



An-Najah National University
Faculty of Graduate Studies

**NURSES' PERCEPTION OF THE DISCHARGE
PLANNING PROCESS FOR ADULT PATIENTS IN
AN ACUTE MEDICAL CARE DEPARTMENTS IN
RAMALLAH HOSPITALS**

By
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**This Thesis is Submitted in Partial Fulfillment of the Requirements for the Degree
of Master of Public Health Management, Faculty of Graduate Studies, An-Najah
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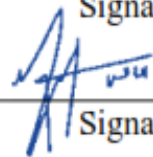
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Signature



Signature



Signature

Dedication

This thesis work is dedicated to the sake of Allah, my Creator, and my Master. My great teacher and messenger, Prophet Mohammed (May Allah bless and grant him), who taught us the purpose of life,

To my beloved father, who had always loved me unconditionally and whose good examples had taught me to work hard for the things that I aspire to achieve.

To my beloved mother, who has been a constant source of support and encouragement during the challenges of graduate school and life. I am truly thankful for having you in my life.

To my admired sisters and brothers, and

To my supervisors and all who supported me in completing this work, and to my supervisor, Dr. Wafaa Al-Minawi, may God bless her soul. To everyone who helped me complete this work.

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My warm appreciation is expressed to my family, respectful parents, brothers, and sisters, who have supported me throughout my educational journey. What a pleasure it has been! Special thanks go to my friends for their support in sharing and participation, which were the most truly welcomed.

Declaration

I, the undersigned, declare that I submitted the thesis entitled:

NURSES' PERCEPTION OF THE DISCHARGE PLANNING PROCESS FOR ADULT PATIENTS IN AN ACUTE MEDICAL CARE DEPARTMENTS IN RAMALLAH HOSPITALS

I declare that the work provided in this thesis, unless otherwise referenced, is the researcher's own work, and has not been submitted elsewhere for any other degree or qualification.

Student's Name:

Ali Thaher Gawabreh

Signature:



Date:

18/10/2023

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Abstract

Introduction: Discharge planning is an integral part of patient care in hospital departments because the goal for all patients is that they will leave this setting once acute healthcare needs have been managed or it is clear what the next phase of care will be. All patients who leave hospitals require discharge planning. The discharge planning is different for each patient as a result of the different needs after discharge, from simple and straightforward needs to more complex requirements .

Aim: To investigate the nurses' perception of the discharge planning process for adult patients in acute medical care departments in Ramallah hospitals.

Method: 400 modified questionnaires were distributed to fit this study to 400 nurses working in acute departments in several hospitals in Ramallah.

Results: The survey consisted of 300 nurses, with a response rate of 75%. 50.7% of the nurses participating in the study were male; 53.3% of them work in government hospitals. Also, most study participants are registered nurses (61.7%), as well as full-time employees (83.3%) and (54.3%) with experience of 5 years or less. 63.8% of nurses have perceptions about discharge planning, and 74.2% are familiar with the coordination of discharge planning and the timing of discharge. In the multivariate analysis models, perception was a strong predictor for discharge planning, skills, and barriers.

Conclusion: The results showed a Preparing or implementing discharge planning is one of the tasks of the nurse following up on the patient. and implementing a discharge plan effectively requires nurses' administrative or interpersonal skills. In addition, future research should be directed toward discovering factors that improve the discharge process, and it is recommended that frequent nursing development courses be established in the communication process, especially in cases of developing discharge planning for patients.

Keywords: Discharge Planning, Adult Patients, Acute Medical Care.

Chapter One

Introduction and Theoretical Background

This chapter describes and gives an overview of the problem under investigation. It starts with the study's introduction, then the problem statement, the importance of the study, the aim, the objectives, the questions, and the study's hypothesis. Next, it is followed by the conceptual and operational terms of the study, previous studies, and the theoretical background.

1.1 Introduction

Discharge planning is an integral part of patient care in hospital departments because the goal for all patients is that they will leave this setting once acute healthcare needs have been managed or it is clear what the next phase of care will be. All patients who leave hospitals require discharge planning. The discharge plan is different for each patient as a result of the different needs after discharge, from simple and straightforward needs to more complex requirements (Waring, et al., 2015).

