The Correlation Between The Implementation Of Discharge Planning And The Level Of Independence Of Inpatients At The General Regional Hospital Of Jenderal Ahmad Yani Metro

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ABSTRACT

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Discharge planning is a continuous nursing activity that starts from the time the patient enters the hospital until after discharge. Proper implementation of discharge planning is very important to increase patient independence in performingdaily activities (ADL). However, some studies say that many patients in several hospitals do not get adequate health education, which has an impact on the level of patient independence after discharge from the hospital. The purpose of this study was to determine the correlation between the implementation of discharge planning and the level of independence of hospitalized patients at Jenderal Ahmad Yani Metro Hospital. This type of research uses quantitative research with a correlation research design with a cross-sectional approach. The population in this study was inpatients at Jenderal Ahmad Yani Metro Hospital has as many as 726 elderly respondents, with a sample of 97 elderly respondents. The sampling technique used probability with the proportionate stratified random sampling method. This study uses the Gamma statistical test. This research was conducted on September 17-26, 2024. Based on the results of the study, there is a correlation between the implementation of discharge planning and the level of independence of hospitalized patients at the General Regional Hospital Jenderal Ahmad Yani Metro shows a p-value = 0.001 <0.05 with a correlation coefficient value of 0.628. This study provides information and input to hospitals regarding the importance of implementing structured discharge planning, starting from the assessment when the patient is admitted to the discharge evaluation. Nurses are expected to assess the environmental factors of patients, especially the elderly, to modify home environmental conditions that support their independence. At the preparation stage before the patient's discharge day, providing health education using leaflet media is very important to help elderly patients understand self-care at home and increase their independence after discharge.

INTRODUCTION

A hospital is a facility that provides health care services, offering comprehensive individual health services such as inpatient care, outpatient care, and emergency services. (Ministry of Health of the Republic of Indonesia, 2020). A hospital should consider that providing services within the hospital is part of an integrated service system involving professional care providers and delivering care that enhances service quality. In the implementation of hospital accreditation, hospitals are required to improve the quality of their services. (Nuriyanti *et al.*, 2023).

The quality of health services refers to the level at which the needs of individuals and communities are fulfilled through healthcare that complies with professional standards and ensures efficient utilization of resources. Discharge planning is an essential component of inpatient nursing and midwifery care that aims to ensure continuity of care after patients are discharged from the hospital. Effective discharge planning helps patients and their families understand health conditions, treatment plans, medication use, and self-care activities at home, thereby improving patient outcomes and reducing the risk of readmission (Sumiati et al., 2021). The quality of hospital healthcare services is influenced by several factors, including the adequacy of physical facilities, the availability of qualified health personnel, medications, medical equipment, and the service delivery process itself (Maryam, 2019).

The process of providing nursing care is one of the indicators of the quality of health services in hospitals. The nursing care process is a continuous cycle that begins with assessment and continues through to the evaluation of the patient's progress. One aspect that receives special attention in patients is their Activity of Daily Living (ADL) or level of independence, which includes their ability in self-care, eating needs, elimination, activity and rest, social interaction, and improvement of body functions. (Gusti *et al.*, 2021).

The patient's level of independence can be seen from various criteria, namely being able to take the initiative to act without the help of others, being able to sort out the activities carried out, and being able to take care of themselves so as not to depend on others. (Nurhayati *et al,.*2019). One of the tools or instruments that can be used to measure this level of independence is the Katz Index. (Anderson, 2024). The Katz Index is an assessment instrument that uses a scoring system based on a person's ability to perform daily life activities independently. Determining functional independence helps identify the client's abilities and limitations, thereby facilitating the selection of appropriate interventions. (Purba *et al.*, 2022).

