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Original Article

A Cross-Sectional Study on the Relationship Between Nurse Motivation and The Implementation of Discharge Planning for Patients with Diabetes Mellitus

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ABSTRACT

In 2020, the Indonesian Ministry of Health reported that only 35% of 119,665 post-hospital care patients returned to follow-up on their condition and one of the influencing factors is the implementation of discharge planning which has not yet been optimized. The implementation of discharge planning requires high motivation from a nurse to achieve a good result. This study aimed to determine the relationship between nurse motivation and implementation of discharge planning in patients with diabetes. This is a quantitative analytical cross-sectional study. The population in this study was all executive nurses, totaling 71 respondents in the internal medicine and surgical inpatient rooms of Government Hospitals in Kutai Kartanegara. The sampling method used was total sampling. The instruments used were nurse motivation questionnaires and discharge planning. Majority of the respondents were female (67.6%), aged ≥ 25 (70.4%) with a bachelor's degree in nursing (64.8%) an a lenght of work ≥5 years (78.9%). There was a relationship between nurse motivation and the implementation of discharge planning in DM patients with *p-value* 0.001 (AOR: 9.6 (95% CI: 3–31)) after adjusting for length of work, education level, and age. This study proves that high nurse motivation affects the implementation of discharge planning in patients with Diabetes Mellitus.

INTRODUCTION

The International Diabetes Federation (2021) reported an increase in the prevalence of Diabetes Mellitus worldwide in 2019 from 422 million people to 537 million people in 2021, with an age range of 20–79 years worldwide. This number is expected to increase in 2030 by 643 million and will continue to 783 million in 2045, especially in countries with low economic status.[1] The Indonesian Health Survey (2023) reported an increase in the prevalence of Diabetes Mellitus in Indonesia both at all ages and ≥ 15 years by 0.2% compared to the 2018 Riskesdas data.[2] The Kutai Kartanegara Health Office (2022) released the latest recap of Diabetes Mellitus cases that occurred in Kutai Kartanegara; as many as 15,682 patients have received health services in accordance with Diabetes Mellitus patient management standard.[3]

Management of Diabetes Mellitus patients can be done through four pillars: education about the signs and symptoms of Diabetes Mellitus, dietary rules that must be followed, and use of drugs and physical activity.[4] Diabetes Mellitus must be one of the priorities of patients who receive quality and integrated health services, one of which is the implementation of discharge planning.[5] Discharge planning is a complex management process in a hospital setting, especially inpatient care. It aims to help patients and families adapt and understand their needs during the transition period when they are discharged from the inpatient room in the hospital to home.[6]

Discharge planning problems occur in all parts of the world, such as nurses in Australia, who only carry out discharge planning as much as 23%, and as many as 34% of nurses in South West England.[7] In 2020, the Indonesian Ministry of Health stated that only 35% of 119,665 post-treatment patients diabetes mellitus were followed up on their condition.[8] Nurses as health workers who provide 24-hour care must be able to provide good discharge planning to reduce the risk of recurrence or worsening that patients can experience when returning home.[9] This is supported by the study by Li et al. in postoperative patients with permanent colostomy, where the implementation of discharge planning with a combination of "Internet Home Ostomy" proved effective in reducing the risk of complications while at home.[10]

There are several factors that can hinder the implementation of discharge planning, namely, the condition of the inpatient room that is not conducive, lack of motivation for nurses, time management, unbalanced workload, and limited nursing staff.[11] An employee's motivation has three main indicators: needs, drivers, and goals. The implementation of discharge planning is highly dependent on the driving factors and goals of a nurse in providing nursing care, where nurses are required for to always to be able to maintain and increase motivation in order to be able to carry out optimal discharge planning.[12] The transformational leadership model has proven effective in increasing nurse motivation in carrying out discharge planning, such as providing supervision to all implementing nurses and providing rewards and guidance by facilitating facilities and infrastructure in providing optimal discharge planning.[13]

Based on preliminary interviews conducted with the head of the internal medicine and surgical inpatient rooms, discharge planning in the inpatient room from one of the hospitals in Kutai Kartanegara Regency has been implemented for a long time, but its implementation has not been evaluated regularly. In fact, there are still many patients with Diabetes Mellitus who experience worsening complications for example diabetic ulcers or diabetic gangrene, which is caused by the information provided during discharge planning, which is only limited to the use of drugs that must be consumed when the patient returns home. Other information includes dietary management while at home, and physical activity for patients with Diabetes Mellitus is rarely provided. The reasons that often arise are limited time and energy, and rarely evaluate the discharge planning implementation process. The lack of evaluation results in nurses' motivation to carry out discharge planning was not optimal. This study aimed to demonstrate the relationship between nurse motivation and the implementation of discharge planning in patients with Diabetes Mellitus.

