

# Factors Associated with Nurses' Discharge Planning Implementation in Hospital Inpatient Wards

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## ABSTRACT

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Discharge planning is an important component of the nursing process, which affects continuity of care, patient compliance, and prevention of readmission to hospital. However, its implementation in inpatient wards has not been optimal. This study investigates factors related to nurses' implementation of discharge planning in hospital inpatient wards. This study employed a cross-sectional correlational design. The research population consisted of all 78 nurses in the inpatient wards of Hospital X, with a sample of 39 nurses selected using simple random sampling. The study was conducted at Hospital X in Malang Regency from November 2024 to January 2025. Data on ward supervisor supervision and nurses' discharge planning implementation were collected using questionnaires and analyzed with Spearman's rank correlation. The results showed no significant relationship between nurses' education level or length of service and discharge planning implementation ( $p$ -value  $> 0.05$ ). However, there was a moderate relationship between ward supervisor supervision and nurses' discharge planning implementation, with a correlation coefficient of 0.479 and  $p = 0.002$ . Hospital management is advised to regularly oversee supervision and plan ward head supervision to improve nurses' performance, particularly in implementing discharge planning

## ABSTRAK

Discharge planning merupakan bagian penting dalam proses keperawatan yang mempengaruhi kontinuitas perawatan, kepatuhan kontrol, serta penurunan readmisi pasien ke rumah sakit setelah dipulangkan. Namun dalam pelaksanaannya belum optimal dilaksanakan perawat di ruang rawat inap. Penelitian ini untuk faktor-faktor yang berhubungan dengan pelaksanaan discharge planning perawat pelaksana di ruang rawat inap rumah sakit. Desain yang digunakan analitik korelasi dengan pendekatan cross-sectional. Populasi terdiri dari seluruh 78 perawat pelaksana di ruang rawat inap Rumah Sakit X, dengan sampel sebanyak 39 perawat yang dipilih menggunakan teknik simple random sampling. Penelitian dilaksanakan di Rumah Sakit X Kabupaten Malang pada periode November 2024 hingga Januari 2025. Pengumpulan data dilakukan menggunakan kuesioner untuk mengukur supervisi dan pelaksanaan discharge planning. Data dianalisis menggunakan uji korelasi *Spearman Rank*. Hasil menunjukkan tidak adanya hubungan antara masa kerja dan tingkat pendidikan dengan pelaksanaan discharge planning perawat ( $p$ -value  $> 0,05$ ), sementara supervisi Kepala Ruang memiliki hubungan yang cukup kuat dengan pelaksanaan *discharge planning* perawat, dengan nilai  $p$  value 0,002 ( $p$ -value $<0,05$ ) dengan nilai  $r$  correlation 0.479. Disarankan pihak manajemen rumah sakit melakukan monitoring rutin terhadap supervisi dan menjadwalkan supervisi kepala ruang untuk meningkatkan kinerja perawat, termasuk pelaksanaan discharge planning.



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## **A. INTRODUCTION**

Hospitals are healthcare facilities that deliver comprehensive care to individuals, encompassing inpatient, outpatient, and emergency services. In providing these services, hospitals are expected to continuously maintain and enhance service quality (Director General of Health Services, 2024). The quality of hospital services is greatly influenced by the quality of nursing services, given that nurses are the most numerous healthcare personnel and have the longest contact time with patients during their treatment (Miranda & Hidayat, 2020).

Discharge planning, a critical aspect of nursing care, is essential for ensuring the quality and continuity of care. Discharge planning is a systematic and continuous nursing process initiated at hospital admission and continued until after discharge, involving collaboration among nurses, patients, families, and other members of the multidisciplinary team (Patel PR, 2023). This process aims to prepare patients and their families to continue care independently and safely after returning home (Rofi'i, 2022).

Discharge planning includes assessing patient needs, health education, coordinating follow-up care, communication between healthcare professionals and patients and their families, and documentation tailored to the patient's condition. This process aims to ensure that patients and their families are prepared to continue care independently after discharge from hospital. Effective discharge planning has been shown to reduce the length of stay, improve patient understanding of follow-up care, and reduce unplanned readmissions and post-discharge complications (Kim, 2022) (Bradley et al, 2016) (Gholizadeh et al., 2018).

