



Application of Discharge Planning Model In an Effort to Improve Families' Capacity to Care for Patients with Violent Behavior at Dadi Regional Special Hospital In South Sulawesi Province

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Abstract:-

Discharge planning is an effort to prepare patients to go home and is a transitional period in hospital, until the patient returns to his home (Nordmark. S, 2016). This process is very complex and requires attention special, is part media communication among nurse, family, and patient in To do care nursing. This study aims to apply the Discharge planning format model in an effort to improve family capabilities treating patients with violent behavior at the Dadi RSKD in South Sulawesi Province. The research design used is Experiment Two Group Pre and Post Test Design . To perform Data Collection writer using questionnaire sheets and sheets observation in assessing the ability of nurses and families after the implementation of the Format Discharge planning model, is good hospital or at the patient's home. Sampling by Simple Random Sampling with a total sample of 70 people (35 nurses and 35 patients). Data Processing with Wilcoxon Test analysis with rate significance of $\alpha < 0.05$. The results found in this research are (1) Discharge planning forms for patients with violent behavior applied by nurses by using a format that has been developed by researchers. (2) There is enhancement to direction more good application management care nursing on patient behavior violence compared year first. (3) There is an enhancement better nurse skill in documenting discharge planning at the Dadi RSKD in South Sulawesi Province compared year first. (4) There is difference knowledge family before and after application model discharge planning. Based on the above research it can be concluded that it is necessary there is a home visit schedule arrangement through home visits conducted by nurses as feedback from the evaluation discharge planning services by nurses in patients with violent behavior and further research in assessing effectiveness model format Discharge Planning which has developed.

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INTRODUCTION

Implementation of adequate discharge planning by nurses for patients can prevent recurrence and maintain the condition or health status of patients and their families through health education about preventing violent behavior provided by nurses extending the average distance between schizophrenia relapse and violent behavior, namely as many as 10 people or 13.39 % average distance of recurrence or 92 days after returning from the

mental hospital while as many as 16 people or 20.8% did not attend health education about preventing violent behavior the average distance recurrence within 40 days after returning from the hospital, it means that the family holds quite an important thing in planning patient discharge, poor follow-up and bad interactions between clients and their families and caregivers are also risk factors for schizophrenic clients (Keliat, 2003). Sullinger, (1988). Clients failing to take medication

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regularly are one of the reasons clients relapse and need to be hospitalized.

Discharge planning is an effort to prepare the patient to go home and is a transitional period in the hospital until the patient returns to his home, (Nordmark, S., 2016). This process is very complex and requires special attention, is part of the communication media between nurses, families and patients in carrying out nursing care. Documenting nursing care and patient progress for discharge planning aims to improve ongoing care for clients, helping clients and families have knowledge, skills and attitudes in improving the client's health status, in order to reduce the rate of recurrence of patients after returning from the hospital (Yosep Iyus, 2009) . Patient assessment, development of plans according to patient needs, service provision, family education and referrals, and patient follow-up are important elements of discharge planning according to Yam, CH, Wong, 2012. Arif (2006). Explains that schizophrenia is not completely cured, and 80% experience relapses. This case of recurrence requires the involvement of several disciplinary experts in the care of patients with mental disorders after discharge. The experts needed in this case of recurrence are nurses, therapists. psychology, and family members as supporting factors. On the other hand, the stigma that arises in the community can have a negative impact on patients and their families, which is marked by an attitude of rejection, isolating patients, and limiting interactions in socializing which are educational points for experts. RSKD Dadi South Sulawesi Province provides special services for mental care for people with mental disorders. Data that can be obtained in the last 2 years shows that in 2016 there were 1060 cases of violent behavior while in 2017 there were 1352 cases, this data shows that the increase in the number of special cases of violent behavior has increased significantly, where this case of violent behavior is one of the which is of particular concern to various parties because it is included in a psychiatric emergency. The recurrence rate in these patients has also increased from year to year. One of the factors that contributes to patient recurrence is the patient's discharge planning

process.

Based on data from annual reports that the recurrence rate for mental patients in the last 2 years is 55%, then the number of patients dropping or being discharged is 5-10 people/month, while the nurse-patient ratio is 1: 10 meaning 1 nurse serves 10 patients, this shows that there is nurses' excess workload that is not in accordance with the range of services provided in accordance with the minimum standard of nurse to patient ratio of 1: 5.