There are several definitions of discharge planning, and among these definitions, as mentioned by (Peter, et al., 2015), developing a discharge plan for a patient in the hospital is for the patient to move from one stage of care to another stage of care. Methods of providing discharge plans are either in the form of information, instructions, or individual steps given to the patient. It coincides with the transition from care provided in the hospital to care at home. Or discharge plans are offered to anyone serving as a health care provider while the patient is transitioning to a long-term care setting.

After conducting the study, it came out that every patient who is admitted to the hospital requires a variety of services and comprehensive care, and that the methods used to provide DP vary. For example, there are some discharge plans that can be predicted, such as direct surgeries (hand or knee surgery), and this is supported by knowing the patient's requirements after discharge from the hospital. Discharge planning can be programmed, coordinated, and advanced in advance. A simple example is that discharge questionnaires are prepared and given before a plan is made for the patient's admission to the hospital to undergo surgery (Hansen, Young, Hinami, Leung, & Williams, 2011).

Many health care providers and specialists are involved in hospital DP, but the majority of those involved in the care of acutely ill patients and discharge planning are physicians and nurses. (Hofflander et al., 2016).

Each health care provider plays a role in discharge planning, but nurses have the largest role in discharge planning. Nurses' role is a continuous link with the patient, and they deal with the patient more than other health care providers (Gane, et al., 2022).

Preparing or starting to plan for patients' discharge from the hospital is the most prominent and priority role for nurses, especially in departments that provide care for a limited and clear period, which are called acute. For 20 years, discharge planning has been considered a problem in Europe and North America, despite research aimed at improving and solving the problem of exit planning (Gane, et al., 2022).

In some health centers and hospitals, a nurse called the Nurse Discharge Coordinator is assigned to the various wards and focuses specifically on managing discharge planning. Its task is to determine patients' needs at admission and coordinate the patient's discharge plan on the day of discharge from the hospital (Connolly, et al., 2009).

Through the tracking of reviews to observe the effectiveness of discharge planning during the past ten years, it was found that the evidence of the effects of discharge planning is its role in reducing the patient's stay in intensive care departments, especially acute ones. Of course, this leads to reducing the costs resulting from that, and it also reflects on the patient's health after leaving the hospital, which leads to reducing or eliminating the unexpected return of the patient to seek health care (Gassaway, et al., 2017).

According to a study by (Lin, Cheng, Shih, Chu, & Tjung, 2012), developing discharge plans for patients involves a number of processes. The first stage is the early identification and evaluation of patients, especially those required to be discharged from the hospital. The second stage involves the participation of the patient, family, and health care team to develop a discharge plan. The third stage is providing options, whether it is the locations of the parishioners or the health and medical services that are provided. The fourth stage is to communicate with agencies and care facilities in order to ensure that services reach the patient and close the gaps. The final stage is providing support and encouragement to patients and their families during the service.

1.2 Problem statement

One of the most important things that has increased in the past two decades is the focus on determining patient safety and the continuity of his health after discharge from the hospital, and the success of this is linked to the implementation of safe discharge plans (Ellins, et al., 2012).

There are many reasons for this, including the services or funding provided by the government and the diversity of the population structure, technological development, and drug treatments, all of which lead to older and more complex patients staying for shorter periods in the hospital. And they require ongoing health care management in the community. There are many motives that reduce the patient's stay in the different departments, especially the acute ones. One of the motives was the technological development at all levels, and this was reflected in the surgical operations when compared to the old ones. There is a clear difference in terms of cost and health outcomes. Preparing the patient to leave the hospital is one of the main reasons. Nurses' tasks. Studies have shown that the faster the discharge planning, the better the patient's discharge process (Ellins, et al., 2012).