However, evidence suggests that the implementation of discharge planning in many hospitals remains suboptimal. Several studies show that patients have not received comprehensive discharge planning due to nurses' lack of understanding and skills regarding the importance of discharge planning. Poor implementation of discharge planning results in low patient compliance with follow-up care after hospitalisation, which ultimately increases the risk of recurrence and rehospitalisation (Hasanah et al., 2022).

Various factors are known to influence the implementation of discharge planning by nurses. These factors encompass individual and managerial aspects, including the availability and competence of discharge planning personnel, effective communication (Setyawati et al., 2021), nurses' educational level, length of work experience, and knowledge (Astuti et al., 2024), as well as supervision by the head nurse or ward manager (Agustin et al., 2021). Collectively, these factors play a crucial role in determining the effectiveness and consistency of patient discharge planning implementation in inpatient care settings.

The educational level of nurses is one of the key factors influencing discharge planning implementation. Higher levels of education contribute to enhanced professional competence, enabling nurses to better understand the complexity of patient needs, develop effective clinical communication skills, and achieve stronger mastery of nursing theory and practice (Mohamed et al., 2024). According to the Ministry of Health of the Republic of Indonesia, most nurses in

Indonesia still do not have professional nursing qualifications, resulting in a potential competency gap in the implementation of nursing care, including discharge planning. Higher education is generally associated with improved clinical competency and the effectiveness of discharge planning (Zakiyah et al, 2017).

Other factors that influence the implementation of discharge planning are the length of service of nurses. Length of service reflects the level of clinical experience and professional maturity of nurses in providing nursing care. Nurses with longer lengths of service tend to have better decision-making skills and understanding of service flows, making them more optimal in implementing discharge planning. Conversely, nurses with less than five years of service are often reported to have suboptimal discharge planning implementation (Astuti et al., 2024). Several studies also show that there are still many nurses in hospitals who have less than five years of work experience, thus requiring ongoing mentoring and guidance (Iasa, 2024).

Theoretically, the relationship between education level, length of service, and supervision with the implementation of discharge planning can be explained through Benner's Novice to Expert theory. This theory explains that nurses' competencies develop gradually from novice to expert as their formal education and clinical experience increase. Nurses with higher levels of education and work experience tend to have better decision-making abilities, understanding of patient needs, and communication skills (Saputri & Nursanti, 2024). In implementing discharge planning, a higher level of competence enables nurses to conduct assessments, provide education, and coordinate follow-up services more effectively, resulting in safer and more continuous patient discharge.

In addition to individual factors, managerial factors also play an important role in supporting the optimisation of nurses' competencies in the implementation of discharge planning. Supervision is a systematic nursing management function that aims to guide, monitor, and evaluate nurses' performance to ensure compliance with nursing practice standards. Effective supervision contributes to improved compliance with procedures and the continuous development of nurses' professional competencies (Huslianti, 2025). Studies indicate that suboptimal supervision by ward managers in inpatient wards affects the quality of nursing services, including discharge planning. (Machmud et al., 2023) (Aprin Rusmawati et al., 2024). Conversely, improved supervision leads to higher quality nursing services. (Agustin et al., 2021). In the context of discharge planning, supervision by ward managers ensures that the discharge planning process is implemented systematically, properly documented, and tailored to patients' needs as part of nursing care quality control.

The results of a preliminary study conducted through interviews with inpatient nurses at Hospital X indicate that the implementation of discharge planning still faces several challenges, including the absence of a structured supervision schedule and the suboptimal assessment of patients' knowledge regarding continuing care. Internal hospital data show that some nurses hold a diploma (D3) in Nursing and have less than five years of work experience, which is presumed to contribute to limitations in nurses' ability to conduct comprehensive assessments, provide patient education, and implement discharge planning in a systematic manner.

Although numerous studies have examined factors influencing discharge planning implementation, most have focused on individual factors in isolation rather than examining them simultaneously. Therefore, studies that simultaneously examine the relationships among

nurses' educational level, length of work experience, and ward managers' supervision with the implementation of discharge planning by inpatient nurses remain limited, particularly in the context of hospitals in district areas.