The results of an initial study conducted by the author on 5 nurses in January 2020 in the intermediate inpatient room, found that the preparation for patients to go home had actually been carried out according to the SOP in the hospital, but the following data needed to be explored again in this study: ; standards for assessing patients at discharge, level of care needs for clients requiring continued intensive care or minimal care, assessing the level of knowledge and abilities of clients and families, determining standard problems and actions to be taken and determining evaluation standards in identifying the conditions of patients to be discharged and planning follow-up and follow-up after the patient is discharged, besides that there is no standard format used by nurses to plan follow-up care strategies through post-discharge home care.

The results of the trial implementation of the Discharge planning format conducted by Siga Kanisius Petrus, et al (2018) only reached 92% due to weak supervision carried out by the nursing manager, not well documented health promotion carried out by nurses in the first 48 hours when the patient enters the hospital 53% of health promotion providers do not involve families in discussing prevention of problems that can occur at home and are not clearly documented.

From some of the initial information and data obtained by the researcher, one of the solutions that can be offered by the author in an effort to reduce the recurrence rate of patients with violent behavior is to optimize and develop a model for using a structured, systematic and integrated Discharge planning



format with the management of psychiatric nursing care services and is relevant with hospital policies continuously and intact, (Meyers L, 2017). A structured and systematic discharge planning system should be supported and collaborated with related experts such as nurses, doctors, psychologists, therapists and families in implementing it.

Survey Point

This study aims to apply the Discharge planning format model in an effort to improve family capabilities treating patients with violent behavior at the Dadi RSKD in South Sulawesi Province. Previously the authors identified and made observations in the field from the use of the Discharge planning format that was already used by nurses in planning for patient preparation for discharge, then the authors developed and modified the Discharge planning format according to standards and requirements in an effort to improve the quality of nursing care management services, especially in patients with violent behavior . From the results of observations it turns out that the use of the Discharge planning format has not been carried out by nurses in a comprehensive and complete manner, especially those related to the implementation of education for patient family members and has not been properly documented several important components that can affect the developmental status of the patient's mental health after being discharged to the hospital. home so that it has an impact on increasing the recurrence rate of patients to be treated again in the hospital.

RESEARCH METHOD

This study used the Experiment Two Group Pre and Post Test Design design and the research subjects were nurses who applied the Discharge Planning format to family members of patients with violent behavior which also became an educational center that nurses would carry out in an effort to increase family knowledge and skills in caring for patients. at home. This research was conducted in the treatment room of a special regional hospital in South Sulawesi Province. For primary data collection the authors measure the author's independent variables using questionnaires

and observation guidelines. The Discharge Planning sheet format used was adopted from Nursalam (2016), and developed the Discharge Planning performance observation sheet instrument from Mira Asmirajanti (2012) and modified the Discharge Planning format used in RSKD Dadi South Sulawesi Province.

The sample selection criteria for nurses are nurses who carry out the discharge process for patients using the Discharge Planning format, have treated patients with violent behavior and have a minimum D3 degree in Nursing education. While the requirements for selecting samples in the family are that the family will care for the patient at home then the patient being treated is declared to go home absolutely by the doctor, then signs an informed consent and is willing to participate in education until it is finished before the patient is sent home, so that the total sample is 70 people with details of 35 nurses and 35 family members. The results of applying the Discharge Planning format carried out by nurses will be compared both before and after the nurses carry out education using the format mentioned above to see if there is an increase in family knowledge and skills in caring for patients with violent behavior followed by an increase in the quality of management and documentation of nursing care, especially for patients with violent behavior.

FINDINGS AND DISCUSSION

1. Application Discharge Planning

Application of discharge planning which includes planning, organizing, executing, evaluation, and documentation can be seen on ~~the~~1



Table 1 Application Discharge planning in Dadi Hospital Province of South Sulawesi

Discharge Planning	N	%
Planning		
Not Complete	11	31,4
Already Complete	24	68,6
Organizing		
Not Complete	10	28,6
Already Complete	25	71,4
Implementation		
Not Complete	0	0
Already Complete	35	100
Evaluation		
Not Complete	1	2,9
Already Complete	24	97,1
Documentation		
Not Complete	4	11,4
Already Complete	31	88,6
Total Discharge Planning		
Not Complete	12	34,3
Already Complete	23	65,7

Results analysis on table 1 show application discharge planning on patient behavior violence partly big already complete (65.7%) has implement format with good, if compared with results year first though they has trained however test statistics no shows the difference before and after he did training, if associated with results descriptive analysis, from 35 nurses, 16 people had follow training application discharge planning this means that part big nurse already understand what which should done before patient sent home.

Level experience work Education nurse follow support success implementation application discharge planning, where average nurse has have level Education minimum Diploma 3 (DIII) Nursing 42%, and profession Nurse 28.6% with work experience over 10 years. training results obtained nurse is Implications which embo-died nurse in increase quality psychiatric nursing care at RSKD Dadi Province of South Sulawesi city Makassar, so that results training which conducted on year second this could increase effectiveness and management efficie-ncy service.