One of the main reasons for the research on this subject is that hospital nursing encounters a number of challenges, such as a lack of understanding of the patient's hospital discharge strategy and even the degree of his involvement or role. Planning the discharge process demands certain characteristics and skills, as was mentioned. Nurses who meet the requirements for their position in the demobilization process must own it. Most countries in the world face this problem. An example of this is what the Health Care Commission in England worked on in 2007. He stated that out of 16,000 complaints between July 2004 and July 2006, 5% of them related to developing a discharge plan for the patient in the hospital, and the most common thing among the complaints was poor coordination of services. Some complaints related to families not being notified before their relative was discharged from the hospital. Some of the complaints were the removal of weak patients, such as children and the elderly, the lack of consideration for support for weak patients, or the inappropriate time As shown in a study (Rib et al., 2007), In addition to the main reasons, there is a lack of studies in Palestine and the Arab world that look at the same goal, especially in Palestine.

There is no research explaining the mechanism of developing a discharge plan for patients or even the person responsible for planning the discharge of patients from the hospital—is it the nurse, the doctor, or any person from the health care providers—and even the extent of implementation of the discharge plan mechanism, who is responsible for discharge planning in Palestinian hospitals, and even the skills that must be possessed by the person who sets the discharge plan mechanism. This led us to establish a study so that we could know the nurses' perception of the discharge planning process for adult patients in the acute medical care departments in Ramallah hospitals, which helps us determine who is responsible for discharge planning and what skills help the discharge planner in implementing the discharge plan and knowing the challenges that prevent the discharge plan from being implemented. However, in order to get rid of the dilemmas and for the discharge policy to succeed, it is necessary to understand the field in which the policy is applied and the positions, observations, and perceptions of the participants. It is stated in the policy documents that all registered nurses must be qualified in exit planning; obviously, patients require ongoing health care.

Patients who are discharged from the hospital without adequate support are at risk of an adverse event or side effect on their condition at home, often leading to readmission to the hospital.

1.3 The importance of the Study

According to Abdel-Fattah and Meshkab (2017), over time, there were definite connections and linkages between patients' orientation toward community services following hospital discharge (from anyplace to care) and a discharge plan for the patient. As time went on, the phrase "discharge planning" started to be used more frequently since it encompassed both short- and long-term objectives, such as predicting changes in patients' demands during a short period of time, as well as long-term objectives, which refer to the continuity of care and provision of care for patients. Even after they stopped working for the acute departments, particularly the urgent ones. It may extend for weeks or months.

The importance of the current study is to investigate the nurses' perception of the DP process for adult patients in the acute medical care departments in Ramallah hospitals, which helps us determine who is responsible for discharge planning and what skills help

the discharge planner in implementing the discharge plan and knowing the challenges that prevent the exit plan from being executed in an efficient and timely discharge. Furthermore, the vital adoption of the results and recommendations of this study will improve and activate discharge procedures in health care organizations to enhance the continuity of care in Palestine.

1.4 Aim of the Study

To investigate the nurses' perception of the discharge planning process for adult patients in acute medical care departments in Ramallah hospitals.

1.5 Study Objectives

1. To identify the nurse's perception of the patient's discharge process at acute medical care departments in private and governmental hospitals in Ramallah city.
2. To assess who should coordinate discharge planning at acute medical care departments in private and governmental hospitals in Ramallah city
3. To assess nurses needed specific skills in an acute medical care department in private and governmental hospitals in Ramallah city
4. To identify barriers to effective discharge planning at acute medical care departments in private and governmental hospitals in Ramallah city.
5. To examine the relationship between the perceptions of nurses working in acute departments in Ramallah Hospital of the discharge planning process for adult patients and social and demographic variables
6. To examine the relationship between the perceptions of nurses working in acute departments in Ramallah Hospital of the discharge planning process for adult patients in terms of coordination, management, and personal skill, discharge planning management, and barriers to conducting effective discharge planning.

1.6 Questions of study

1. What are the perceptions of the process of planning a patient's discharge in acute departments in Ramallah hospitals?
2. What are the barriers to effective discharge planning in acute departments in Ramallah hospitals?