METHODS

This was a quantitative study designed using an analytical study with a cross-sectional design. The study population included as many as 71 nurses in internal medicine and surgical inpatient rooms. Sampling was performed using the total-sample technique.

The measuring instrument used in this study was a questionnaire consisting of respondent characteristics, a nurse motivation questionnaire with as many as 28 questions, and the implementation of discharge planning with as many as 17 questions. The nurse motivation instrument in this study used a Likert scale, with the measurement results said to be high if ≥ 43 and moderate if < 43 with the highest score is 84. Meanwhile, the discharge planning implementation instrument uses a Guttman scale, with the measurement results said to be good if ≥ 9 and less good if < 9 with the highest score is 17. The cut of point on each questionnaire in this study is determined based on the normality test using the mean value if the data is normally distributed and using the median value if the data is not normally distributed. The Cronbach's alpha value in this study is an adaptation of previous research with the value for the nurse motivation questionnaire being 0.787 (high) and the discharge planning implementation questionnaire value being 0.724 (high).

Data collection was carried out by first explaining the purpose of the study and then providing a request sheet and consent to become a respondent in the study. Researchers provided questionnaires on nurse motivation and the implementation of discharge planning that must be filled in by respondents. After all respondents filled out the questionnaire, the researcher

tabulated and performed bivariate analysis using the chi-square test and multivariate analysis using the multiple logistic regression test risk factor model with a confidence level of 95%

This study was conducted in the internal medicine and surgical inpatient rooms at the Kutai Kartanegara Regency Government Hospital, which had obtained an ethics approval letter from the Health Research Ethics Commission (KEPK) of the Health Polytechnic of the Ministry of Health of East Kalimantan as a commitment to maintaining the confidentiality of the identity respondents who had agreed to informed consent (No. DP.04.3/F.XLII.25/006833/2024).

RESULTS

Total respondents in this study were 71 respondents who were all executive nurses in the internal medicine and surgical inpatient rooms. The characteristics of respondents in this study consisted of gender, age, last education, length of work, nurse motivation, and implementation of discharge planning seen (Table 1).

Table 1. Frequency Distribution of Respondents Based on Characteristics, Nurse Motivation, and Implementation of Discharge Planning

Respondent Characteristics	n	%
Gender		
Male	23	32.4
Female	48	67.6
Age (Years)		
< 25 Years	21	29.6
≥ 25 Years	50	70.4
Last Education		
Associate Nurse	25	35.2
Bachelor of Nurse	46	64.8
Length of Work		
< 5 Years	56	78.9
≥ 5 Years	15	21.1
Nurse Motivation		
High	38	53.5
Medium	33	46.5
Implementation of Discharge Planning		
Good	41	57.7
Not good	30	42.3

Table 1 shows that the majority of respondents were female as many as 48 respondents (67.6%) with age ≥ 25 years as many as 50 respondents (70.4%). Most of the respondents with the latest education bachelor of Nurse as many as 46 respondents (64.8%) with a length of work < 5 years as many as 56 respondents (78.9%). Majority nurse had high motivation as many as 38 respondents (53.5%) and most nurses have carried out discharge planning well as many as 41 respondents (57.7%).

Table 2 shows that the nurse motivation factor is the only factor that is significantly associated with implementation of discharge planning with a p-value of 0.001 which means that nurses who have high motivation have 7.5 times greater odds of carrying out discharge planning for DM patients compared to nurses who have moderate work motivation. Meanwhile, other factors such as gender, education level, age and length of work did not have a significant relationship with the implementation of discharge planning.