Differences in nurse skills before and after application discharge planning show that nurses have been able to fill in the aspect components which related to the resume summary of patients discharged automatically complete starting from the planning stage, organization implementation evaluation nor documentation the entire contents of this existing format. This is in line with theory Kozier (2004), destination he did discharge

planning is for prepare patient as well as his family good in a manner physique, psychological and social in an effort to increase independence for the family and patients for follow-up care facilitate system reference patient in service health, factor ability nurse in plan patient go home has supported with there is good collaboration from the patient's family as well administrative policy support and planning which ripe from hospital management start from beginning patient enters until will go home. Thing this supported by Nursalam (2012), Discharge Planning is service dynamic so that team health and nurse in preparing the patient, doing the planning care at home and results interaction nurse professional with patient and his family in collaborate in order to obtain nursing services which characteristic continuity or continuous

2. Application Management Care

Application of nursing care management in patient after conducted development discharge planning could be seen on table 2

Table 2 Application of Patient Nursing Care Management with Violent Behavior at Dadi Hospital South Sulawesi Province

Attitude Management	N	%
Assessment		
Not Enough	6	17,4
Good	29	82,9
Nursing Diagnosis		
Not Enough	7	20
Good	28	80
Planning		
Not Enough	17	48,6
Good	18	51,5
Implementation		
Not Enough	7	20
Good	28	80
Evaluation		
Not Enough	8	22,9
Good	27	77,1
Return Planning		
Not Enough	13	37,1
Good	22	62,9
Total Attitude Management		
Not Complete	15	42,9
Already Complete	20	57,1

From table 2 on show in a manner whole application care which conducted nurse has encouraging compared to the results of the study year first, where documentation start from Step assessment, enforcement diagnosis nursing, planning, implementation of nursing



actions as well the nursing evaluation stage is getting better, this supported with exists motivation para taker policies to make changes and improvements quality management care nursing, start from director house sick, head field service nursing, participate in providing training and accompaniment to nurse good head room nor nurse executor. Assumption researcher that the patient discharge process has been carried out and planned with good with method nurse prepare the patient the day before the patient goes home and family has given information wide- breadth about source service health and identify some problems or constraints which experienced by patient and his family then The nurse discusses the problem with doctors who treat patients in providing solutions according to the patient's needs at the time the patient will sent home. Theory supported by discharge planning association (2008), that information which needgiven by patient to family with using some sort of discharge planning form patient containing date and time control treatment, number phone emergency or emergency, hint return, arrange care advanced, nurse who visited along with the telephone number of each institution which provide service. The theory is in line with Nursalam (2012) that process cooperation carried out through other people is needed in give care nursing in a manner professional in something process management nursing, so that nursing care can be carried out in a manner effective and efficient by manager nursing can do a good planning starting from the stages of planning, organizing, being able to lead and manage management care nursing with utilize means and infrastructure which available. According to economical writer management care nursing very tight relation with role nurse as a planner manager, as well as executor care nursing, evaluation is process sustainable for could evaluate effect from action nursing which conducted by nurse to compare the results of nursing actions with response patient in accordance with destination initial nursing planning. Complete information provided by nurses to patients and their families could minimize management risk good onpatient nor on aspect service nursing

3. Application Discharge Planning

Table 3 Nurse Skills in Discharge Documentation Parigin RSKD Dadi South Sulawesi Province

Documentation Skills Discharge Planning	N	%
Not Enough	11	31,4
Good	24	68,6

Table 3 shows that most of the nurses have good skills in documenting the discharge planning format, namely 24 people (68.6%). There are still 11 people (31.4%) who are less skilled in formatting documentation discharge planning. Nurse skills which already the more good is point important in preparation patient go home, nurse has could To do recording with good start from Step assessment up to the evaluation stage, documentation Discharge planning by nurses has been implemented accordingly with a format that has been modified and expanded by team researcher, format documented in line with theory Perry and Potter PA, 2006), that assessment which conducted on patient which enter is focus on assessment which sustainable with see a number of aspect supporters, identify needs promotion needs health patient then work same team health other, in service reference and home care, Then prepare the patient and family with give information which as much as possible about the facilities and service source a day before patient sent home. Opinion researcher that service which given nurse and discuss about related matters limitations of the patient and his family need considered and facilitated by party hospital management, both those related to assistive devices, therapy and medical devices, care and treatment which needed by patient so that Thing this is aspect important in support patient comfort, safety and satisfaction accept health services before and after go home from house sick