3. What are the skills needed by nurses to carry out patient discharge planning in acute departments in Ramallah hospitals?
4. Who is responsible for coordinating the patient's discharge planning in acute departments and the timing of discharge in Ramallah hospitals?

1.7 Concepts and operational definition

Before beginning the literature review, it is necessary to define the key terms related to the current study, such as discharge planning, adult patients, and acute medical care. Furthermore, we will talk about the contents of the socio-demographic characteristic profile related to the current study.

Discharge Planning: Hospital discharge planning is a patient's transition from one stage to another or from one level to another. Ideally, discharge plans are protocols that health care providers adhere to during a patient's transition from the hospital to home or a long-term nursing home or facility (Cochrane, 2015). In our study, the researcher concentrated on the opinions of nurses who worked in acute departments on hospital patient discharge plans and provided responses to questions using the Likert scale (1: strongly disagree, 2: disagree, 3: neutral, 4: agree, 5: strongly agree).

14 statements around nurses' perceptions of nurses working in acute departments about discharge planning for patients in the hospital for adult patients, It starts with questions 1–14 in the second part of the questionnaire.

Nurses: The nurse is one of the important personalities in the health care sector with different tasks, and these tasks pour into the goal of providing services to individuals, families, and communities. The goal is to achieve optimal health for patients and maintain and restore them. The difference between nurses and other health care providers can be seen through the practice, training, and patient care courses of nurses, which are part of most health care settings (Alharbi, Alanzi, Alenezi, & Alharbi, 2022). In our study, Using a Likert scale (1: strongly disagree, 2: disagree, 3: neutral, 4: agree, 5: strongly agree), the researcher examined nurses' perceptions of the competencies required for patient discharge planning in acute departments.

10 statements around perceptions of the skills needed by the nurse to carry out patient discharge planning in acute departments, It starts with questions 1–4 in the first theme and questions 1–6 in the second theme in the fourth part of the questionnaire.

Adult Patients: For any sick person who is 20 years old or older, the hospital considers this patient an adult patient, which means that services are provided until the patient is rehabilitated in the adult rehabilitation departments and he is not treated as a child; that is, he is placed in the names of the nationals for adults and the laws of adults apply to him. Pope et al. (2013) So that the researcher focuses on the nurses who work in the adult departments, the nurses will be asked several questions and answer accordingly to the Likert scale (1: strongly disagree, 2: disagree, 3: neutral, 4: agree, 5: strongly agree).

12 statements on how acute departments perceive the obstacles to efficient discharge planning, The fifth section of the questionnaire begins with questions (1-6) on the first theme, questions (1-2) on the second theme, and questions (1-4) on the third theme.

Acute Medical Care: Hospitals that provide care, medical needs, psychological support for inpatients, and any other services for acute injuries or wounds. They are distinguished by the fact that the time period for these cases is clear when entering and discharge. (usually for a short-term illness or condition) (Fawaz, Anshasi, and Samaha, 2020).

In order to gather data as quickly as possible, the researcher concentrated on the acute parts. For the patients who were in these sections, there were multiple questions with responses on a Likert scale (1: strongly disagree, 2: disagree, 3: neutral, 4: agree, and 5: strongly agree).

12 statements around perceptions of the barriers to effective discharge planning in acute departments, It starts with questions (1-6) on the first theme, questions (1-2) on the second theme, and questions (1-4) on the third theme in the fifth part of the questionnaire.

1.8 Previous Studies and Theoretical Background

There are several studies that have researched this topic and here is a summary of some of the studies on the global, regional and local levels.

1.8.1 Global Studies

Lalani and Gulzar (2001) conducted a cross-sectional study for nurses working in four medical-surgical units in Pakistan. The purpose of the study was to determine the extent of nurses' knowledge in terms of their role, behavior, and actual treatment toward DP in acute departments and for patients admitted to those departments. The study participants were 15 nurses, 15 patients, and 15 files. One of the most notable findings was that the nurses had no knowledge regarding the physician's influence on their DP practice. After researching the results of that study, 20% of the nurses were aware of their role in the matter. 67% of the nurses working in acute departments and working with critically ill patients said that discharge planning is only prepared on the day of the patient's discharge, and as for preparing for patients' discharge, only 2% of the time. Nurses were assigned part of their total work during an 8-hour shift.