Based on the above description, the researcher is interested in conducting a study on Factors Associated with Nurses' Implementation of Discharge Planning in Inpatient Wards at Hospital X, including nurses' educational level, length of work experience, and supervision by ward managers. This study is expected to provide a more comprehensive overview and serve as a basis for efforts to improve the quality of nursing care, particularly discharge planning practices.

## **B. METHODS**

This study employed a correlational analytic design with a cross-sectional approach. The study population consisted of all staff nurses working in the inpatient wards of Hospital X, Malang Regency, totaling 78 nurses. The sample size was determined using the sample size formula for correlational analytic studies as described by Dahlan (2016), appropriate for an observational analytic study with a cross-sectional design. Based on the calculation, 39 respondents were selected from staff nurses who agreed to participate in the study.

The sampling technique used in this study was simple random sampling using a lottery system. Each member of the population was assigned a serial number, and random selection was performed until the required sample size was achieved. The selected participants were included as study respondents. The study was conducted at Hospital X, Malang Regency, from November 2024 to January 2025.

Data were collected using closed-ended questionnaires, including a nurse characteristics questionnaire (length of work experience and educational level), a head nurse supervision questionnaire, and a discharge planning implementation questionnaire completed by staff nurses. All instruments were developed using a four-point Likert scale. The supervision questionnaire assessed indicators of supervision techniques, principles, activities, and models, while the discharge planning questionnaire evaluated teaching care skills, identification of potential patient needs, introduction of social resources, and identification of patient and family preferences.

Uji validitas dan reliabilitas instrumen dilakukan pada 30 perawat, yang mewakili ukuran sampel minimum yang umumnya direkomendasikan untuk uji korelasi item-total. Hasil menunjukkan bahwa 18 dari 23 item dalam kuesioner pengawasan dan semua 24 item dalam kuesioner perencanaan pemulangan valid ( $r\text{-hitung} > 0,349$ ), dengan nilai Cronbach's alpha masing-masing 0,911 dan 0,918.

Supervision scores were categorized as effective ( $\geq 54$ ), quite effective (36–53), and less effective ( $\leq 35$ ), while discharge planning implementation scores were classified as good ( $\geq 72$ ), fair (48–71), and poor ( $\leq 47$ ). All study variables were measured on an ordinal scale; therefore, Spearman's rank correlation test was used to analyze the relationships between variables. This study received ethical approval from the Health Research Ethics Committee of STIKES Guna Bangsa Yogyakarta (Approval No. 011/KEPK/XI/2024).

## C. RESULT AND DISCUSSION

### 1. Result

#### Level of Education, Length of Service, Ward Head Supervision, and Nurses' Discharge Planning Implementation

The following are the results of a study on the level of education, length of service, ward head supervision, and nurses' discharge planning implementation at Hospital X.

**Table 1.** Level of Education, Length of Service, Ward Head Supervision, and Nurses' Discharge Planning Implementation at Hospital X.

Variable	Category	f	%
Education	Diploma in Nursing	23	59.0
	Bachelor of Nursing	5	12.8
	Nurse Practitioner	11	28.2
Work experience	0-5 years	8	20.5
	> 6-10 years	14	30.9
	>10 years	17	43.6
Supervision	Effective	7	17.9
	Quite Effective	28	71.8
	Less Effective	4	10.3
Discharge Planning	Good	8	20.5
	Fair	25	64.1
	Poor	6	15.4

Table 1 shows that the majority of respondents held a Diploma (D3) in Nursing, with 23 nurses (59%). In terms of length of work experience, nearly half of the respondents had worked for more than 10 years, accounting for 17 nurses (43.6%). This indicates that the respondents in this study were predominantly nurses with a vocational educational background and relatively long work experience.

Based on nurses' perceptions of supervision by the head nurse, most respondents rated the supervision as moderately effective, with 28 nurses (71.8%). Meanwhile, the implementation of discharge planning by nurses was mostly classified as moderate, reported by 25 nurses (64.1%). These findings indicate that although nurses had adequate educational backgrounds and work experience, supervision and the implementation of discharge planning had not yet fully reached the good category.

The following are the mean scores for each indicator of nurses' perceptions of head nurse supervision and the implementation of discharge planning in the inpatient wards of Hospital X.

