

The Determining Role of Nurse Motivation in the Implementation of Discharge Planning in Hospital Inpatient Care

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ABSTRACT

Discharge planning is a dynamic and systematic process involving assessment, preparation, and coordination of health and social care services before and after patient discharge. Its successful implementation depends on several influencing factors, among which nurse motivation plays a central and determining role. Motivated nurses are more likely to perform discharge-related tasks consistently and effectively, contributing to improved continuity of care and patient outcomes. This study aimed to examine the relationship between nurse motivation and the implementation of discharge planning in hospital inpatient units. A correlational design with a cross-sectional approach was employed. The study included 92 staff nurses selected through total sampling, and data were collected using a structured questionnaire. The results showed a significant relationship between nurse motivation and discharge planning implementation, with $X^2 = 27.96$ and $p\text{-value} = 0.0001$, indicated a positive association, demonstrating that higher levels of nurse motivation are accompanied by better discharge planning performance. In conclusion, nurse motivation functions as a key determinant of discharge planning implementation in inpatient settings. Strengthening nurse motivation is therefore essential to ensure that discharge planning is carried out effectively and supports optimal continuity of care.

Keywords: nurse motivation; discharge planning implementation; inpatient care

INTRODUCTION

Discharge planning is a dynamic and systematic process that encompasses assessment, preparation, and coordination of health and social care services to ensure continuity of patient monitoring before and after hospital discharge [1]. This process requires structured communication and collaborative interaction between professional nurses, patients, and family members to organize and facilitate the continuation of nursing care following hospitalization [2]. As part of their professional responsibilities, nurses are expected to provide comprehensive and accountable nursing care, including the effective implementation of discharge planning as an essential component of patient management.

Effective discharge planning has been shown to reduce the length of hospital stay, prevent disease recurrence, improve patient health status, lower healthcare costs, and decrease mortality and disability rates. The discharge planning process focuses on identifying patient problems and needs related to therapeutic, preventive, rehabilitative, and follow-up care. When discharge planning is not optimally implemented, patients may face increased risks of worsening illness, complications, organ dysfunction, and even mortality [1]. Octaviani and Darmawan (2015) identified three primary factors influencing discharge planning performance: supervision, knowledge, and motivation [3]. Among these, motivation plays a central role in shaping an individual's ability to achieve desired outcomes. For nurses, motivation directly influences work performance and the willingness to fulfill professional duties aimed at improving the quality of care delivered to patients and communities [4].

A preliminary study conducted on 16 September 2021 revealed suboptimal discharge planning practices in inpatient units. Interviews with 13 nurses at qualification level III indicated that 77% perceived discharge planning implementation as not yet optimal. Documentation review further showed that among 13 hospitalized patients, only one patient (7.69%) had undergone initial discharge planning screening. Additional medical record analysis from August to September 2021 involving 75 discharged patients demonstrated that six patients (8%) had not received adequate discharge planning. These gaps in documentation and implementation may lead to extended hospitalization, worsening clinical conditions, and increased healthcare costs. For example, stroke patients who did not receive proper discharge planning experienced prolonged hospitalization by an additional 3–6 days due to inadequate family readiness for home care. These findings underscore the critical role of nurse motivation in ensuring the optimal execution of discharge planning. High levels of motivation enable nurses to perform discharge-related tasks more consistently and effectively, ultimately improving the quality of patient care.

The phenomenon described above prompted the researcher to investigate "The Relationship Between Nurse Motivation and the Implementation of Discharge Planning in Hospital Inpatient Units." This study aims to determine whether nurse motivation is significantly associated with the implementation of discharge planning among hospitalized patients, and to provide evidence-based insights that may assist hospitals in improving the quality and standards of health services, particularly in the execution of discharge planning.

METHODS

The study was conducted in the inpatient units of a private hospital in Yogyakarta from September 2021 to February 2022. This research employed a quantitative analytical observational approach using a correlational design with a cross-sectional framework, allowing the assessment of the relationship between variables at a single point in time [5,6].

The study population consisted of all staff nurses working in the hospital's inpatient wards. A total of 92 nurses were recruited as respondents through a total sampling technique, ensuring that every eligible nurse within the population was included. The primary purpose of data collection was to examine the relationship between nurse motivation and the implementation of discharge planning.

Two main variables were assessed: nurse motivation as the independent variable and discharge planning implementation as the dependent variable. Both variables were measured using a structured questionnaire that had undergone validity and reliability testing prior to use. Instrument testing was conducted on 30 inpatient nurses, and the results confirmed that all items were valid and reliable, thereby ensuring the accuracy and consistency of the measurements [7-10].

