11. The Effects Of Discharge Planning Toward Discharge Readiness Of Diabetes Mellitus Patients

By kun ika nur rahayu

WORD COUNT 3062
TIME SUBMITTED 07-JAN-2020 12:35PM
PAPER ID 53583302

THE EFFECTS OF DISCHARGE PLANNING TOWARD DISCHARGE READINESS OF DIABETES MELLITUS PATIENTS

KUN IKA NUR RAHAYU

Kadiri University, Kediri, Indonesia
Email: kunikanurrahayu@gmail.com

Abstract: *Discharge planning is preparing the patient and family to the continuously treatment in the process of recovering and maintaining the health. Based on the earlier survey on April 2014 in Gambiran Hospital Kediri, the results showed that before facing the repatriation, the majority of patients was not ready to dischargecaused by non-optimal discharge planning program. The purpose of the research was to know the influence of discharge planning towarddischarge readiness of diabetes mellitus patient. The research used pre-experimental design with 7 respondents. The sample was diabetes mellitus patients in Gambiran Hospital of Kediri City on June 2014. Total sampling was used to select the participants. Questionnaire was used to collect the data. The identification of the various readiness levels to face the repatriation a patient of pre and post discharge planning was analyzed by using wilcoxon statistic. The result of this research showed that before discharge planning, most of the respondents (57,1%) had score 30-35 which means lack of readiness. After discharge planning their score increase upto 42-48 in (57,1%) patient. This number means that they had a well readiness. The result showed that* $\rho = 0{,}02$ *(* ρ *value* $< 0{,}05$ *). The conclusion from this research was that discharge planning affected toward discharge readiness of diabetes mellitus patients. Therefore, the research could give the advantage for every health care providers in which health care providers should do a discharge planning optimally for the patients' readiness to go back home.*

Key words *: discharge planning, the readiness to go back home, diabetes mellitus.*

INTRODUCTION

Diabetes Mellitus (DM) is a disease which is characterized by the occurrence of hyperglycemia. DMcan cause the increasing of blood pressure and can lead to damage the nerves, blood vessels, and heart. In diabetes mellituspatients, hyperglycemia is usually accompanied by the increasingof blood pressure.Although diabetes mellitus patients can also accompanied with normotensive or hypotension.

In 2007 the prevalence of diabetes mellitus in Indonesia was 1.2 % - 2.3 % (Bustan, 2007). Based on data from the City Health Office (2009), the number of people with diabetes mellitus was 1020 people. Based on data from the medical records of Gambiran Hospital of Kediri City on February 2014, the data showed that the number of people with DM was 46 people with distribution of women were 28 people (61 %) and men were 18 (39 %).

Based on interviews conducted by researchers in Tuberose wardGambiranHospital of Kediri City on May 12, 2014, the results showed that the implementation of discharge planningwas only done on a patient's departure. When researchers interviewed 7 patients, 5 patients were not ready to face repatriation because of the patient's lack of understanding and clear information about self-care at home. Thus, the patients had a doubt and worry if they could not take care of themselves after returning athome. From the dataabove, the problem was lack of discharge readiness of diabetes mellitus patients.

The cause of discharge unpreparedness of diabetes mellitus patients due tolack of knowledge about how to manage the provision of home care, the patient was discharged quickly. Thus, the diabetes mellitus patients had a high risk of complications of DM after discharging. The other cause was also due to the unplanned repatriation (return force) which can result in the hospitalization reset (Perry &Potter, 2006). Discharge planning was one of nursing interventions to prepare the discharging. Discharge planning is a process commencement of patient health services followed with continuity of care both in the healing process as well as in maintaining the health status until the patient feels ready to return to the environment.

Micro impact of a lack of patients facing discharge can cause the worsening of patient's condition or the increasing of complications of disease recurring after arriving home. Thus, patients could

experience recurrent hospitalization. While the success of the patient's discharge planning actions capable of taking action continued maintenance of safe and realistic after leaving the hospital. Meanwhile, the macro impact that occurs in diabetes mellitus is declining healthstatus(Perry&Potter, 2006).

The solutions to control further complications should be given to the DM patients before discharging. Thus, DM patients have the high preparation for repatriation. The solution consists of information the independence of self-care activities, such as exercise, diet regulation, and diet to control blood glucose levels. The success of discharge planning is that the patient is able to take action to continue maintaining of safe and realistic after leaving the hospital (Perry&Potter, 2006).

METHOD

Inferential (quantitative) with cross sectional approachwas used in this study. The sample in this study was 7 diabetes mellitus patients. The total sampling was used to select the participants. The variable in this study was the readiness of return prior to discharge planning (Y1) and the readiness of the home after discharge planning performed in patients with diabetes mellitus (Y2) .

