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The Effects of Coaching of Head Nurses on the Quality of Discharge Planning Documentations

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Abstract

Quality discharge planning will improve the quality of nursing care and the patients' independence, life quality and self-efficacy. It also reduces the rate of disease recurrence, the length of stay (LOS), and the cost of care. Coaching is a method to increase professionalism in the delivery of nursing care. Coaching which is performed by nursing managers will enhance the skills, knowledge and motivation of nurses in providing discharge planning. The aim of this study was to determine the effects of coaching of head nurses on the quality of discharge planning documentations. The study represented a quasi-experimental research with pre-post-test control group design. The sample size was 70 nurses and 64 discharge planning documentations selected by non-probability sampling. The statistical analysis used was repeated ANOVA. The test results showed that after the training of coaching of the head nurses, the quality of discharge planning in the control group was 81.647 with a p-value of 0.198, and 98.412 in the intervention group with a p-value of 0.00 (α = 0.05). The results showed that the coaching of the head nurses had a significant effect on improving the nurses' competence in the documentation of discharge planning. Coaching is a competence that nursing managers should have; therefore, it is suggested that head nurses provide guidance and supervision through continuous coaching to maintain and improve the quality of discharge planning.

Keywords: *discharge planning, coaching supervision*

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INTRODUCTION

Discharge Planning is an integrated action between hospital-acquired care and the care provided after the patient returns home. Discharge planning is needed for patients in transition, as an effort to prepare patient care at home or other health services (1). This comprehensive treatment not only looks at one aspect of care but sees it thoroughly and sustainably. Providing a comprehensive and continuous Discharge Planning means being able to provide information to patients and families, resulting in behavioral changes, tolerance in performing ADL (Activity Daily Living), improving the ability of patients and

families in self-care so as to lighten the workload of nurses and improve the ability of the patient (2–4).

Discharge Planning is part of nursing care. A quality discharge planning will improve the quality of the nursing care. Implementation of discharge planning starts from assessment to evaluation, and documentation of its implementation, which is used as a reference and evaluation tool for care of the patient with continuous assessment. The quality of discharge planning can be seen from the implementation documentation. Discharge planning is done based on the results of the assessment by involving patients and families.

Implementation of a program and continuous discharge planning based on patient assessment results from initial admission may reduce the number of future visits to the hospital with similar complaints. Repeat visits with the same complaint is one indicator of the quality of health services (5). Discharge planning has been programmed to reduce the recurrence rate (6), and it can even reduce the number of complications (1,7). Programmed discharge planning can reduce LOS (Length Of Stay) and reduce maintenance costs (8,9).

Discharge planning is a necessity as an effort to prepare patients and families in the treatment and handling in case of emergency after the patient returns home. The frequency of severe complications after discharge has become a global problem. A total of 14% of inpatients were treated with the same problem within 30 days of discharge. The Agency for Health Care Research and Quality (ARHQ) stated repatriation of patients from hospitals can be dangerous and complicated, experienced by 20% of patients after three weeks of discharge and three-quarters of the incidents can be prevented during hospitalization with good discharge planning (10).

The facts show that the implementation of discharge planning has not done well. Wong's research identifies that the implementation of discharge planning has not been done well due to lack of planning, lack of strong discharge planning policy, and lack of coordination and communication between health teams (11). Different results from Graham's research stated that, 23% of discharge planning implementation has not been done well due to lack of nurse compliance in conducting discharge planning in accordance with the standards set by the hospital. Another study explained that the knowledge of officers regarding the purpose of discharge planning, motivation in discharge planning, and supervision will affect the process (12,13). Implementation of discharge planning 47,6% done after patient finished administration, while in case of patient go home forcibly 29,41% discharge planning not done (14) should discharge planning be done since the patient entered.

Optimizing the implementation of the discharge planning process requires the senior member/supervisor to carry out the management function properly so as to encourage nurses to take care in accordance with the code of ethics discipline and nursing profession. Along with this, research has been done reporting that the implementation of care in accordance with the code of professional ethics is influenced by motivation, monitoring from managers, self-concept, education, knowledge, supervision, punishment and training (15,16). Banner states that a manager must be competent in providing guidance, situation management, maintaining the quality of care and being a role model (17) as this will affect the way the nurses in provide care, including discharge planning quality (programmed and planned) (18).

Development of optimal performance resources to obtain quality discharge planning can be done by training, coaching, mentoring, preceptorship (19,20). Coaching supervision performed by the supervisor improves the

performance of the priest in carrying out the documentation of the discharge planning (21). Nursing human resources management is said to be good if the manager has the ability to supervise, direct and guide and give full attention to what is assigned and the responsibility of the staff. Clinical leadership development is an ongoing process oriented to intervention and focus on service. Coaching, mentoring and active learning should be developed as a form of guidance and direction (22,23).