(Chaboyer, Foster, Kendall, & James, 2002) conducted a cross-sectional study in Australia to examine nurses' perceptions in the intensive care unit (ICU) about their tasks or role in patient discharge planning. The instrument used in this study consisted of several sections and included demographic questions. In the first section, a focus group was held with ICU nurses, and the results of Schlemmer's (1989) qualitative research were used to devise 140-item visualizations of the Discharge Planning Scale (PDPS). The sample for the study was 65 nurses from the intensive care unit. The results were as follows: 70% of them considered discharge planning an essential and valuable priority in the intensive care unit. In contrast, 40% of them found that they lacked knowledge of discharge planning. This means that the nurse is responsible for providing discharge information to the patient and believes that the other half is the work of the physician responsible for providing the patient with a discharge plan.

Atwal (2002) conducted a case study. The study sample consisted of 19 nurses, knowing that the participants in the study were from several different departments distributed over surgery, orthopedics, etc. And it was clear that the nurses are in constant contact with other health care providers in order to prepare and start coordinating the discharge of the patient, and one of the most prominent results is that one. The main barriers to discharge planning are how patients are delivered or even communication between nurses. Time

constraints were the most significant constraint affecting interprofessional work and hence the coordination of assessments.

(Anderson, Deepak, Amoateng-Adjepong, & Zarich, 2005) conducted an interventional study in the USA under the title Benefits of comprehensive inpatient education and discharge planning combined with outpatient support in elderly patients with congestive heart failure. The study sample consisted of 276 people with a primary diagnosis of congestive heart failure during the study period, 126 failed to meet the inclusion criteria, and the education nurse randomly examined 60 patients. Fifty-six subjects agreed to enrol in the heart failure program. Twelve patients were referred to outpatient home health care agencies who were not involved in the outpatient clinical course of congestive heart failure described and were therefore excluded from the analysis. The intervention cohort comprised the remaining 44 patients who completed the entire inpatient and outpatient CHF protocol. For the intervention patients, demographic and clinical information was obtained during the face-to-face session with the cardiac nurse educator. The home health care nurses ascertained six-month prospective readmission rates from patient interviews. A comprehensive intervention in terms of complete patient information prior to discharge significantly reduced the 6-month readmission rates from 44.2% to 11.4%. In the study, several results were obtained, including that giving instructions to patients with heart failure before discharge and setting a plan for them had results that reduced the return of patients to the hospital. Even these patients obtained higher degrees of readiness for discharge.

A study by (Watts & Gardner, 2005) aimed to collect information about the extent of nurses' knowledge of DP. Twelve nurses working in the acute care units of Hong Kong Hospital in Japan served as the target sample for the interview, which was conducted. The study's findings caught our interest because 75% of nurses believe that their relationships with other healthcare professionals serve as the foundation for their job, communication, and assessment. As a result, either the nurse is focusing on the achievement of the discharge plan or she is not doing her job well. This suggests that one of the traits of the individual who organizes discharge arrangements is excellent communication.

A qualitative study titled Barriers to Effective Discharge Planning was carried out by Wong et al. in 2007. "Wong et al." It should be noted that the study focused on a number

of healthcare professionals who are crucial in creating discharge plans for patients in the care divisions of hospitals in Germany. The study's goals were to identify the approaches taken in discharge planning, the approaches that make the discharge plan effective, the challenges that hamper effective discharge planning, and the systems and ideas that would develop hospital discharge planning. In hospitals, semi-structured group discussions were used to gather the data. Information was collected over a time period of 90–120 minutes, and the procedures were audiotaped with the consent of the participants. And who collected information during a discussion with participants from medical backgrounds and senior researchers on the team? Where the population was linked to the participants, including age, gender, and work experience The number of participants in the study was 41 healthcare professionals and was as follows: 9 doctors, 13 nurses, 6 occupational therapists, 5 physical therapists, and finally 8 specialists in social medicine. The ages of the participants, who were primarily female, ranged from 30 to 59. The various real-world encounters each of them has had One of the most striking findings was the widespread consensus among healthcare professionals that a consistent, policy-based process was essential for efficient discharge planning. The panelists emphasized that there are numerous social and cultural barriers to adopting the discharge strategy and that nurses are most important in doing so. The majority of the participants shared this viewpoint.