Based on the results of a study conducted in the inpatient unit of a hospital in Pakistan, the data showed the levels of independence as follows: 65 people (66.3%) with Katz B, 26 people (26.52%) with Katz C, and 11 people (11.22%) with Katz A. (Chenab, 2023). The research conducted by (Puspita *et al.*, 2024) at RSUD dr. Loekmono Hadi Kudus found that 21 people (32.3%) were in Katz category G, 2 people (3.1%) in Katz category F, 2 people (3.1%) in Katz category E, 17 people (26.2%) in Katz category D, 15 people (23.1%) in Katz category C, 4 people (6.2%) in Katz category B, and 4 people (6.2%) in Katz category A.

The Katz Index is an effective method for assessing a patient's level of independence, making it a useful tool for nurses in providing nursing care. If not assessed properly, it can affect the patient's Activities of Daily Living (ADL). One of the factors that can influence a patient's independence is discharge planning. Several studies have shown that well-implemented discharge planning is associated with improved functional status, increased self-care ability, and better quality of life among inpatients. However, the implementation of discharge planning in hospital settings often varies due to limited time, the workload of healthcare providers, and a lack of standardized procedures (Yuliana & Setyawati, 2021).

The proper and adequate implementation of discharge planning serves as one of the guarantees for the continuity of patient care. (Pitaloka *et al.*, 2022). The implementation of discharge planning is very important for the continuity of healthcare services and is a practice that must be properly carried out by professional nurses. However, in hospitals, the implementation of discharge planning has not yet been carried out optimally. (Rusmana & Hartiti, 2023).

The results of a preliminary survey conducted through direct interviews at the Regional Hospital of Jend. Ahmad Yani Metro, using a sample of 10 patients in the Internal Medicine Inpatient Ward C on April 23, 2024, showed that 7 out of 10 patients who were scheduled for discharge reported having difficulty performing activities independently and required some assistance from their families. In addition, 8 out of 10 patients stated that they had never received health education from nurses regarding their ability to perform activities during illness. The nurses did not ask about environmental factors at home that might interfere with the patient's self-care,

nor did they inquire about the health education needs of the patients and their families. Based on observations, a discharge planning form was available; however, several stages were not carried out by the nurses, such as during the patient's initial admission to the inpatient ward and the preparation before the patient's discharge day. The nurses only carried out the discharge planning stage on the day of the patient's discharge, such as informing the patient and family to take care of the financial administration. At the General Regional Hospital of Jenderal Ahmad Yani Metro, discharge planning has been implemented as part of inpatient care services. Nevertheless, preliminary observations indicate that some patients are still dependent on others after discharge, suggesting possible gaps in the discharge planning process. Therefore, this study aims to examine the correlation between the implementation of discharge planning and the level of independence of inpatients at the General Regional Hospital of Jenderal Ahmad Yani Metro. The findings of this study are expected to provide evidence-based input for improving discharge planning practices in hospital settings.

Based on the above phenomenon, the author will conduct research on "The Correlation between the Implementation of Discharge Planning and the Level of Independence of Inpatients at the General Regional Hospital of Jend. Ahmad Yani Metro".

METHOD

This type of research is quantitative research, using an analytic survey with a cross-sectional approach, in which all variables are observed and measured at the same time during the study. (Sugiyono, 2015). This study aimed to analyze the correlation between discharge planning implementation and patient independence levels over a period of time. The study was conducted from September 17–26, 2024.

This research was conducted at General Regional Hospital of Jend. Ahmad Yani Metro, specifically, in the internal medicine inpatient rooms A, B, and C. The population in this study was all patients in the Internal Medicine Inpatient Room at the General Regional Hospital of Jend. Ahmad Yani Metro Metro, totaling 726 patients with a sample of 97. This study employed a proportionate stratified random sampling technique, which is a sampling method that provides an equal opportunity for each population element to be selected as a sample member. The sampling process in this study took into account the number of patients in each inpatient room, which varied in size. The sample consisted of adult patients hospitalized in the internal medicine wards, distributed across three units with a total of 33, 34, and 30 patients, respectively. The method of data collection in this study used primary data obtained from the results of the discharge planning implementation questionnaire (Elasari *et al.*, 2024) and the level of patient independence. The analysis steps carried out by the researcher in this study included univariate analysis and bivariate analysis, utilizing the Gamma Test.