Data were analyzed by using the Statistical Product and Service Solution (SPSS) for windows and tested by using the Wilcoxon Match Pair Test with a significance value <0.05 .

RESULTS AND DISCUSSION

Result

Characteristics of Respondents by Gender

Table 1.1 The Frequency Distribution of Respondents by Gender

Category	Frequency	Percent (%)
Men	5	71,4
Women	2	28,6
Total	7	100

In the table 1.1, the distribution of the participants by gender could be clearly seen that the majority of the participants was men (71.4 %).

Characteristics of Respondents by Age

Table 1.2 The Frequency Distribution of Respondents by Age

Category	Frequency	Percent (%)
26-35 years	0	0
36-45 years	1	14,3
46-55 years	4	57,1
56-65 years	2	58,6
Total	7	100

In the table 1.2, the distribution of the participants by age could be clearly seen that the majority of the participants was 56-65 years old (58.6%).

Characteristics of Respondents by Education

Table 1.3 The Frequency Distribution of Respondents by Level of Education

Category	Frequency	Percent (%)
Basic	2	28,6
Medium	3	42,9
High	2	28,6
Total	7	100

In the table 1.3, the distribution of the participants by level of education could be clearly seen that nearly half of the participants was medium (42.9%).

Characteristics of Respondents by Occupation

Table 1.4 The Frequency Distribution of Respondents by Occupation

Category	Frequency	Percent (%)
Farmer	4	57.1
House wife	2	28.6
Enterpreneur	1	14.3
Total	7	100

In the table 1.4, the distribution of the participants by occupation could be clearly seen that the majority of the participants was farmer (57.1%).

Characteristics of Respondents by History of Diabetes Mellitus

Table 1.5 The Frequency Distribution of Respondents by History of Diabetes Mellitus

Category	Frequency	Percent (%)
Yes	4	57,1
No	3	42,9
Total	7	100

In the table 1.5, the distribution of the participants by history of diabetes mellituscould be clearly seen that the majority of the participants had a history of diabetes mellitus (57.1%).

Characteristics of Respondents by History of Hospital Admission

Table 1.6 TheFrequency Distribution of Respondents by History of Hospital Admission

Category	Frequency	Percent (%)
Once	4	57,1
Twice	3	42,9
Total	7	100

In the table 1.6, the distribution of the participants by history ofhospital admissioncould be clearly seen that the majority of the participants had a history of diabetes mellitus once (57.1%).

Round readiness Respondents Before Granted Discharge Planning.

Table1.7 Frequency Distribution of Respondents by Discharge Readiness before Being Given a Discharge Planning

Category	Frequency	Percent (%)
unprepared	0	0
poor prepared	4	57,1
ready	3	42,9
very ready	0	0
	0	0
Total	7	100

In the table 1.7, the distribution of the participants by discharge readiness before being given a discharge planning could be clearly seen that the majority of the participants was poor preparation (57.1%).

After Round Respondents readiness Given Discharge Planning

Table 1.8 The Frequency Distribution of Respondents by Discharge Readiness after Being Given Discharge Planning.

Category	Frequency	Percent (%)
unprepared	0	0
Poor	0	0
ready	3	42,9
very ready	4	57,1
Jumlah	7	100

In the table 1.8, the distribution of the participants by discharge readiness after being given a discharge planning could be clearly seen that the majority of the participants wasvery ready (57.1%).

The Effects of Discharge Readiness Planning toward Discharge Readiness of Diabetes Mellitus Patients

Table 1.9 The Effects of Discharge Readiness Planning toward Discharge Readiness of Diabetes Mellitus Patients.

		AFTER								
B	Category	Unprepared		Poor prepared		Ready		Very ready		
E		f	%	f	%	f	%	f	%	
F	Unprepared	0	0	0	0	0	0	0	0	0
O	Poor prepared	0	0	0	0	2	28,6	2	28,6	4
R	Ready	0	0	0	0	1	14,2	2	28,6	3
E	Very ready	0	0	0	0	0	0	0	0	0
	Total	0	0	0	0	3	42,8	4	57,2	7
		p-value: 0,02				α: 0,05				

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Based on table 1.9 above can be interpreted that the four respondents who had been granted discharge planning had most of the readiness of discharging (57.2%) was very well prepared, while some of the readiness of the home (42.8 %) or 3 people that were ready .

Based on the statistical test by Wilcoxon then obtained p value of 0.02 , then the p value < α (0.02 < 0.05) . This means that (H0)is rejected and (H1) was accepted. Thus, thus the results showed that discharge planning affected discharge for patients with diabetes mellitus in GambiranHospitalsof Kediri 2014.