**Table 2.** Mean Scores of Indicators for Ward Head Supervision and Nurses' Discharge Planning Implementation

Variable	Category	Mean
Supervision	Supervision techniques	3.33
	Principles of supervision	3.65
	Supervision activities	3.42
Discharge Planning	Supervision models	3.60
	Teaching patient care skills	3.43
	Patient needs	3.49
	Social resources	3.26
	Patient desires	3.64

Table 2 shows the average scores of nurses' perceptions of ward supervisor supervision and the implementation of discharge planning by nurses per indicator. In the supervision variable, the indicator with the highest average score was the principle of supervision (average = 3.65), while the lowest score was for supervision techniques (average = 3.33). In the discharge planning variable, the indicator with the highest average score was patient preference (average = 3.64), while the indicator with the lowest average score was social resources (average = 3.26). In the discharge planning variable, the indicator with the highest average score was patient desires (average = 3.64), while the indicator with the lowest average score was social resources (average = 3.26).

### Relationship Between Education Level and Nurses' Discharge Planning Implementation

The following is a cross-tabulation of the relationship between education level and implementation of nurse discharge planning in the inpatient ward of Hospital X.

**Table 3.** Relationship Between Education Level And Implementation Of Nurse Discharge Planning in the Inpatient Ward of Hospital X.

Variabel	Discharge Planning						Jumlah		p-value	r
	Poor		Fair		Good		f	%		
<b>Education</b>	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	0.782	0.46
Diploma in Nursing	4	10.3	14	35.9	5	12.8	23	59.0		
Bachelor of Nursing	0	0.0	3	7.7	2	5.1	5	12.8		
Bachelor of Nursing (Ners)	2	5.1	8	20.5	1	2.6	11	28.2		
Total	6	15.4	25	64.1	8	20.5	39	100		

Among the 39 respondents, the implementation of discharge planning varied according to educational level. Among nurses with a Diploma, the majority were in the fair category (14 nurses, 35.9%), while 4 nurses (10.3%) were in the poor category, and 5 nurses (12.8%) were in the good category. For nurses with a Bachelor's degree, 3 nurses (7.7%) were rated as fair and 2 nurses (5.1%) as good. Meanwhile, among Bachelor of Nursing (Ners), 2 nurses (5.1%) were categorized as poor, 8 nurses (20.5%) as fair, and 1 nurse (2.6%) as good. Spearman's rank correlation test showed a p-value of 0.782 ( $p > 0.05$ ), indicating no significant relationship between educational level and the implementation of discharge planning among nurses in the inpatient wards of Hospital X.

### The Relationship Between Length of Service and Nurses' Discharge Planning Implementation

The following are the results of a study on the relationship between length of service and nurses' discharge planning implementation at Hospital X.

**Table 4.** Relationship between length of service and nurses’ discharge planning implementation at Hospital X.

Variable	Discharge Planning						Total		p-value	r
	Poor		Fair		Good		f	%		
<b>Length of Service</b>	f	%	f	%	f	%	f	%	0.104	0.264
0-5	1	2.6	7	17.9	0	0.0	8	20.5		
6-10	4	10.2	7	17.9	3	7.7	14	35.8		
>10	1	2.6	11	28.3	5	12.8	17	43.7		
Total	6	15.4	25	64.1	8	20.5	39	100		

Based on length of service, nurses with more than 10 years of experience constituted the largest group (17 nurses, 43.7%), with the majority categorized as having a fair level of discharge planning implementation (11 nurses, 28.3%) and a smaller proportion categorized as good (5 nurses, 12.8%). Similarly, among nurses with 6–10 years of service, most were categorized as fair (7 nurses, 17.9%). Meanwhile, nurses with 0–5 years of service (8 nurses, 20.5%) were predominantly classified as fair (7 nurses, 17.9%), and none achieved the good category. Spearman’s rank correlation test showed a p-value of 0.104 ( $p > 0.05$ ) with a correlation coefficient of  $r = 0.264$ , indicating no significant relationship between nurses’ length of service and the implementation of discharge planning in the inpatient wards of Hospital X.