RESULTS

Univariate Analysis

Table 1.
Distribution of Frequency of Implementation of Discharge Planning for Inpatients at the General Regional Hospital of Jenderal Ahmad Yani Metro

Discharge Planning	Total	Percentage (%)
Poor	11	11.3
Fair	77	79.4
Good	7	7.2
Very Good	2	2.1
Total	**97**	**100**

From Table 1, it can be seen that out of 97 respondents, 11 respondents (11.3%) had poor discharge planning, 77 respondents (79.4%) had fair discharge planning, 7 respondents (7.2%) had good discharge planning, and 2 respondents (2.1%) had very good discharge planning. It can be concluded that most of the discharge planning implementation falls into the fair category.

Table 2.
Frequency Distribution of Inpatient Independence Levels at the General Regional Hospital of Jend. Ahmad Yani Metro

Independence Level	Total	Percentage (%)
Totally Dependent	5	5.2
Most Severely Dependent	12	12.4
Severely Dependent	51	52.6
Moderately Dependent	13	13.4
Slightly Dependent	9	9.3
Minimally Dependent	4	4.1
Completely Independent	3	3.1
Total	**97**	**100**

From Table 2, it can be seen that out of 97 respondents, 5 respondents (5.2%) had a totally dependent level of independence, 12 respondents (12.4%) had a most severely dependent level, 51 respondents (52.6%) had a severely dependent level, 13 respondents (13.4%) had a moderately dependent level, 9 respondents (9.3%) had a slightly dependent level, 4 respondents (4.1%) had a minimally dependent level, and 3 respondents (3.1%) were completely independent. It can be concluded that the patients' level of independence mostly falls into the severely dependent category.

Bivariate Analysis

Table 3.

The Correlation between Discharge Planning Implementation and the Level of Independence of Inpatients at the General Regional Hospital of Jend. Ahmad Yani Metro

Independence Level	Discharge Planning								Total		P-value	Correlation Coefficient
	Poor		Fair		Good		Very Good					
	N	%	N	%	N	%	N	%	N	%		
Totally Dependent	0	0,0	3	3,9	1	14,3	1	50,0	5	5,2		
Most Severely Dependent	2	18,2	6	7,8	3	42,9	1	50,0	12	12,4		
Severely Dependent	0	0,0	49	63,6	2	28,6	0	0,0	51	52,6		
Moderately Dependent	0	0,0	13	16,9	0	0,0	0	0,0	13	13,4		
Slightly Dependent	5	45,5	4	5,2	0	0,0	0	0,0	9	9,3	0,001	0,628
Minimally Dependent	4	36,4	0	0,0	0	0,0	0	0,0	4	4,1		
Completely Independent	0	0,0	2	2,6	1	14,3	0	0,0	3	3,2		
Total	11	11,3	77	79,4	7	7,2	2	2,1	97	100		

Based on Table 3, it can be seen that respondents with poor discharge planning included 0 (0.0%) with a totally dependent level of independence, 2 (18.2%) with a most severely dependent level, 0 (0.0%) with a severely dependent level, 0 (0.0%) with a moderately dependent level, 5 (45.5%) with a slightly dependent level, 4 (36.4%) with a minimally dependent level, and 0 (0.0%) who were completely independent. Respondents with fair discharge planning included 3 (3.9%) who were totally dependent, 6 (7.8%) most severely dependent, 49 (63.6%) severely dependent, 13 (16.9%) moderately dependent, 4 (5.2%) slightly dependent, 0 (0.0%) minimally dependent, and 2 (2.6%) completely independent. Respondents with good discharge planning included 1 (14.3%) who were totally dependent, 3 (42.9%) most severely dependent, 2 (28.6%) severely dependent, 0 (0.0%) moderately dependent, 0 (0.0%) slightly dependent, 0 (0.0%) minimally dependent, and 1 (14.3%) completely independent.