(Boughton & Halliday, 2009) conducted a qualitative study by interviewing 14 caregivers and patients. The patient's description of the anxiety brought on by ignorance and their capacity to handle issues with self-care that influenced their desire to return home were the main focus of the interview questions. According to the findings, keeping the patient in the hospital is safer. Interview data was gathered. There were 17 perceived causes for recurrent hospital admissions, but the most common one for patients to return was a lack of knowledge on what to do after being discharged.

Shepperd et al. (2009) conducted a descriptive study titled Early Discharge Hospital at Home in Australia. We contacted the investigators of 21 included trials (total number of participants = 2872) by email or telephone, inviting them to contribute data to the hospital-at-home early discharge collaborative review. The study included twenty-six trials; the number of participants was 3967, and 13 of the 21 trials contributed to data collection, i.e., 66%. The study's findings demonstrated that early discharge to the patient's home boosted patient satisfaction. It stated that once the patient was discharged

from the hospital, side effects were lessened thanks to patient satisfaction and the effective use of discharge planning measures. Patients were questioned regarding the benefits and drawbacks of their care in order to statistically summarize the study. The majority of patients felt that they would benefit more from an early discharge than those who remained in the hospital (difference 13.8%; 95% CI 5% to 23%, P0.01).

A descriptive study titled Patient Satisfaction was carried out by (Prakash, 2010) in the dermatology department of the Vydehi Hospital in India. According to the findings, patient satisfaction is dependent on establishing a clear exit strategy and assisting the patient even after he leaves the hospital. This decreases the likelihood that the patient will need to return and even lowers the expense of the side effects. Within a month of gathering the sample, 150 surgery patients were included in the sample, and 70% of them agreed with the nurse who had previously explained the exit strategy to them.

Shepperd et al. (2010) conducted a systematic review under the title Discharge Planning from Hospital to Home. Where the sample was chosen, which is all patients in the hospital (acute, rehabilitation, or community), regardless of age, gender, or condition, and the intervention that took place in the study was the discharge planning process, it is divided according to the steps specified by Marks (Marks 1994): a) Pre-admission evaluation (if applicable). b) Case discovery on admission c) Inpatient assessment and preparation of a discharge plan based on the individual patient's needs, e.g., a multidisciplinary assessment involving the patient and his family and communication between the professionals involved within the hospital. Implementation of the discharge plan This should be consistent with evaluation and require documented discharge in practice. e) monitoring, Twenty-one RCTs (involving 7234 patients) are included; ten of these were identified in this update. Fourteen trials recruited patients with a medical condition (4509 patients); four recruited patients with a mix of medical and surgical conditions (2225 patients); one recruited patients from a psychiatric hospital (343 patients); one recruited patients from both a psychiatric hospital and a general hospital (97 patients); and the final trial recruited patients admitted to the hospital following a fall (60 patients). Hospital length of stay and readmissions to the hospital were significantly reduced for patients allocated to discharge planning. This was also the case for trials recruiting patients recovering from surgery with a mix of medical and surgical conditions. In three trials, patients assigned to discharge

planning reported increased satisfaction. There was little evidence of overall healthcare costs.