Guidance and direction are the tasks inherent in headroom supervision to nursing staff. Coaching is one way managers / head of space can supervise effectivley (24–27). Coaching is the best method of guidance from direct managers, using directional discussions and counseling activities to learn to solve problems or perform better tasks and build a nursing leadership culture in clinical care (28).

The coaching guidance method is a way to achieve the best performance for individuals and organizations. Coaching one's potential leads to maximal performance (29). Coaching does not provide new knowledge or skills but it helps the coachee to apply the knowledge, skills gained and previous successful experiences so that it performs best. Coaching is a tool in nursing management that is a process of interaction between managers and staff to collaborate to solve performance problems. Coaching is a process in nursing management that includes Planning, Organizing, Actuating and Controlling (POAC) to assess staff potential as an effort to improve performance (21). The synthesis of research results noted that 96% coaching is able to improve individual performance and 87% coaching can improve organizational performance (20).

MATERIALS AND METHODS

The type of research used in this study was quantitative research with experimental quasi design of pre-post test control group. With the inclusion criteria of nurses who have worked for more than 5 years, the implementation document dicsharge planning with medical diagnosis of nervous system disorders, cardiovascular disorders, respiration, musculoskeletal and post-surgery. Sampling is done by a non probability sampling technique in which each element in the population does not have the same opportunity ~~or opportunity~~ to be selected as a sample (30).

The validity test in this study was based on expert opinion (judgment validity) using index of content validity. The reliability test for the head management/supervisor coaching capability was an observation sheet that uses the interrater reliability test using the kappa test. Implementation of discharge planning was tested using pearson product moment correlation with result shown in **Table 1**.

Table 1. Level of Reliability of Discharge Planning Instruments

Enumerator	*Sig. (2-tailed)*	*Pearson Correlation*
Enumerator 1 * *Enumerator* 2	0,000	0,930
Enumerator 1 * *Enumerator* 3	0,000	0,956
Enumerator 2 * *Enumerator* 3	0,000	0,956

Univariate analysis aims to explain or describe the characteristics of nurses (age, sex, education and years of service), the ability of head coaching and the quality of discharge planning. Bivariate analysis was used to test the relationship between two variables, namely between documentation quality of discharge planning and spatial coaching ability in this study used repeated ANOVA test.

RESULTS AND DISCUSSION

Characteristics of Respondents

The data on demographic characteristics of respondents was represented in the treatment group and control group based on age, sex,

length of service, and education level. Data on respondent characteristics according to demographic data are presented in **Table 2.**

Table 2. Characteristics of Respondents Research Year 2016

Category	f
Age (years)	
Average	32.76
Min-Max	24-57
Work Period (year)	
Average	8.56
Min-Max	0-30
Gender ∑(%)	
Male	15 (21.4)
Female	55 (78.6)
Education ∑(%)	
Ners	23 (32.9)
S1	1 (1.4)
D3	46 (65.7)

The mean age of the nurses in this study was 32.76 years with an average length of time working at the particular hospital being 8.56 years. The majority of nurses are female 78.6% and the average education level is Diploma III is 65.7%.

Quality of Documentation Discharge Planning

The quality of discahrage planning documentation was analyzed using repeated ANOVA followed by post-hoc paired wise comparison as shown in **Table 3.**

The test results showed that there were differences in the mean values of the control group and the intervention group on pre-test, week 4 (post-consultation) and week 8 (8 weeks after training). The result of p-value statistic test in the intervention group is <0.001 meaning that there is a significant difference in the implementation of the discharge planning documentation before and after the training. The statistical test in the control group with p-value was 0.19 at> 0.05 this showed no significant difference in the application of the discharge planning documentation in the control group.

Table 4 shows the average difference in the application of discharge planning documentation in the intervention and control group by using three measurements. Preliminary measurement, (pre-test) with week 4 measurements (post-consultation measurements) show an average difference value of 18.708 with p-value <0.001. This result indicated that there was a significant difference between pre-training measurement and post-consultation measurement. The same result was shown in initial measurement and 8th measurement (post-test / 8 weeks after training). In the intervention group the mean difference in this measurement was 17.706 with p-value <0.001. In contrast to the measurements between week 4 and week 8 of the intervention group where the mean difference was 1,000 with p-value 0.726 at α = 0.05 this result showed no significant difference. The result of statistical test on control group is p-value> 0.05 this shows no significant difference.