**The Relationship Between Ward Head Supervision and Nurses’ Discharge Planning Implementation**

**Table 5.** Relationship Between Ward Head Supervision and Nurses’ Discharge Planning Implementation at Hospital

Variable	Discharge Planning						Jumlah		p-value	r
	Poor		Fair		Good		f	%		
Supervisi	f	%	f	%	f	%	f	%	0.002	0.479
Effective	1	2.6	2	5.1	1	2.6	4	10.3		
Quite Effective	5	12.8	21	53.8	2	5.1	28	71.8		
Less Effective	0	0.0	2	5.1	5	12.8	7	17.9		
Jumlah	6	15.4	25	64.1	8	20.5	39	100		

The table above shows that of the 39 respondents, the majority of nurses (28 nurses, 71.8%) perceived ward head supervision as quite effective, and most nurses in this group implemented discharge planning at a fair level, with 21 nurses (53.8%). Spearman’s rank correlation test showed a p-value of 0.002 ( $p < 0.05$ ), indicating a statistically significant relationship between ward head supervision and nurses’ discharge planning implementation in the inpatient wards of Hospital X, with a moderate correlation strength ( $r = 0.479$ ).

**2. Discussion**

**Nurses’ Educational Level**

The majority of respondents in this study held a Diploma in Nursing. This finding is consistent with the study by Setyawati et al (2021), which reported that 65% of hospital nurses had a Diploma in Nursing (D3). Nurses’ educational level is closely associated with the clinical competence attained within the Professional Clinical Nurse Career Pathway, particularly at the Clinical Nurse I and Clinical Nurse II levels.

Clinical Nurse I is the initial level in a nurse's clinical career, typically requiring a Diploma in Nursing (D3) or Bachelor of Nursing (Ners) qualification and representing entry into clinical practice. Clinical Nurse I competencies focus on providing basic nursing care

and performing technical procedures in accordance with operational standards, under the guidance of a supervisor or senior nurse. Clinical Nurse II has met higher educational requirements or has sufficient clinical experience after Clinical Nurse I. At this level, nurses have higher competencies in managing holistic and independent nursing care, including the ability to analyse more complex nursing problems, make independent clinical decisions, and coordinate with the healthcare team (Kemenkes, 2017).

According to the researchers, the predominance of nurses with diploma-level education indicates that nursing resources in hospitals remain at early to intermediate competency levels within the Clinical Nurse Career Pathway, particularly at the Clinical Nurse I and some Clinical Nurse II levels. Nurses with diploma qualifications are generally competent in providing basic nursing care and performing technical procedures; however, they still require supervision when making more complex clinical decisions.

### **Nurses' Length of Work Experience**

Nearly half of the nurses in this study had more than 10 years of work experience, indicating that most respondents had substantial clinical exposure. Length of work experience reflects the accumulation of clinical encounters that may contribute to the development of nurses' skills and professional judgment (Walukow et al., 2020). From a theoretical perspective, this finding is consistent with Benner's Novice to Expert theory, which explains that nursing competence develops progressively from novice to expert through increased formal education and clinical experience. Nurses with higher levels of education and longer work experience tend to demonstrate better clinical decision-making abilities, a deeper understanding of patients' needs, and more effective communication skills (Saputri & Nursanti, 2024). Nurses with longer work experience are also more likely to have encountered a wide range of patient conditions, which supports better understanding of patient needs and more effective management of challenges during the care process. Similar findings have been reported in previous studies, indicating that length of work experience influences nurses' performance (Yulianingsih & Indramayu, 2024).

According to the researchers, the high proportion of nurses in the inpatient wards of Hospital X with more than 10 years of work experience indicates that the nursing workforce has sufficient clinical experience to support the effective delivery of nursing care. Prolonged work experience enables nurses to develop advanced clinical skills, more mature professional judgment, and greater adaptability in managing diverse patient conditions. Such experience contributes to improved clinical decision-making, therapeutic communication, and nursing care management, thereby positively influencing nurses' performance and the overall quality of nursing services in inpatient settings.

### **Supervision of Head Nurse**

Most nurses perceive that ward supervisor supervision is not entirely effective. According to Royke et al (2024), ward supervisor supervision is effective 55.8% of the time and ineffective 44.2% of the time. According to Yuliati et al (2023), the perception of nurses towards supervision by ward managers in hospital inpatient wards is mostly fair. The better the quality of supervision carried out by ward managers, the better the assessment

given by nurses towards the implementation of supervision, thereby affecting the implementation of nursing care.