Wills et al. (2012) conducted a random study in which participants were randomly selected in a local health district in Western Sydney (Westmead Campus) under the title of the plan for occupational treatment discharge for the elderly. 400 participants were recruited from participating hospitals; their age was 20 years and over. One of their characteristics was that they did not have significant cognitive impairment and were mobile independently when discharged. The participants were randomly assigned to the intervention group or the control group. One group was given an intervention, which is an intervention in discharge planning within their home environment, while the second group was given an in-hospital consultation without an intervention at home, both provided by trained occupational therapists. This study concludes that there is a significant gap in current exit planning and occupational therapy practice. A best practice planning program will be developed not only in terms of its effectiveness but also its cost-effectiveness, because it was clear from the results that the first group that was given a discharge plan decreased the rate of return to the hospital from 70% to 10% compared to the group that was limited to the discharge plan in the hospital.

Morris (2012) Conducted a cross-sectional study in the Faculty of Health, Plymouth University, Truro, England, on the perceptions of nurses involved in writing or creating the discharge planning process for adult patients. The survey included 461 registered nurses working in acute departments, that is, the clinical areas where the majority of patients leave for home. The questionnaire consists of 10 statements concerned with self-efficacy for awareness of exit planning, and the Schwarzer and Jerusalem scale used by Schabauer was used. The questions consisted of four open-ended questions about perceptions, skills, and even obstacles that prevent effective exit planning. There are nine questions concerned with personal characteristics and the employee's workplace. Where the response rate among nurses was 30%, which means that 137 questionnaires were completed out of 461 questionnaires that were sent by mail, and where the most prominent results were about the respondents' perceptions of the demobilization planning process Loneliness was believed by 76% of the respondents: One of the notable results was that planning the discharge of patients from the hospital is the responsibility of the bedside

nurse. 59% of the participants agreed that planning the discharge of patients should be the responsibility of the bedside nurse.

(Dotson & Lewis, 2013) explored the results of a project carried out in 2013 by senior nursing students and geriatrics colleagues working jointly to improve on-site quality in a long-term care environment. The study concluded that the nursing students' involvement helped improve their roles in all disciplines, including patient discharge planning.

In Isfahan, Iran, Barakatin et al. (2013) conducted a cross-sectional study with the aim of identifying the factors that cause patients to visit the hospital again or admit new patients. 3935 patients were the subject of the investigation. Information was gleaned from medical papers or records. The study lasted for almost 6 years. The Nour Hospital at Isfahan University saw patients complaining of a variety of distinct and acute ailments between the years of 2004 and 2010, it was noted. One of the standout findings was that when a discharge plan was created, it helped to reduce the patients' need for hospital readmission (p value = 0.024).

(Graham, Gallagher, & Bothe, 2013) conducted a descriptive study in Italy examining nurses' discharge planning understanding, adherence, and barriers. The study was based on two research questions: How is the nurses' experience of continuity during the transition of older patient care from hospital to municipal health care? How do nurses describe the optimal transition of care? This highlights the role of nurses during the transition of patients from the care center to their homes. The number of participating nurses was = 30, working in hospitals (n = 16) and municipalities (n = 14) in five mixed focus groups from October to January 2014/2015. Focus groups met twice. Outcome adherence to the discharge planning policy was low (23%), despite general awareness of the low quality of patient outcomes that may result. Time constraints and patient factors were the most common barriers to specific discharge planning. One of the most important conclusions of the study was that patients needed additional support to implement the discharge planning policy.

(Wales, et al., 2012) Several different levels were found in terms of patient participation in discharge planning, and when compared with a study reported in other studies (Garratt, 2009), it was higher than. When the annual patient satisfaction survey was collected in 2015 in the United Kingdom, (84%) reported their participation in planning. For their

discharge from the hospital, the results indicate that two-thirds of patients received printed information about their care when moving home.

These findings demonstrated that large proportions of patients and family members are not fully involved in hospital discharge planning or receiving information about their caregivers at home.

(Chang, et al., 2015) conducted a qualitative study via an interview in The purpose of the study was to prepare discharge planning for patients in a Taiwanese emergency department. The study targeted 25 participants in completing the questionnaire. One of the most prominent findings in this study and what drew attention are the factors that affect the preparation and effectiveness of the DP: first, neglecting or not giving the nurse the right to act in the emergency department; Giving the nurse more work than he can handle, meaning he does not have time to develop or prepare a discharge plan. Behavior in a negative manner on the part of the patient's relatives towards nursing, which weakens the development of the discharge plan, and the most important factor that affects the effectiveness of discharge planning is the patient's poor morals or the nurses' poor morals by not respecting the doctor's decisions.

