FAMILY PERCEPTION IN READINESS ACCEPTING DISCHARGE PLANNING DETERMINED BY NURSING ADVOCACY PROGRAM

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Abstract

Planning for patients to go home raises the issue of whether the patient is ready to face health problems at home, the lack of a support system becomes a problem especially if the patient as the head of the family needs continuity of care both in the healing process and in maintaining the patient's health status both at home sick or at home. The purpose of this study is the role of advocacy given by nurses with readiness in receiving discharge planning by patients and families. This type of study is correlation study with cross sectional approach in which the population in this study is the family of patients who take care of their sick family in the Internal Medicine and Surgery ward. The sampling was 97 respondents. Family perceptions about the role of nurse advocacy in the positive category (73.2%). The level of family readiness in receiving discharge planning in the good category (53.6%), the results of the bivariate analysis using the Spearman Rank there is a relationship between family perceptions about nurse advocacy with readiness in receiving discharge planning with a p-value of 0.00 <alpha 0.01, the closeness of the relationship between family perceptions about nurse advocacy with readiness to receive discharge planning in the Inpatient Ward is in the strong category with Coefficient Correlation (r) 0.641. This proves that family support is needed by patients to cure patients. Family perceptions about nurse advocacy with readiness to accept discharge planning have a strong relationship.

Keywords: Family; Nurses; Patients; Discharge Planning

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1. Background

The characteristic of a professional nurse is having an attitude of taking responsibility for meeting the client's basic needs and being expected to be able to view the client as a unique, holistic and comprehensive being. From this holistic basis a nurse understands the individual in a long range of healthy-sick concepts. Nurses must view individuals as whole beings that have complex basic needs, interrelated with one another's needs (Notoatmojo, 2003). Nursing care is also given comprehensively which means that in meeting the basic needs of the client, the nurse does not only focus on meeting physical or psychological needs, but all aspects are the responsibility of a nurse. Nurses' activities are carried out in a promotive, preventive, curative, and rehabilitative effort with an emphasis on primary health care to enable everyone to achieve the ability to live healthy and productive lives (Gaffar, 2014).

As a care giver, nurses help clients regain their health through a process of healing that is more than just recovering from certain diseases but focuses on client health compliance holistically, including efforts to restore emotional, spiritual, and social health. Before taking nursing actions, both in assessing the client's condition, providing care and evaluating results, the nurse prepares an action plan by determining the best approach for each client. This determination is done alone by the nurse or can collaborate with the client's family and in such circumstances the nurse can also work together and consult with other health professionals (Keeling and Ramos, 2008).

The family has a very important role in the patient's healing process, because the family is the closest support system for patients. The family must always be involved in planning, nursing, and treating patients, preparing for the patient's discharge and home follow-up plans. The family will be motivated and participate actively in efforts to solve patient problems4. Discharge planning as a process of preparing patients to leave one service unit to another unit inside or outside a public health service agent. Discharge planning is known as discharge planning

which is a process where the patient begins to get health care followed by continuity of care both in the healing process and in maintaining his health status until the patient feels ready to return to his environment (Kozier Barbara et al. 2011).

In Indonesia, nursing services have designed various forms of patient discharge planning formats, but most are used only in the form of documenting resume patients returning home, in the form of information that must be delivered to patients going home, such as medical and non-medical interventions that have been given, control schedules, nutrition must be fulfilled after at home. This method is providing information targeted to patients and families just to know and remind, but no one can guarantee whether the patient and family know what risk factors can make the disease recur, what treatment can be done emergencies against the condition of the disease (Pemila and Uke, 2009).

The role of the nurse is very important in preparing the return of the patient and family in the provision of discharge planning or discharge planning by paying attention to the patient's problems and the care they need. By teaching patients and family members in the provision of client care that will be done at home (Ester M, 2005).

According to data obtained from the Medical Records section of Bantul district in November 2016, data on the number of patients from January to December 2015 reached 23,926 patients from various wards. While from January to September 2016 reached 20,509 patients from various wards. The majority of inpatient cases are Asphyxia as many as 1,505 cases, Primary hypertension as many as 943 cases, Diarrhea and Gastroenteritis as many as 908 cases, Caesarean section as many as 846 cases, Neonatal Jaundice as many as 752 cases.

From interviews with 20 families of patients treated at Panembahan Senopati Bantul District Hospital, most of the data were obtained, namely 14 families did not know about discharge planning and several families did not know what to prepare and do in receiving discharge planning. It can be explained that the results of interviews with several families of patients obtained the majority of results have not been able to answer correctly related to the questions given about discharge planning. Family perceptions to nurses are very good. Based on the background that has been described, the researchers are interested in conducting research on "The relationship of family perceptions about nurses with readiness in receiving discharge planning"(Arikunto, S. 2002).