Table 2. Risk Factors in the Implementation of Discharge Planning in Diabetes Mellitus Patients

Risk Factor	*Discharge Planning*				Total		*p-value*
	Not Good (n)	%	Good (n)	%	n	%	
Nurse Motivation							
Medium	22	66.7	11	33.3	33	100	0.001
High	8	21.1	30	78.9	38	100	
Gender							
Female	18	37.5	30	62.5	48	100	0.241
Male	12	52.2	11	47.8	23	100	
Educational Level							
Associate Nurse	12	48	13	52	25	100	0.470
Bachelor of Nurse	18	39.1	28	60.9	46	100	
Age (Years)							
< 25 Years	6	28.6	15	71.4	21	100	0.130
≥ 25 Years	24	48	26	52	50	100	
Length of Work							
< 5 Years	23	41.1	33	58.9	56	100	0.697
≥ 5 Years	7	46.7	8	53.5	15	100	

Based on Table 3, it can be concluded that the relationship between nurse motivation and the implementation of discharge planning in DM patients in the inpatient room of one of the Government Hospitals in Kutai Kartanegara is statistically significant with a p-value of 0.001 (p value <0.05) and an AOR value of 9.6 (95% CI: 3.0 - 31). These results explain that nurses with high work motivation have 9.6 times greater odds of carrying out discharge planning in DM patients compared to nurses who have moderate work motivation after being controlled for the factors of length of work, education level, and age.

Table 3. The Relationship between Nurse Motivation and Implementation of Discharge Planning in Diabetes Mellitus Patients

Variable	*p-value*	AOR (95% CI)*
Nurse Motivation	0.001	9.6 (3.0 – 31)
Length of Service	0.509	0.6 (0.1 – 2.8)
Education Level	0.266	0.5 (0.1 – 1.7)
Age	0.098	3.1 (0.8 – 12)

*Regresion Logistic Analysis (Adjusted Odd Ratio) For Risk Factor Model, signicance level 0.05

DISCUSSION

Motivation is a condition in which individuals are personally able to create initiatives in carrying out various activities or certain activities to realizing their desires.[14] Work motivation determines the behavior of an employee at work. Motivation is a reflection that can be used to assess the competence of each employee.[15] The results of this study indicate that nurse motivation has a significant relationship with the implementation of discharge planning for patients with DM. This result needs to be maintained and improved by looking at other characteristic factors that can affect the level of nurse motivation.

This study support the results obtained by Leny & Nostin, which stated that the work motivation of nurses is the most related factor in the implementation of discharge.[16] Another study conducted by Saputra et al. also stated that nurse motivation has a significant relationship with the implementation of discharge planning because nurses consistently carry out health education even though they only fill out discharge planning sheets on the day of the patient's discharge.[17] However, Kisworo et al. suggested that the motivational factors of nurses did not have a significant influence on the implementation of discharge planning by implementing nurses due to other factors such as wages, production facilities, personality and skills.[18]

Nurse motivation is one of the factors that can influence the implementation of discharge planning in hospitals, especially in case patients with Diabetes Mellitus. High work motivation will

be a psychological driver and encouragement for a nurse in carrying out discharge planning as a preventive effort to encourage patients and families to participate in maintaining and improving the patient's health status. The implementation of good discharge planning can be seen from the motivation of nurses when conducting initial assessments when patients enter the inpatient room, health education for patients and families about DM disease during treatment in the inpatient room as an effort to increase the knowledge and understanding of patients and families so that they can recognize signs and symptoms of relapse until the patient is allowed to go home.[19]

Several previous studies have shown that motivation is a factor that can improve the degree of patient health through the implementation of good discharge planning.[11&12, 16&17] In carrying out discharge planning, a nurse is required to have initiative and encouragement motivation from various parties both internally and externally such as the desire to be recognized, support and supervision from the head of the room. This is very important in a comprehensive and integrated nursing care process, so that patients receive maximum care and satisfying services.[20] Study conducted by Pratiwi et al[21] found that the implementation of discharge planning that was not optimal could be caused by psychological factors, namely nurse motivation and individual factors, namely length of service, age, and last education. Study by Irmawati et al[22] supporting the above findings that the characteristics of respondents both individually and psychologically will affect the implementation of discharge planning in patients who have been planned to go home.