Respondents with very good discharge planning included 1 (50.0%) who were totally dependent, 1 (50.0%) most severely dependent, and 0 (0.0%) in all other categories of independence. The results of the gamma statistical test obtained a p-value = 0.001 < 0.05, *with a* correlation coefficient value *of 0.628,* meaning that there is a correlation between the implementation of discharge planning and the level of independence of inpatients at the General Regional Hospital of Jend. Ahmad Yani Metro has a strong correlation.

DISCUSSION

1. *Discharge Planning*

Based on the data analysis results, it was found that the majority of respondents (79.4%) experienced discharge planning in the fair category. According to research conducted by (Putra et al., 2023) A study entitled "Provision of Discharge Planning and Patient Satisfaction in the Inpatient Ward of Biomedika Hospital Mataram" showedthat the majority of respondents (75%) received discharge planning in the fair category. This research is also in line with research (Oktarina *et al.*, 2024) A study entitled "Overview of Discharge Planning Implementation in the Cardiac Care Unit" found that most respondents (35.82%) experienced discharge planning in the fair category.

According to theory, discharge planning should begin at the time of patient admission and continue throughout hospitalization. Good implementation of discharge planning reflects the role of healthcare providers in ensuring continuity of care after discharge. However, the presence of respondents who received moderate and poor discharge planning indicates that the implementation has not been optimal for all patients. Factors such as workload, limited time, and variations in patient education levels may influence the effectiveness of discharge planning

Discharge planning is a process that illustrates the collaboration between health care providers, the patient's family, the patient, and other individuals who influence the patient, starting from the stages of assessment, planning, implementation, and evaluation. (Sandora *et al.*, 2022). Discharge planning is essentially a patient discharge program carried out through the provision of health education. Health care providers offer education to assist patients in managing changes in their self-care management. (Fredy *et al.*, 2024). In practice, the implementation of discharge planning is often limited to certain parts considered important, while the assessment of discharge planning needs, such as evaluating the patient's needs, providing education about activities after leaving the hospital, recommending a diet, and recognizing signs and symptoms that require immediate attention, is often neglected. (Hendrawan *et al.*, 2024). Nurses are among the health care professionals directly involved in the implementation of discharge planning, and they play a key role in determining its success. Nurses who do not carry out discharge planning properly may negatively impact the quality of the patient's health. (Pribadi *et al.*, 2019).

A lack of patient knowledge about follow-up care at home can lead to recurring health problems, which may result in the patient needing to be hospitalized again. (Jenkinson *et al.*, 2020). A discharge planning program provided from the time the patient is admitted to the hospital can improve the patient's health condition and help them achieve an optimal quality of life before discharge. A lack of knowledge or inability of the patient and family regarding home care management can lead to health problems or unpreparedness for discharge after hospitalization. This condition increases the risk of complications and may result in readmission to the hospital. (Dewi, 2019).

Previous studies on the implementation of discharge planning revealed that nurses did not optimally provide educational leaflets or other written information regarding post-hospitalization care, even though structured discharge planning had been carried out (Andreas *et al.*, 2023; Rahayu *et al.*, 2024). In addition, nurses did not provide contact numbers that could be reached for further consultation after patients were discharged, indicating a gap in continuity of care (Rahayu *et al.*, 2024). As a consequence, patients and families often feel insufficiently prepared to perform self-care at home, despite the primary goal of discharge planning being to ensure continuity of follow-up care after hospitalization (Fitri *et al.*, 2020).