2.   Research Methods

This research is a correlation study, with cross-sectional design. This research was conducted in several wards in Bantul district hospital. The population in this study were all families of patients who guarded their sick families in the Bantul Regency ward. Samples in the study of 97 people were determined based on the method of sampling with accidental sampling technique that is a sampling technique based on coincidence, in example anyone who accidentally or incidentally met with the researcher can be used as a sample (Notoatmojo, 2003), if it is deemed that the person found is suitable as a source of data (Notoatmojo, 2010). Inclusion criteria are the age of the patient 21-59 years, the minimum level of education of junior high school, there is a blood relationship with the patient, one patient is represented by one family, a minimum of waiting for the patient is 8 hours, the patient is responsible, willing to be a respondent. To find out the number of samples per ward, the writer uses stratified random sampling technique, and the sample results in several Cempaka wards are 97 respondents.

The independent variable in this study is the family's perception of nurses. The dependent variable is readiness to accept discharge planning. The tool used for primary data collection in this study was a questionnaire. The type of statement used in the form of a closed statement consisting of 18 questions to explore information on the perception of families about nurses who have tested the validity and 10 items to assess the level of readiness to accept discharge planning. The scale used is the Gutman scale where the research subjects were asked to give or answer one statement with 2 response categories namely score 2 for YES answers and score 1 for NO answers. In the family perception variable about nurses the research results are categorized into 2 categories. Positive if the answer score is correct 27-36, negative if the answer score is true 18-26. On the readiness variable in receiving discharge planning The indicators used are good if the score is 17-20, Sufficient (if score 14-16, lacking (if score 10-13) Secondary data in this study are the number of patients treated in January 2015-October 2016 and 5 major cases of disease.The data processing technique is divided into 4 stages, namely editing, coding, entry, and cleening then proceed with univariate analysis using frequency distribution and bivariate analysis with Spearman rank correlation.

3.   Results
Characteristics of Respondents

Based on data from table 1, it is known that the most respondents were female, namely 59 people (60.8%). The majority of respondents have an age range of 40-59 years as many as 59 people (60.8%). The highest level of education among respondents was junior high, which was 55 people (56.7%). The majority of respondents work as farmers, as many as 44 people (45.4%). The majority of relationships with patients are relationships with children, as many as 38 people (39.2%).

Table 1. Frequency Distribution of Characteristics Based on Gender, Age, Education Level, Occupation, and Relationship with Bantul Patients Yogyakarta 2016

Variabel	Frekuensi (n)	Persence(%)
Gender		
man	38	39.2
women	59	60.8
Total	**97**	**100**
Age		
21-39	38	39.2
40-59	59	60.8
Total	**97**	**100**
Level of education		
Junior	55	56.7
senior	33	34.0
Diploma	3	3.1
Bachelor	6	6.2
Total	**97**	**100**
Work		
Housewife	26	26.8
farmer	44	45.4
gov employee	4	4.1
entepreneur	23	23.7
Total	**97**	**100**
Status of relation with patients		
child	38	39.2
father	25	25.8
mother	34	35.1
Total	**97**	**100**

Table 2. Frequency Distribution of Family Perceptions of Nurses with Readiness in Receiving Discharge Planning in Bantul Yogyakarta 2016.

Perception About nurse advocacy	Frek (n)	Persentase (%)
Positif	71	73.2
Negatif	26	26.8
Total	**97**	**100**

Based on table 2 it is known that the majority of family perceptions of nurses in the positive category is 71 people (73.2%).

Family Readiness in Receiving Discharge Planning. In family readiness in receiving discharge planning is used to determine whether the readiness is good, sufficient, or lacking in respondents.

Based on table 3 it is known that the majority of family readiness in accepting discharge planning falls into the good category of 52 people (53.6%).

Table 3. Frequency Distribution of Family Readiness in Receiving Discharge Planning in Bantul Yogyakarta 2016.

Readiness to accept *Discharge Planning*	Frek (n)	Persentase (%)
Good	52	53.6
enough	32	33.0
less	13	13.4
Total	**97**	**100**

Table 4. Cross Tabulation of Relationships Betwen Family Perceptions of Nurses and Readiness in Receiving Discharge Planning in Bantul Yogyakarta 2016.