Data processing followed several systematic steps, including data editing, coding, entry, cleaning, and tabulation. The processed data were then analyzed using both descriptive [11] and bivariate statistical techniques [12,13]. For hypothesis testing, the Chi square test was applied with a 95% confidence interval and a significance level of $\alpha \leq 0.05$.

RESULTS

The following section presents the research findings based on frequency distribution analysis of data collected from 92 respondents. Based on Table 1, the respondents' age characteristics were predominantly within the 21–30-year group, comprising 46 respondents or half (50%) of the total sample.

Table 2 shows that the majority of respondents were female, totaling 86 individuals or most of the sample (93.5%). As shown in Table 3, most respondents held a Diploma in Nursing, totaling 89 respondents or nearly all (96.7%). Table 4 indicates that the majority of respondents had worked for 1–10 years, totaling 55 respondents or more than half (59.8%).

Table 5 shows that nurse motivation in the inpatient units was predominantly at a moderate level, with 59 respondents or more than half (64.1%). Based on Table 6, discharge planning implementation tended to fall within the fair category, totaling 53 respondents or more than half (57.6%).

Based on Table 7, the cross-tabulation between nurse motivation and the implementation of discharge planning demonstrates a clear and meaningful pattern in the distribution of responses. Nurses who reported high levels of motivation predominantly exhibited good discharge planning performance, with 78.79% falling into the "good" category and only 21.21% classified as "fair." In contrast, nurses with moderate motivation showed an inverse pattern: only 22.03% achieved good implementation, while the majority, 77.97%, were categorized as fair. This descriptive pattern suggests a strong directional relationship in which higher motivation corresponds with better discharge planning practices.

Analytically, the Chi-Square test reinforces this observation. The obtained Chi-Square value of 27.96, accompanied by a p-value of 0.0001 (Table 7), indicates a statistically significant association between motivation and discharge planning implementation. The magnitude of the Chi-Square statistic reflects substantial deviation between the observed and expected frequencies, implying that the distribution of discharge planning performance across motivation levels is unlikely to be due to chance. The very small p-value further confirms that the relationship is robust and meaningful within the sample.

Taken together, these findings suggest that motivation is not merely correlated with discharge planning performance but may serve as a critical determinant of its quality. Nurses with higher motivation appear more capable of carrying out discharge planning effectively, whereas those with moderate motivation tend to demonstrate lower levels of performance. This pattern underscores the importance of motivational factors in shaping clinical behaviors and highlights the potential value of interventions aimed at strengthening nurse motivation to improve discharge planning outcomes.

DISCUSSION

The findings of this study indicate that the respondents' age characteristics were predominantly within the 21–30-year range. This result aligns with previous research suggesting that nurses in early adulthood, particularly those aged 20–30 years, represent a productive workforce segment that can become a valuable organizational asset when appropriately managed according to their potential [14]. The gender distribution showed that the majority of respondents were female, which is consistent with studies reporting that the nursing profession is predominantly occupied by women. The provision of nursing care is often associated with qualities traditionally attributed to women, such as nurturing tendencies and maternal instincts, which may support the delivery of compassionate and patient-centered care [15].

The educational background of respondents was largely concentrated at the Diploma III Nursing level. This finding suggests that higher educational attainment may influence the implementation of discharge planning, particularly through the knowledge component. Knowledge is shaped through learning processes, and individuals with higher educational levels tend to possess broader and deeper knowledge, which may enhance their motivation and competence in performing discharge planning effectively [16]. Furthermore, the majority of respondents had worked for 1–10 years, a pattern consistent with studies indicating that length of employment contributes to professional experience and productivity. Longer work experience is associated with increased exposure to clinical situations, which may improve nurses' ability to perform discharge planning more effectively [14].

The results also demonstrate a significant relationship between nurse motivation and discharge planning implementation, with the distribution dominated by respondents exhibiting moderate motivation and fair discharge planning performance. Nurse motivation arises from internal needs, such as the desire to achieve professional accomplishments, maintain positive relationships with colleagues, and collaborate effectively with

Table 1. Distribution of respondents by age

Age	Frequency	Percentage
21–30 years old	46	50.0
31–40 years old	30	32.6
41–50 years old	16	17.4

Table 2. Distribution of respondents by gender

Gender	Frequency	Percentage
Female	86	93.5
Male	6	6.5

Table 3. Distribution of respondents by educational level

Educational level	Frequency	Percentage
Diploma in nursing	89	96.7
Professional nurse	3	3.3

Table 4. Distribution of respondents by length of employment

Length of employment	Frequency	Percentage
1–10 years	55	59.8
11–20 years	22	23.9
21–30 years	15	16.3