A discharge planning program provided from the time the patient is admitted to the hospital can improve the patient's health condition and help them achieve an optimal quality of life before discharge. A lack of knowledge or inability of the patient and family regarding home care management can lead to health problems or unpreparedness for discharge after hospitalization. This condition increases the risk of complications and may result in readmission to the hospital. The provision of discharge planning involves several aspects, including inquiring about the home environment to modify environmental factors after the patient leaves the hospital, and providing health education, which is crucial to ensure that patients can continue their care effectively at home. The provision of educational media, such as leaflets in health education, helps patients understand their health conditions, required treatments, and necessary self-care, ensuring that they are better prepared for home care. Through proper health education, nurses can help reduce the likelihood of complications or confusion that may lead to the patient being readmitted to the hospital.

2. **Independence Level**

Based on the results of data analysis, the majority of respondents (52.6%) were in the severely dependent category. This research is in line with research conducted by (Rofi'i, 2024) A study entitled "Level of Independence in Activities of Daily Living Measured Using the Katz Index in Patients with Physical Mobility Impairment in the Working Area of a Community Health Center" reported that most respondents (23.5%) had a totally dependent level of independence, followed by 15.7% of severely dependent respondents.

Independence can be defined as the freedom to act, not relying on others, and the ability to manage oneself in carrying out daily activities. The assessment of an elderly person's independence can be observed through their daily activities, such as toileting, dressing, eating, bathing, and transferring (Suryani *et al.*, 2023). Elderly individuals can be independent if their health condition is good. Socially, independent elderly people engage in social activities, maintain good relationships with their families, and receive support from both their families and the community. (Wijaya & Rikardo, 2024).

There are two fundamental factors influencing independence: internal factors, such as age, physical health, cognitive ability, and physiological function, which affect the elderly's daily activities; and external factors, such as biological cycles, work environment conditions, and family circumstances. A patient's independence is crucial to ensuring the success of home care, especially for those with chronic illnesses or conditions requiring long-term care. (Hamidah N., 2021). Patients with a high level of independence tend to be more capable of performing self-care, adhering to treatment schedules, and recognizing early signs of complications. The level of a person's activity generally increases with age. If Activities of Daily Living (ADL) are not performed, it can negatively affect the elderly's physical and psychological health. The loss of interest and decline in sexual organ function, as well as reduced motor abilities, are disturbances that impact physical functioning. Meanwhile, in terms of psychological functioning, the elderly may experience feelings of inferiority, guilt, or uselessness. (Noviati *et al.*, 2023).

One of the implementation stages in improving a patient's level of independence is through health education. Health education is a series of efforts aimed at influencing individuals, groups, families, and communities to adopt healthy lifestyles. Similar to the learning process, health education has the same goal to bring about behavioral change, which is influenced by several factors, including the target audience, the educator, the educational process, and the desired behavioral changes (Al-Hijrah *et al.*, 2022).

According to the researcher's assumption, measuring the level of independence in elderly patients is very important to ensure appropriate care and a good quality of life. Elderly individuals with good health conditions tend to be more independent. Providing health education to the elderly is also highly recommended to help improve and maintain their level of independence. Through effective health education, patients are better able to manage their daily lives, as they understand how to maintain a balance between their health condition and daily activities. This, in turn, enhances both their quality of life and independence.

3. **The Correlation between the Implementation of Discharge Planning and the Level of Independence of Inpatients at the General Regional Hospital of Jend. Ahmad Yani Metro**

Based on the research results above, the results of the gamma statistical test obtained a p-value = 0.001<0.05, meaning that there is a correlation between the implementation of discharge planning and the level of independence of inpatients at the General Regional Hospital of Ahmad Yani Metro, with a strong relationship strength. This research is in line with research conducted by (Khuldiyyah, 2024) on "The Correlation between Discharge Planning and the Independence of Ischemic Stroke Patients at Class II Hospital 03.05.01 Dustira". This study uses a quantitative method with a correlation study approach using the chi-square test. The results of the chi-square test obtained (P-value = 0.001 <0.05), which means there is a significant correlation between the discharge planning variable and patient independence.

