikan Dalam Keperawatan. Jakarta: Salemba Medika
- Nursalam. (2015). Manajemen Keperawatan, Aplikasi dalam Praktik Keperawatan Profesional. Jakarta: Salemba Medika.
- Perry, A. G. & Potter, P. A. (2010). Buku Ajar Fundamental Keperawatan: konsep, proses, dan praktik. Volume 1, Edisi 7. Jakarta: EGC
- Poglitich, L.A., Emery, M., & Darragh, A. (2011). A qualitative study of the determinants of successful discharge for older adult inpatients. *Journal of American Physical Therapy Association*.
- Princes. S & Wilson L. (2006). Patofisiologi. Konsep klinis proses-prose penyakit. Edisi ke 6. Jakarta: peneliti
- Rasyid, et al., (2007). Unit stroke. Manajemen stroke secara komprehensif. Jakarta: Balai penerbit Fakultas Kedokteran Universitas Indonesia
- Rofi'i M, Hariyati RTS, Pujasari H. Faktor Personil dalam pelaksanaan discharge planning perawat rumah sakit di Semarang. *Jurnal Managemen Keperawatan*. 2013
- Rofi'i, M. (2011). Universitas Indonesia Analisis Faktor-Faktor Yang Mempengaruhi Perawat Di Rumah Sakit Islam Sultan Agung Semarang. [http://lib.ui.ac.id/file?file=digital/20281861-T Muhamad Rofi%27i.pdf](http://lib.ui.ac.id/file?file=digital/20281861-T%20Muhamad%20Rofi%27i.pdf). Diperoleh tanggal 12 Agustus 2022
- Sitorus R, P. R. (2011). Manajemen Keperawatan: Manajemen Keperawatan di Ruang Rawat Inap. Sagung Seto.
- Suares, A. (2020) „Pengaruh Pelatihan Komunikasi Terapeutik terhadap Kepuasan Pasien “, 11(April), pp. 125–128
- Tololiu, M., Girsang, O., & Akay, T. (2017). Hubungan Pengetahuan Perawat dengan Pelaksanaan Discharge Planning Pasien di Rumah Sakit Umum Daerah Noongan. *Jurnal Online Universitas Sariputra Indonesia Tomohon*, 7(1), 82–88. <http://jurnal.unsrittomohon.ac.id/index.php?journal=jurnalp rint&page=article&op=view&pat%5B%5D=282>
- WHO. (2005). Pedoman perawatan pasien. (N. B. S. Esty Wahyuningsih, Ed.) (Edisi pert). Jakarta: EGC.
- Winarni, Endang Widi. 2018. Teori dan Praktik Penelitian Kuantitatif Kualitatif. Jakarta: Bumi Aksara
- Wulandari, F. D., Hariyati, R. T. (2019). Pelaksanaan Discharge Planning di Ruang ICU Rumah Sakit X Jakarta. *Jurnal Pendidikan Keperawatan Indonesia* 5(1), p. 67-76

- Yaslina, Y., Maidaliza, M., & Hayati, I. (2019). Pengaruh pemberian discharge planning dalam perawatan pasca Stroke di Rumah Tahun 2019. *JURNAL KESEHATAN PERINTIS (Perintis's Health Journal)*, 6(1), 54-59. Tersedia pada <https://doi.org/10.33653/jkp.v6i1.240> [Diunduh pada tanggal 12 Agustus 2022]
- Yuliana, L. (2013). Gambaran Pengetahuan Perawat Tentang Discharge Planning Pasien Di Rumah Sakit Santo Borromeus Bandung. In *Sekolah tinggi ilmu Kesehatan Santo Borromeus. Sekolah tinggi ilmu Kesehatan Santo Borromeus*