4. Differences in Family Knowledge about Preparation for Discharge Before and After Implementation of Discharge planning

Differences in family knowledge about preparation for discharge before and after implementing discharge planning in patients with violent behavior at the Dadi Hospital in



South Sulawesi Province can be seen in table 4

Table 4 Differences in Family Knowledge about Preparation Return Patient Before and After Implementation of Discharge planning at Dadi Hospital South Sulawesi Province

Family Knowledge About The Patient's Discharge Preparation	Mean (SD)	z	P
Before	4,74 (2,13)	-5,111 ^b	0,000
After	8,02 (1,24)		

Table 4 statistical test results obtained a value of 0.000, it can be concluded that there are differences in family knowledge about preparing for patient discharge before and after implementing discharge planning. Knowledge is a result of curiosity through sensory processes, especially the eyes and ears and knowledge is an important domain in the formation of one's behavior, most knowledge is obtained through the senses of hearing and sense of sight (Notoatmojo, 2014). When compared to the results of the first year's study, family knowledge was getting better, where the obstacle that was obtained by nurses in the past year was the difficulty in bringing the family when preparing to go home through information and education related to how to care for patients with violent behavior after returning home, but in the second year it appears that The awareness of the patient's family is getting better with the most striking indicator of change being the patient's involvement and concern in caring for the patient after going home to prevent recurrence after coming home from the hospital. Utilization of the discharge planning format provided by nurses through discharge preparation is able to increase understanding of perceptions and changes in stigma in assessing that patients can still be cured so that it has an impact on reducing the prevalence of recurrence of ODGJ patients in the community. Obstacles that the author gets if the planned time contract is delayed and does not match the patient's discharge schedule and greatly affects the management of nursing care in the treatment room because sometimes the patient's family cannot attend according to the time contract that has been set. Therefore, hospital management requires attention and consideration in managing strategies and techniques so that the patient's

family can attend on time according to the patient's discharge schedule.

CONSTRAINTS

Obstacles that are often faced by writers are reviewing data or digging up information related to documenting the Discharge Planning format carried out by nurses, especially in looking for complete instrument filling carried out by nurses, besides that sometimes time contracts with families are not appropriate when conducting education, so that writers and nurses who document the patient's summary go home missing time, because they have to wait for the patient's family to be educated, especially counseling about nursing care for patients with violent behavior when they return home. If education can be carried out properly, it is hoped that the knowledge and skills of the family will increase in caring for patients.

CONCLUSION

Form planning patient go home (Discharge planning) on patient behavior violence has applied by Nurse in RSKD Dadi South Sulawesi Province, application Nursing care management carried out by nurses is also getting better, there is an increase in more nurse skills good in documentation after applying the discharge format planning , and happened meaningful difference and there is a significant increase in family knowledge and skills in caring for patients with violent behavior after application model discharge format planning in RSKD Dadi South Sulawesi Province.

REFERENCES

- Almborg, HA., (2010). Discharge After Stroke-Importan Factor For Health, Realetd Quality of Life, Journal of ClinicalNursing, 19. 2196.
- Bakr, H., Maria. (2017). Management nursing draft and application in practice nursing professional, yogya-karta,References new press.
- Carrol, A., & Dowling, (2007). Discharge planning: Communication, Education and Patient Participation, British Journal of Nursing. Vol 16.
- Discharge planning Assosiation, (2008). Discharge planning. [http: www. Discharge planning Org, au/index.htm](http://www.DischargeplanningOrg.au/index.htm), diperolehtanggal 13 Desember 2014
- Friedman, M., M, Bowden, VR, & Jones, EG, (2010). Book Teach Nursing Family: Research, Theory, and practice, RatherLanguage end Yani S., Hamid et al., Ed 5. Jakarta: EGC.
- Kozier, B., (2004) .Fundamental Of Nursing Concept



- Process and Practice, 1st Volume 6 th Edition, New Jersey, Pearson/Prentice Hall.
- Look, BA., (1996). Angry Consequence Yang's disease suffered. EGC., Jakarta
- Medical Record.(2021). Report Annual RSKD Father province Sulawesi South, City Macassar
- Nursalam, & Mira Asmirajanti (2012). Nursing Management Application In Practice Nursing Professional, Edition 3., Salemba medical, Jakarta.
- Nursalam, (2016). Management nursing application in practice nursing professional, Edition 5, Salemba medical, Jakarta.
- Perry, A.,G., & Potter P.,A., (2006). Clinical Nursing Skill & Technique. 6th edition. Missouri: Mosby Inc.