The supervision indicators in this study included supervision techniques, supervision principles, supervision activities, and supervision models. The results showed that the highest average score was for the supervision principles indicator, at 3.65. These results indicate that nurses' perceptions of the supervision principles implemented by the ward manager are good. The indicator components include the ward manager providing guidance to all nurses, not just to a few nurses whom they know, the ward manager discussing with nurses how to prepare good nursing care documentation, and the ward manager not giving instructions in a loud voice. Nurses' ability to provide guidance is related to their performance (Purwanto & Fanji Pradiptha, 2020). The ward manager's ability to provide guidance is very important, one of which is the principle of supervision. The better the ward manager's ability to provide guidance, the better the performance of the implementing.

Meanwhile, the lowest indicator was supervision techniques, at 3.33. The components of this indicator include guidance material that complies with nursing standards, the Head Nurse controlling the work of the nursing staff in providing nursing care, the Head Nurse checking the results of the nursing staff's documentation in the medical records, the Head Nurse making notes on documentation sheets that are unclear, and the Head Nurse checking the completeness of the documentation made by the nursing staff. Of the five components, the indicator that is still ineffective is the supervision technique indicator for questionnaire question number 4, namely the Head Nurse providing notes on unclear documentation sheets with a mean respondent answer of 2.05. Previous studies have shown a significant relationship between the implementation of supervision and the quality of nursing documentation (Yulianita et al., 2020). The ward manager's activity in providing notes or comments on unclear documentation greatly helps nurses to identify areas that need improvement. This can serve as an evaluation for nurses and motivate them to be more thorough and consistent in recording the nursing actions that have been carried out, thereby improving the quality of service.

### **Nurses Implementation of Discharge Planning.**

The results of the study indicate that the implementation of discharge planning by nurses is mostly in the adequate category. The average score of respondents for the discharge planning variable is highest on the indicator of patient and family wishes. The components of these indicators include nurses assessing whether there are differences of opinion between patients and families regarding the patient's follow-up care, nurses informing patients and their families about their functions and roles in the hospital, and the possible changes that may occur in patients due to their illness. nurses collaborating with doctors to provide information about the patient's condition to the patient and their family according to their level of understanding, nurses assessing potential problems that the patient may face in carrying out daily routine activities, nurses collaborating with doctors to discuss the patient's health, and nurses ensuring that the patient and family can provide care independently at home after returning from the hospital. Discharge planning is a learning process that begins when the patient is admitted to the hospital. It involves the

patient and family in order to increase their understanding and develop their skills regarding home care and health issues, with the aim of speeding up recovery, avoiding possible complications due to activity restrictions, and creating a safe environment for the client at home (Rosya et al., 2020). The findings of this study indicate that nurses contribute to and care about the needs and expectations of patients and families during the transition from hospital care to home care. This participation shows that nurses have made effective efforts in communication, education, and cooperation, particularly in providing information about the roles of patients and families and ensuring their readiness to provide care independently at home.

The results of the study also show that the lowest social resources are mainly related to information provided by nurses to patients and their families about the terms and conditions for requesting home visits. According to Ontario (2013), home care has been proven to be effective in improving the health of patients with various levels of disease severity, both in single home visits and on an ongoing basis. The lack of adequate information about home visit services has the potential to cause patients and their families to be unprepared to carry out independent care at home. This can lead to an increased risk of complications, non-compliance with therapy, and the possibility of being readmitted to hospital.

In addition, factors influencing the implementation of discharge planning include educational level, nursing knowledge (Astuti et al., 2024), personnel factors, involvement and participation factors, communication factors, time factors, agreement and consensus factors, which also influence the implementation of discharge planning (Wiradani, 2024). Therefore, efforts to improve the quality of discharge planning need to be carried out comprehensively, not only through training to improve the capacity of individual nurses, but also through strengthening interprofessional communication, improving time management, and creating a work system that supports the active involvement of all parties in the discharge planning process.