The results of the study are compiled by using an observation sheet, looking at the document of discharge planning implementation. The sheet has 33 statement items with the following answer choices: 1 (one) if no data, 2 (two) if complete but irrelevant data, 3 (three) if

Table 3. Differences in Discharge Planning Documentation Quality Before and After Done Supervision Coaching Head of Space

Measurement time	Nilai Kualitas *Discharge Planning*					
	Intervention			Control		
	Average	s.b	*p-value*	Average	s.b	*p-value*
Before	80,7	1,5	0,00	78,5	1,6	0,19
4 weeks	99,4	2,3		81,4	1,4	
8 weeks	98,4	1,5		81,7	1,3	

Table 4. Average Distinct Quality of Discharge Planning Documentation Before and After Dedicated Head Coaching

Measurement Time	Value of Implementation of Discharge Planning Documentation			
	Intervention		Control	
	Average Difference (IK95%)	*p-value*	Average Difference (IK95%)	*p-value*
Before *vs* 4 weeks	18,708	0,000	2,912	0,204
Before *vs* 8 weeks	17,706	0,000	3,178	0,101
4 weeks *vs* 8 weeks	1,000	0,726	0,265	0,906

relevant but incomplete data while 4 (four) if the data is complete and relevant. The document is a complete, tangible and recorded data covering the level of illness and quality of health services provided, so the documentation reflects the quality of nursing actions. Poor documentation quality will lead to inaccurate nursing actions (32). The result of the observation indicates that document filling is often complete but not relevant with the mean value of 80.70 in the intervention group and 78.47 in the control group. In line with the results of Wong and Graham's research indicating that the implementation of discharge planning is not optimal, as well as the condition in Indonesia, the report shows that the discharge planning is done after the patient exits the hospital, and in cases where the patient is forcibly discharged, planning is sometimes not done at all. (1,11,14).

Documentation of discharge planning after training has increased in the intervention group, with an average value of 98.4 as well as in the control group with 81.7. Treats were conducted in the intervention group in the study, namely by providing guidance and direction using the coaching from the management/supervisor, while in the control group a draft of standard operating procedures on discharge planning was provided and socialized to all staff. The results showed that supervision by providing guidance and coaching is more significant in improving the quality of discharge planning, as the mean value increased to 17.76 compared with the standard operating procedure that increased the mean value to 3.17.

Guidance and direction are part of the supervision exercise. Standard operational procedures are internal hospital policies aimed at improving staff adherence in performing an action. SPO implementation of discharging planning aims to improve staff compliance in performing documentation regarding discharge planning. Previous research has shown that policy, supervision and motivation play a strong role in improving the quality of discharge planning (11–13). Natasia asserted that supervision has a strong relationship in improving the quality of discharge planning documentation (13).

Standard Operating Procedures (SOP) which is the internal policy of the hospital and is a key supporter of nurse compliance in performing actions in accordance with the standards. The implementation of SPO will be influenced by communication, resources, disposition, bureaucracy, self-desire, organizational support, socialization, duration of work (33,34). Compliance of the SOP implementation is influenced by the length of work, Muadzomah stated that if the employment time is over 5 years then the commitment to the organization will increase with the value of p=0.001 (34). It is seen in the study that the average length of work 8.56 years so that the commitment of nurses to the powerful organization ~~this~~ has an effect on the compliance in the implementation of SOP.

A quality discharge planning is one indicator of nursing care quality. Previous research has shown that coaching can improve nurse performance, increase endotracheal tube

installation competence and improve wound care competence (35–37). Subramanian states coaching is part of supervision. Natasia states that supervision is able to increase the performance of nurses in performing discharge planning documentation (13,27). The results of this study show that coaching can improve the quality of discharge planning with p-value <0.001.

Changes in quality discharge planning measurements were similar to those of significant changes in head coaching chamber changes occurring in measurements before and after training of non-forced measurement results between the fourth week of training and the eighth week after the independent implementation. This is in accordance with Lewin's theory that in the process of changing, until one reaches the freezing stage, where the nurse is consistent in performing the action, it takes continuous guidance and direction in accordance with the concept of supervision (26,38). It aims to ~~maintain~~, maintain the quality already obtained.

Changes occur not only in the intervention group but also in the control group. This is because the SOP has an important role to the officer's compliance. It takes motivation directives and guidance to optimize the implementation of SOP, so the SOP is not as a burden of work but as a tool to facilitate the work (34).

CONCLUSIONS AND SUGGESTIONS

There is a difference of quality of discharge planning before and after coaching guidance by managment or supervisor in group of intervention. Before coaching, the average value of quality of documentation discharge planning was 80.7. After coaching, the average became 98.4 with p-value <0.00. In the control group there is a change of mean value of discharge planning quality. ~~that is~~ Before coaching, the average value was 78.5, and after given and SOP SOCIED the value increased to 81.7 with p-value of 0.19.

The hospital as the stakeholder is expected to provide support for the implementation of coaching conducted by the managment and discharge planning conducted by the nurse implementing by making Standard Operating Procedures (SOP) as a means to facilitate the service to the patient. Nursing managers and supervisors develop Human Resource (HR) capacity so that budget planning is required to conduct training of clinical supervision by coaching method.

The supervisors are advised to provide guidance during the supervision by providing feedback and reflective learning continuously to maintain and improve the quality of discharge planning. Resolving the problem focuses on a single issue and encourages staff to find alternative solutions.

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