DISCUSSION

Round readiness in Patients with Diabetes Mellitus before Granted Discharge Planning

According to the table 1.7 showed readiness return diabetes mellitus patients before discharge planning given the vast majority (57.1 %) or 4 of the respondents in the category of less prepared, because in this condition the patient was able but in doubt which was the condition that the patient was still need of further care mainly handling develop the ability to instill motivation and positive knowledge so as to foster motivation and ultimately a higher level of readiness to be the degree of readiness was very well prepared.

Perry and Potter (2005) said that on the way home, the patient must have the knowledge, skills, and resources needed to meet the treatment itself. The success of discharge planning is that the patient is able to take action to continue maintaining of safe and realistic after leaving the hospital (Perry & Potter, 2006).Readiness was already owned by respondents in this study include a high motivation to perform self-care after being in the house, both in terms of treatment measures at home, danger signs, wound care, activity at home, diet at home, or in the case of advanced treatment, preparation of a good return was expected to prevent the patient back into a state of emergency .

The results of the study showed that diabetes mellitus patients in GambiranHospitalsof Kediri in 2014 mostly less prepared for repatriation. Based on the age of the respondents in this study was almost entirely at the age of 46-55 years. In this age group the patient's level of productivity decline due to decreased physical function, so that patients have a high motivation to heal; therefore patient will pay more attention to the information, whichwas provided by health care providers and motivated to maintain her health after discharge from the hospital. In addition to age, which can increase patient motivation was a history of diabetes mellitus descendant of the family, so that patients were motivated to lower the risk of diabetes mellitus to maintain their health. Thus, high motivation and extensive knowledge of the expected readiness home patients in the study will increase.

Round readiness in Patients with Diabetes Mellitus after Cast Discharge Planning

According to the table 1.8 showed that readiness return diabetes mellitus patients after being given of discharge planning was the vast majority (57.1 %) or 4 of the respondents, the category of very well

prepared. Where respondents were able and willing or able and confident doing activities that were taught after being at home.

According to Santrock (2002), when a middle age are already feeling the decline in physical function, middle age would be more concerned about their health. This was because someone who had already started to feel the decline in physical function would be more careful to their health problems, so in this study the respondents tend to pay attention to the information that had been acquired and motivated to perform live and do appropriate things that had been acquired.

The results of this study was supported by the previous study(Marthalena, 2009)that showed that the patient was able to predict their needs for information related to the healing process, and they want information that easy to understand as much as possible before they faced repatriation and the need for information was not influenced by age and education level of patients.

The results of the research in GambiranHospitalsof Kediri consistent with other researchers as mentioned above. The level of preparedness of the patients in this study after discharge planning including the category of supportive-educative system, in which patients were able to do or learn about self-care and nursing interventions that need to be done more nurses to motivate respondents to the knowledge that has been received. The success of discharge planning actions performed optimally ensure the patient was able to take action continued maintenance of safe and realistic after leaving the hospital .

The Effects of Discharge Readiness Planning toward Discharge Readiness of Diabetes Mellitus Patients

Based on Table 1.9 shows that 4 respondents who have been granted discharge planning have largely home readiness were very prepared (57.2%), while some of the readiness of the home that was ready for that (42.8%). Based on test results obtained statistically significant effect of 0.02 (p value < 0.05) thus concluded this research study H0 and H1 which receives no influence on the readiness return discharge planning diabetes mellitus patients in GambiranHospitals of Kediri in 2014 .

The success of discharge planning is that the patient is able to take action to continue maintaining of safe and realistic after leaving the hospital (Perry & Potter, 2006).Therefore, the patient was declared

ready for discharge when the patient knows the treatment, signs of danger, the activities undertaken, as well as follow-up care at home. Patient and family understand the diagnosis, the anticipation level of function, medication and treatment measures for the return, in anticipation of follow-up treatment, and responses taken in emergencies, Effect of discharge planning was critical to readiness return the patient to whom the discharge planning is to promote the stage of self-reliance highest in patients, friends, and family with presents, independence of self-care activities.Discharge planning can be one of the factors that could make healing process longer at home. While the success of the patient's discharge planning actions capable of taking action continued maintenance of safe and realistic after leaving the hospital (Perry & Potter, 2006)

This study was also consistent with the previous study (Marthalena, 2009), where nearly all respondents (85.7%) prior to discharge planning including category 3 level of readiness that was capable of performing a task but hesitate to do it themselves or capable of performing the task but do not want to use them and more than half (71.43 %) have a level 4 was able and willing to perform a task or capable and confident performing the task alone after discharge planning.