The significant relationship between nurse motivation and the implementation of discharge planning in also influenced by length of work, education level and age. Previous study by Bachtiar et al. reported that experience and level of education are factors that can produce maximum discharge planning.[23] Other findings from Michdar et al. support these findings because the length of work can cause the implementation of discharge planning to be good or vice versa, because in some nurses, the length of work is a factor that reduces motivation in providing nursing care to patients because they feel they have more experience or feel more seniors as nurse.[24]

The second confounding is education level also measure the relationship between nurse motivation and implementation of discharge planning. Education is the foundation and main capital for nurses to have critical thinking habits in providing nursing care to patients.[25] This finding proven by the study by Fitriani et al. which states that the educational background possessed by a nurse will affect the implementation of discharge planning in the hospital because there are differences in competence and knowledge possessed by Associate and Bachelor of nurses. Although based on facts in the field, Associate and Bachelor of nurses do not have significant differences, but structurally and focus of their work associate nurses are onfocused as practitioners or implementing nurses and Ners as head of the room or team leader.[23] The literature review conducted by Saputra et al. also found that the level of education of a nurse affects the knowledge and way of thinking of nurses in providing discharge planning to DM patient.[26]

Age is also found as a confounding in this study which can affect the implementation of discharge planning. This was proven by Delima et al., who stated that an individual's age is one of the factors that can affect the performance and motivation of nurses. Although it does not have a significant relationship, increasing one's age will change the mindset, point of view, and psychological and mental aspects of nurses. This is certainly caused by a decrease in cognitive function and memory that occurs in relatively older nurses who can risk reducing productivity at work, which has an impact on the implementation of discharge planning in patients.[27] Another opinion from Pribadi et al. stated that age is one of the many factors that can affect the implementation of discharge planning. This is evidenced by the majority of respondents in this study aged ≥ 25 years who entered into the early adulthood phase, where this phase is a separate motivation for a nurse to develop themselves, abilities, and competencies by utilizing a relatively more prepared age in carrying out nursing care for patients compared to older or younger nurses.[28]

Based on the theory, findings, and articles above, the author assumes that nurse motivation controlled by length of work, education level, and age will greatly influence the implementation of discharge planning in patients with DM even though it's not statistically significant. The

implementation of good and correct discharge planning will certainly give its own impression and satisfaction to patients and families suffering from DM. High motivation followed by good discharge planning implementation will help reduce the risk of recurrence, which can lead to complications in DM patients when returning home, because patients and families have received information and understand the stages, flow, and management of DM patients. Therefore, nurses as health workers who are 24 hours with patients must play an active role in providing discharge planning for patients by assessing and identifying the needs of patients when returning home, such as seeing and knowing the resources they have, health service providers in the community, health referral services at local health facilities, and determining which patients require follow-up care, such as homecare. The importance of implementing discharge planning, especially for DM patients, is an issue that must be considered by all health workers, especially nurses. The implementation of structured discharge planning is expected to be the first step in maintaining and improving the health status of patients, such as quality of life, motivation to be healthy, and recovery, so that patients regain confidence and adhere to the rules of life that must be obeyed by a DM patient.

This study has several limitations, namely: First, data collection was carried out only by distributing questionnaires directly but no monitoring was carried out on how respondents filled in honestly. In addition, this study was conducted when respondents provided services to patients and were not collected at one time. So that it allows information bias because some respondents may not focus on filling out the questionnaire. Second, the research instrument used in this study is an adaptation of previous researchers and not a standardized questionnaire about nurse motivation or discharge planning implementation where there may be differences in respondent characteristics. And third, this study was only conducted in one time and no observations were made to see changes the level of discharge planning implementation caused by nurse motivation.

CONCLUSION

The prevalence of nurse motivation in this study was highly motivated (53.5%) and medium motivated (46.5%). The prevalence of implementation of discharge planning had performed good (57.7%) and not good (42.3%). This study proves that there is a relationship between nurse motivation and implementation of discharge planning in DM patient (*p-value*: 0.001; AOR: 95 (95% CI: 3-31)). Length of work, education level and age are confounding factors on nurse motivation and implementation of discharge planning.

Evaluation of the implementation of discharge planning and monitoring of nurse motivation by hospital management is important to ensure that discharge planning carried out in DM patients is carried out properly which is supported by nurse motivation by carrying out several activities such as workshops or in-house training as an effort to ensure that DM patients get all the information they should get when they arrive home.

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