Table 5. Description of nurse motivation

Nurse motivation	Frequency	Percentage
Low	0	0.0
Moderate	59	64.1
High	33	35.9

Table 6. Description of discharge planning implementation

Discharge planning implementation	Frequency	Percentage
Poor	0	0.0
Fair	53	57.6
Good	39	42.4

Table 7. Cross-tabulation of nurse motivation and discharge planning implementation

Motivation	Discharge planning implementation		X ²	p
	Good: f (%)	Fair: f (%)		
High	26 (78.79)	7 (21.21)	27.96	0.0001
Moderate	13 (22.03)	46 (77.97)		

patients and families to produce beneficial outcomes [3]. Motivation drives nurses to engage in purposeful actions aimed at achieving patient recovery. In this study, most nurses demonstrated moderate motivation, while others showed strong motivation. These levels of motivation can be further strengthened to ensure optimal discharge planning implementation for hospitalized patients.

The findings also reveal that discharge planning in the inpatient units of the private hospital in Yogyakarta was carried out fairly well. Adequate discharge planning indicates that nurses are capable of organizing and delivering the continuity of care required by patients and families. Effective discharge planning requires clear and directed communication to ensure that information provided is understood and useful for home-based care [16]. Continuous improvement can be achieved through training programs on discharge planning provided by the hospital, as well as periodic evaluations of discharge planning practices to ensure comprehensive patient care from admission through discharge and home recovery.

Given the importance of discharge planning during hospitalization and the potential consequences of suboptimal implementation, nurse motivation becomes a critical factor in ensuring that discharge planning is initiated early and carried out consistently until the patient is discharged. Strengthening nurse motivation requires collaborative efforts across the hospital system to create supportive facilities, provide updated and complete information on discharge planning, foster teamwork, and encourage continuous learning and adaptation to advancements in knowledge and technology. These efforts will assist nurses in making informed decisions and performing discharge planning effectively, thereby ensuring comprehensive nursing care from admission to discharge and facilitating readiness for continued care at home.

This study possesses several methodological strengths. First, it employed a total sampling technique, allowing the inclusion of all eligible nurses in the inpatient units, thereby reducing sampling bias and increasing representativeness of the population [17]. Second, the use of validated and reliable instruments strengthened the accuracy and consistency of variable measurement, ensuring that the constructs of motivation and discharge planning were assessed with methodological rigor [18]. Third, the study was conducted within a real clinical environment, providing ecological validity and allowing the findings to reflect actual nursing practices in inpatient care settings. Finally, the cross-sectional correlational design enabled the identification of significant associations between nurse motivation and discharge planning implementation, contributing empirical evidence to an area of nursing practice that remains underexplored in Indonesian hospital contexts [19].

Despite its strengths, this study also has limitations that should be acknowledged. The cross-sectional design restricts causal inference; thus, while motivation and discharge planning were significantly associated, the directionality of influence cannot be definitively established [19]. The study relied on self-reported questionnaires, which may introduce response bias, particularly social desirability bias, as nurses may overestimate their motivation or discharge planning performance [20,21]. The research was conducted in a single private hospital in Yogyakarta, limiting generalizability to other hospital types or regions with different organizational cultures, staffing patterns, or patient demographics. Additionally, the study did not examine other potential determinants of discharge planning; such as workload, leadership support, or organizational climate which may interact with motivation and influence performance. Future studies may benefit from longitudinal designs, multi-site sampling, and multivariate analysis to provide a more comprehensive understanding of factors influencing discharge planning.

CONCLUSION

The study demonstrated a significant and moderately positive correlation between nurse motivation and the implementation of discharge planning, indicating that higher levels of motivation are associated with better discharge planning performance. The findings were dominated by nurses with moderate motivation and fair discharge planning practices. Strengthening this relationship requires continuous professional development, including structured training on discharge planning, regular evaluation of discharge planning practices in inpatient units, and institutional support to enhance nurse motivation. Collaborative efforts across the hospital are essential to ensure that nurses receive adequate facilities, updated information, and opportunities for professional growth, enabling them to perform discharge planning effectively and deliver comprehensive patient care from admission through home-based recovery.

Ethical consideration, competing interest and source of funding

- Ethical considerations were rigorously observed throughout the study. Ethical clearance was obtained prior to data collection, and the research adhered to key ethical principles, including respect for human dignity, confidentiality, justice, and beneficence. These principles ensured that participants' rights, privacy, and well-being were protected during all stages of the research.
- There is no conflict of interest related to this research.
- Source of funding is authors.

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