The results of the research in hospitals Gambiran of Kediri in line with several other researches as mentioned above. In this study the readiness of return patients who experienced an increase after a given discharge planning, because there may be several factors that affect the patient's readiness return was like a history of hospital admission, where the frequency of hospital admission which can often be used as experience by the patient to maintain their health more time at home. Formed the patient's readiness for experience and information received by the patient in the hospital. Negative experience and the lack of information received by the patient would form the patient unpreparedness to face repatriation to their environment. As for the readiness of return patients who had not improved after being given a discharge planning of patients due to the difficulty of thinking about beliefs, myths, motivation and self-confidence of the patient so it is difficult to change the pattern of the patients' knowledge towards the better. Thus, there was an influence on the readiness return discharge planning of patients with diabetes mellitus. Therefore, it is advisable for any nursing care should be given to the maximum discharge planning

to increase the readiness of the patient's home.

CONCLUSION

1. Most of the patients with diabetes mellitus in GambiranHospitalsof Kediri 2014 before being given a discharge planning was poorly prepared.

2. The majority of patients with diabetes mellitus in GambiranHospitals of Kediri 2014 after being given a discharge planning had increased to more than ready.

3. There was an effect on the readiness return discharge planning for patients with diabetes mellitus in GambiranHospitals of Kediri 2014.

REFERENCES

Arikunto, Suharsimi (2008). *Prosedur Penelitian: Suatu Pendekatan Praktek.* Jakarta: Rineka Cipta

Almatsier, S. (2005). *Prinsip Dasar Gizi.* Jakarta: Gramedia Pustaka Utama.

Brunner dan Suddarth. (2001). *Keperawatan Medikal Bedah.*Edisi 8. Volume 2. Buku Kedokteran. Jakarta : EGC

Corwin, Elizabeth J (2008). *BukuSakuPatofisiologi.* EGC: Jakarta

Discharge Planning Association (2010).*Discharge Planning*.Diaksesdarihttp://www.dischargeplanning.org.au/about.htmpadatanggal 7 desember 2013

Guyton, A.C., dan Hall, J.E. (2008). *Buku Ajar FisiologiKedokteran.*Edisi 11. Jakarta: EGC

Glaser, B. and A. Strauss (2008).*The Discovery of Grounded Theory: Strategies for Qualitative Research.*Chicago:Aldine Press

Kozier, B (2008). *Fundamental pf Nursing Concept Process and Practice*.Edisi 6.Volume 1.New Jersey. Pearson/ prentice hall

LippincotWilliaam& Wilkins (2012).*KapitaSelektaPenyakitdengannImplikasiKeperawatan.*Edisi2. Jakarta: EGC

Maulana, M (2008). *Mengenal Diabetes Melitus*. Jogjakarta: Kata Hati

Mansjoer, Arief (2002). *KapitaSelektaKedokteran 1*. BukuKedokteran. Jakarta: EGC

Martin E, Susilo (2008). *Menyusunmatrikkompetensi [Online]*.Tersedia: www.Google.Com. [10 Desember 2014].

NotoAtmojo,S (2005). *MetodePenelitianKesehatan*. Jakarta: rinekaCipta

Nursalam (2008).*KonsepdanPenerapanMetodelogiPenelitianIlmuKeperawatan*. Jakarta: SalembaMedika

Nursalam, FerriEfendy (2008). *PendidikandalamKeperawatan.*SalembaMedika

Perry & Potter (2005).*Buku Ajar FindamentalKeperawatan, Konsep, Proses, danPrakti* 60 4.Volume 1.Jakarta :EGC

Rahmi, upik (2011).*Pengaruh Discharge Planning TerstrukturTerhadapKualitasHidup Pasien Stroke Iskemik Di RSUD AL-IHSANdan AL-ISLAM Bandung Tahun 2011*.Tesis.Universitas Indonesia

Siahaan, Marthalena (2009). *Pengaruh Discharge Planning yang DilakukanolehPerawatTerhadapKesiapanPasienBedahAkut Abdomen MenghadapiPemulangan Di RSUD H. Adam Malik Medan.* Medan. Universitas Sumatra Utara

Smeltzer, S (2001).*Buku Ajar Keperawatan Medikal Bedah Brunner Suddarth.*Edisi 8. Volume 2. Jakarta : EGC

Tandra, H. (2008). *DIABETES*.Jakarta: GramediaPustakaUtama

Waspadji, S. (2004), *Diabetes melitus: mekanismedasardanpengelolaannya yang rasional, dalamPenatalaksanaan Diabetes MelitusTerpadusebagaiPanduanPenatalaksanaan Diabetes MelitusbagiDoktermaupunEdukator*, RSUPN Dr. CiptoMangunkusumo, FakultasKedokteranUniversitas Indonesia, BalaiPenerbitFKUI, Jakarta, h. 29 – 42

Waspadji. (2004). *S.* Jakarta : UI

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