Perception from family	Readiness in Receiving Discharge Planning						Total		Coef. Cor	p-Value
	Good		Enough		Less					
	f	%	f	%	F	%	F	%		
Positif	50	70.4	20	28.2	1	1.4	71	73.226	.641	.00
Negatif	2	7.7	12	46.2	12	46.2	26			
Total	52	53.6	32	33.0	13	13.4	97	100		

Based on Table 4, it is known that of 71 respondents (73.2%) whose family perceptions of nurses with the positive category the majority were in readiness to receive good charge planning, as many as 50 respondents (70.4%). The majority of family perceptions about nurses with a negative category are in readiness in accepting less planning planning as many as 12 respondents (46.2%). Statistical results using the Spearman Rank test showed p-value 0.00

<alpha 0.01 meaning that H0 was rejected and Ha was accepted, namely the relationship between family perceptions of nurses and readiness to receive discharge planning at Panembahan Senopati Hospital in Bantul, Yogyakarta. Coefficient Correlation level (r) 0.641 shows that there is a close relationship between family perceptions about nurses and readiness to accept discharge planning.

4. Discussion
Family Perceptions of Nurses

Based on table 2 it is known that the majority of family perceptions of nurses in the positive category is 71 respondents (73.2%). The perception in this study is very good, it only needs to be reviewed again on how nurses provide better information to patients and their families so that when patients go home they can apply what has been given by nurses at the hospital.

Based on the analysis of the frequency distribution of most respondents (family) in this study had a good perception of nurses in discharge planning to patients. The role of nurses in the provision of discharge planning in patients who are suffering from illness must be more optimal in order to accelerate the patient's recovery. In the process of discharge palnning not only involves the patient but also the family and close friends or people around the patient in order to achieve ongoing coordination of care from the hospital.

The results of this study indicate that the distribution of experimental respondent characteristics by age is that the most aged 40-59 years are 59 respondents (60.8%), and the least is the age of 21-39 years as many as 38 respondents (39.2%). enough age, maturity level and strength of a person will be more mature in working and thinking (Nursalam, 2002). The more old enough someone will have more experience and more mature thinking skills. The perception of a person or group can be very different from the perception of other people or groups even though the situation is the same. Differences in perception can be traced to differences in personality, differences in attitudes or differences in motivation. Basically the process of formation of this perception occurs in a person, but perception is also influenced by experience, learning process, and knowledge.

The education level of the respondents in this study included having less education levels. This can be seen from the distribution of characteristics of experimental respondents based on education at most, namely SMP with 55 respondents (56.7%) and at least D3 with 3 respondents (3.1%). Knowledge is obtained from a person through the learning process, so that the higher the education will make the knowledge about an object the better it will form a better perception9.

The types of work of respondents in this study were mostly in the experimental group as farmers 44 respondents (45.4%) and the least were civil servants as many as 4 respondents (4.1%). Work also affects the level of knowledge. This can be seen in table 1 that most respondents are farmers. This allows the farmers to get less knowledge about health. High knowledge can be obtained through the facts (facts) by seeing or hearing yourself through communication tools such as newspapers, television, radio, etc. (Arikunto, 2002).

Based on the question items from the questionnaire distributed to families stating that nurses explain about the patient's illness, nurses explain the time and how to take medication, nurses explain about activities that can and should not be done by patients, nurses always communicate with patients / families when they will take action, nurses also provide information clearly to patients / families, nurses create a comfortable atmosphere for patients / families, nurses provide advice for patient recovery, nurses provide advice on other alternative therapies to patients / families, nurses explain every action to be taken to patients / family, nurses provide motivation to patients, nurses also provide advice on therapy and treatment.

Nursing staff at Panembahan Senopati Hospital Bantul Yogyakarta in taking action as a discharge planning nurse examines each patient by collecting and using related data to identify actual and potential problems, determine goals with or with patients and families, provide special measures to teach and study individually in maintaining or recovering the patient's condition optimally and evaluating continuity. Nursing care is carried out to prevent and improve the health condition of the patient, and as a member of the health team, nurses collaborate with other teams to plan, take action, coordinate and facilitate total care and also help patients achieve their main goal in improving their health status.

Family Readiness in Receiving Discharge Planning

The results of the frequency distribution of readiness in receiving discharge planning show that the majority of families have a good category readiness with a family number of 52 or (53.6%). Based on the results of the analysis of the frequency distribution of some families have a good level of readiness seen from the results of observations made to the family of most families will prevent things that can cause recurrence of the patient's disease, practice how to treat patients according to what has been taught by nurses, supervise the food consumed patients at home, supervising patients in terms of taking medication, helping patients move that can accelerate healing, creating a comfortable atmosphere at home for the healing of patients, giving praise when patients do positive things for healing, always providing motivation, and so on.