### **The Relationship Between Education Level and the Implementation of Discharge Planning by Nurses**

Overall, the findings of this study indicate that most nurses have implemented discharge planning at a fair level. However, the level of optimal implementation remains limited. Only a small proportion of nurses demonstrated good discharge planning practices. This pattern was observed across all educational levels, suggesting that differences in educational attainment do not directly determine the quality of discharge planning implementation. Statistical test results indicate no correlation between nurses' educational levels and the implementation of discharge planning in the inpatient ward of Hospital X. These findings are inconsistent with the research conducted by Astuti et al (2024), which states that there is a significant correlation between nurses' educational levels and the implementation of discharge planning. Nurses with higher educational backgrounds tend to have a deeper understanding of the importance of patient discharge planning. A higher level of education enables nurses to better understand the concepts and objectives of discharge planning. In this study, the level of understanding nurses have regarding discharge planning is not solely

determined by their educational level. Nurses at Hospital X have been trained on the standard operating procedures for discharge planning at the hospital, ensuring that each nurse has acquired knowledge about the implementation of discharge planning. According to Hoshino et al (2024), clinical competence is not only influenced by formal education, but also by in-service learning and continuing education. Recent studies show that learning through workplace education is closely related to improvements in nursing competence.

Nurses at Hospital X have received training on the Standard Operating Procedures (SOP) for patient discharge, ensuring that all nurses possess sufficient knowledge to implement discharge planning effectively. In this study, nurses' understanding of discharge planning was not solely influenced by their level of formal education. Additionally, the hospital has organized internal training and Continuing Professional Development (CPD) programs to further enhance nurses' competence in carrying out discharge planning.

### **The Relationship Between Length of Service and the Implementation of Discharge Planning by Nurses**

The findings of this study indicate that most nurses across all length-of-service groups implemented discharge planning at a fair level, suggesting that the practice is generally adequate but has not yet reached an optimal standard. Nurses with longer work experience (>10 years) tended to demonstrate better discharge planning implementation than those with shorter experience; however, this difference was not substantial enough to indicate optimal performance. Overall, the results show no significant relationship between length of service and the implementation of discharge planning among inpatient nurses at Hospital X. These findings are consistent with those of Setyawati et al (2021), who found no association between nurses' years of service and the implementation of discharge planning in hospitals. However, these findings are inconsistent with those of Astuti et al (2024), who reported a significant association between nurses' years of service and the implementation of discharge planning in hospitals. This discrepancy may be due to other factors influencing the implementation of discharge planning.

Personnel factors, involvement and participation factors, communication factors, time factors, agreement and consensus factors also influence the implementation of discharge planning (Wiradani, 2024). The length of a nurse's tenure is not always the primary determinant in the implementation of discharge planning. The implementation of discharge planning is influenced by other factors such as the competence of nurses and supporting factors within the work system. Therefore, hospitals need to prioritise capacity building by providing training to nurses and creating a conducive work environment to optimise interprofessional collaboration and communication in the implementation of discharge planning.

### **The Relationship Between Head Room Supervision and the Implementation of Discharge Planning**

The study findings demonstrate that ward head supervision is moderately correlated with the implementation of discharge planning by nurses at Hospital X. According to Agustin et al (2021), nursing supervision is one of the determining factors in the quality of nurses'

performance in discharge planning. The ineffective provision of nursing supervision by ward supervisors results in poor performance.

Supervision in professional nursing practice is a process of providing nurses with the resources they need to complete tasks in order to achieve organisational goals (Nursalam, 2020). Supervision is primarily carried out to provide guidance and direction to improve nurses' understanding of their duties and responsibilities in providing services (Kustiati et al., 2020). The results of Royke et al (2024), study indicate a relationship between supervision and nurses' performance in providing nursing care in hospitals. The higher the ward manager's ability to supervise using supervision techniques, principles, and models, the better the nurses' compliance (Nasri, 2022). According to researchers, supervision is a key element in improving the quality of nursing services in hospitals. The supervision practices carried out by ward heads not only play a role in ensuring that nursing tasks are carried out according to standards, but also serve as a strategic means of guiding and directing nurses to better understand and carry out their roles and responsibilities professionally, especially in the implementation of discharge planning.

#### **D. CONCLUSION AND SUGGESTIONS**

This study shows that there is no relationship between nurses' education and work experience and the implementation of discharge planning, while there is a moderate relationship between ward head supervision and the implementation of discharge planning by nurses in the inpatient ward of Hospital X. It is recommended that management conduct routine monitoring of supervision to ensure that supervision standards are properly implemented and to provide constructive feedback. Additionally, ward heads should carry out scheduled supervision to improve nurses' performance in delivering nursing care, including discharge planning.

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