Research conducted by (Hasanah *et al.*, 2022) on "The Correlation between Discharge Planning and Patient Compliance for Post-Hospitalization Check-Ups". Based on the results of statistical tests, the results were obtained (P-value = 0.002<0.05), which means there is a significant correlation between discharge planning and patient compliance for check-ups.

Discharge planning is a continuous nursing process that begins when a patient is admitted to the hospital and continues after discharge. Its purpose is to reduce recurrence rates and prevent complications, ensuring that patients feel more supported and cared for throughout their recovery process. This, in turn, helps to achieve greater patient satisfaction and promotes the delivery of high-quality health care services. (Rahmadani *et al.*, 2023).

The discharge planning program is essentially a program that provides information or health education to patients, covering aspects such as nutrition, activity/rest, medication, and special instructions, including understanding the disease, possible complications, and signs and symptoms of the illness. Discharge planning is related to shaping the perceptions of patients and their families so that they are able to manage health care independently, ensuring that when they are discharged from the hospital, they are already well-prepared to continue their care at home. (Yulia *et al.*, 2020).

The nurse's role as an educator in providing health education to patients has become one of the most important roles in delivering nursing care, including in the implementation of discharge planning. (Asih *et al.*, 2024). Health information and education are provided by providing information about nutrition and physical activities needed when the patient is at home. An important aspect includes the assessment of the patient's functional status and independence in Activities of Daily Living (ADL) for both the patient and the family, as this offers a way to evaluate the client's health progress. (Proborini *et al.*, 2019). Providing optimal health education can help improve the patient's health status in the future. However, poor implementation of health education may cause problems such as fear and anxiety in patients due to a lack of understanding of their medical condition. Patients often rely solely on information from the internet; therefore, nurse assistance is needed to help them fully understand their health condition. (Chrisnawati, 2022).

According to the researcher's assumption, effective discharge planning can help patients and their families better prepare for home care, thereby improving the patient's independence. One of the most important aspects of discharge planning is assessing environmental factors to modify the home environment after the patient is discharged from the hospital, which plays a crucial role in enhancing the independence of elderly patients. In addition, providing health education to patients and their families helps them understand how to manage care at home after discharge, especially for patients with diabetes mellitus, including how to perform daily activities and adhere to treatment plans. Patients with diabetes mellitus require adequate health education to manage their care at home and prevent complications. If discharge planning is not implemented properly and patients do not receive sufficient health education, they will return home with inadequate knowledge and will be unable to perform self-care effectively. As a result, these patients are likely to be readmitted to the hospital with the same complaints and symptoms. The correlation between age and level of independence can be seen, as elderly patients may require more support in discharge planning due to the decline in physical and cognitive functions common in the elderly. Age significantly influences the level of independence of the elderly; increasing age is accompanied by a decline in both physical and psychological functions, which can impact the elderly's ability to maintain independence. Overall, effective discharge planning will adapt to the patient's age and diagnosis, thus supporting the patient's independence according to their individual abilities.

CONCLUSION

The results of this study demonstrate that the implementation of discharge planning at Regional General Hospital Jenderal Ahmad Yani Metro is predominantly in the fair category, while most inpatients exhibit a severely dependent level of independence. A significant and strong correlation was identified between discharge planning implementation and patients' independence levels, as evidenced by the gamma test results ($p = 0.001 < 0.05$). These findings indicate that better discharge planning can contribute to improved patient independence after hospitalization.

Therefore, hospitals are expected to enhance their discharge planning practices by ensuring the provision of comprehensive and continuous education, including written materials and contact information for follow-up support. Strengthening patient and family preparation before discharge is crucial to promoting successful self-care at home and continuity of care. Future research may explore the impact of specific discharge education interventions on patient functional recovery and long-term independence outcomes.

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