Based on the results of research conducted by researchers, the family's perception of nurses with readiness to receive discharge planning is positive (73.2%). Collaboration between nurses who are on duty in the inpatient room with the family who are waiting for patients in the hospital, where nurses provide health education such as activities that may or may not be done by the patient, explaining how to treat patients to the family, food that may be and may not be consumed by patients, and so on.

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Modifications are also made by the family with nurses to facilitate and meet patient needs in terms of caring for patients. Nurses can provide information to the patient's family about better health education so that the patient's recovery is more optimal. Support and family assistance is still very much needed by patients in the healing process

Readiness is a competency means that someone who has competence means that someone has enough readiness to do something. In conditions where if one family suffers illness, the family must be better prepared to deal with a sick family in terms of recognizing the health development disorder of each family member, making the decision to take the right action, before the family can make the right decision regarding the problem. health experienced, the nurse must be able to assess the family's situation in order to facilitate the family in making decisions, provide care to family members who are sick, and who can not help themselves because of disabilities or age that is too old, maintain a favorable home atmosphere for health and the personal development of family members, maintaining mutual relations between family members and health facilities[11].

In the characteristics of respondents the age factor greatly influences the family's readiness to accept discharge planning that the higher the age the lower the physical condition experienced by the family in caring for a sick family [13], it can be seen from the table that some respondents have an age range of 40-59 years ie as many 59 people (60.8%). Congnitive functions include learning processes, perceptions of understanding, understanding, attention and others that cause reactions and behavior of the elderly to be increasingly slow. Psychomotor functions are things related to impulse like movements, actions, coordination which results in the elderly being less deft. The level of education also influences the family's readiness to accept discharge planning that the lower the level of education the lower the family's readiness in caring for sick family members [2]. It can be seen from the table that the highest level of education in respondents was junior high, which was 55 people (56.7%).

The results showed there were still families of patients with a lack of readiness (13.4%). Knowledge about the importance of preparedness is still not mastered by the family due to several factors including physical condition, needs or motives and goals, knowledge and skills.

Relationship of Family Perception with Discharge Planning

The results of the analysis of the relationship of family perceptions with discharge planning note that most of the perceptions of good categories of families have a positive discharge planning level with a total family of 50 (70.4%). While the category of family perception lacks the category in negative family perception that is as many as 12 (46.2%). This shows that the family's perception of a good discharge planning can run a good discharge planning in patients. Table 4 Cross tabulation of the relationship between family perceptions with discharge planning in the inpatient ward in Bantul Yogyakarta in April 2014 known p-value 0.00 <alpha 0.1 means that there is a relationship between family perceptions with discharge planning in Bantul Yogyakarta.

The family is a basic unit in society that has a great influence on family members because the patient's family is the most important resource in providing health services for the healing and comfort of the patient because there is a strong attachment between the family and the health status of its members. When viewed from the perspective of the community, the family is also a basic system where health and care behavior is regulated, carried out and carried out, the family provides health promotion and preventive health care for sick family members, so that the family's role in the sick family member is important to be involved in achieving optimum health. That is the reason why the role of the family in sick family members is important.

Based on the questionnaire distributed, it is known that the family's perception of nurses in the positive category in dealing with sick family members has good knowledge in discharge planning, because while in the hospital they realize as a party of the patient's family that has the role that is expected to be done to improve the optimization of healing, because they is part of the treatment and patient care team. However, the results of the analysis of the relationship between family perceptions and discharge planning in this study there are still some with negative categories.

Nurses usually explain the disease suffered by the patient and explain how to treat patients after the patient is discharged from the hospital. In addition, nurses also explain food that may and may not be consumed by patients that cannot be fulfilled independently by patients because nurses are the treatment and care team in the hospital ward. The close relationship between family perceptions of nurses and discharge planning in the inpatient ward at Panembahan Senopati Hospital Bantul Yogyakarta with a strong category indicates that there is readiness of the family and nurses in receiving discharge planning.

5. Conclusions

Most families have a positive perception of readiness to accept discharge planning. The majority of patients' families have preparedness in either category. There is a relationship between nurse advocacy role with readiness in receiving discharge planning by family in Panembahan Senopati hospital Bantul Yogyakarta with the strong category.

6.   Suggestions

For Panembahan Senopati Hospital Bantul Yogyakarta It is hoped to further enhance the role of nurses in providing health care to families, especially in discharge planning in order to optimize the healing of patients. For nursing staff, it is expected to be able to improve nursing performance in the provision of health services or better information and involve families in their actions as a form of collaboration. For future researchers, the results of this study are expected to be a source of basic information for future research on family perceptions about nurses with readiness to accept discharge planning, especially in the fields of nursing and other health. Acknowledgments to colleagues at the Bantul regional hospital and the PPNI commissioner of the Respati University who contributed to the study

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