(Daniela, et al., 2016) and (Gonçalves-Bradley, Lannin, Clemson, Cameron, & Shepperd, 2016) conducted a semi-qualitative, The research targeted several categories of patients: the elderly patients section, the second section, patients who were discharged from surgery departments after receiving treatment, and the third and final section, which includes several diverse cases. The number of participants in filling out the questionnaire was approximately 11,964 nurses, and the purpose of the study was to determine the extent of the participants' knowledge in preparing or preparing a discharge plan. One of the most prominent results that emerged is that developing or preparing a discharge plan reduces the length of the patient's stay in the hospital. Effective hospital discharge planning increases the level of satisfaction among study participants and reduces the budget set by the hospital to provide health services.

Rahayu et al. (2016) A literature review was done by collecting the results of scientific publications from 2011–2016 from databases in Indonesia to review coaching in nursing to improve the quality of discharge planning. Among the most prominent results was that discharge planning is part of nursing care. The nurse has a major role in developing the

discharge plan, and the nursing manager has a significant role in training nurses to develop an exit plan. Unfortunately, the majority of managers still lack the ability to train nurses.

Gabrie et al. (2017) conducted a systematic review in a hospital in Dublin, Ireland, Data and information related to the effectiveness of exit planning were collected. After reviewing the references in the past ten years, the previous references recommended the role of discharge planning in reducing the cost for patients, the patient's stay overnight, and the best health outcomes for the patient, which reduced the readmission of patients to the hospital.

At RSUD Pringsewu Hospital in 2018, Albaar (2018) carried out a cross-sectional study to ascertain the association between knowledge techniques and "nurses'" compliance in discharge planning. The sample is composed of 28 individuals. Both univariate and bivariate analyses were performed in the study. The results show a strong correlation between nurses' knowledge and compliance in nursing. Planning your discharge from Bringsaw District Hospital: It was evident that nurses' knowledge of discharge planning was relevant to improving nursing care services. Take note that 75% of responders had nursing degrees, and the majority were adults. A person's education is just one of many traits that can influence their knowledge.

Tobiano et al. (2019) conducted a descriptive study in a Swedish university hospital, The purpose of the study was to show the participants' experiences in preparing discharge for patients in departments that provide care, especially acute ones. The number of participants in the study was 15 nurses. One of the most notable results of the research is that there is a strong relationship between discharge planning and reducing the rate of patients returning to the hospital, meaning when Discharge plans were given. The rate of the patient returning to the hospital decreased from 80 percent to 30 percent. It also appeared that the accommodation costs for patients increased when a discharge plan was not given due to their frequent return to the hospital, given that the research was a descriptive study.

A descriptive study was conducted by (Steils, Woolham, Fisk, Porteus, & Forsyth, 2021). This study examined who in Minnesota hospitals is primarily in charge of discharge

planning. The sample included all 136 Minnesota acute care hospitals that were accredited, two Veterans Administration hospitals, and had a sample size of 130. Based on quantitative assessments, it was determined that nurses and social workers were primarily involved in the role of discharge planning in Minnesota's tiny rural hospitals, which serve the majority of the state's patients. Compared to social workers, hospital nurses were more likely to be in charge of discharge planning.

(Muhamad, et al.) conducted a qualitative case study in Kelantan with the aim of gathering perspectives from staff and patients regarding the discharge procedure. 150 nurses who worked in acute departments like surgery and orthopedics were included in the sample. According to the findings, 69% of respondents believe that the discharge process has gotten more organized as a result of several techniques that include stating the anticipated discharge date and making it clear in patient rooms and post-discharge duties.

Reig-Garcia et al. (2022) conducted quantitative research in Spain with the The purpose of the study was to collect nurses' knowledge of the discharge plan in different parish departments. The study targeted 31 hospitals, and the number of participants in the study was about 600 people in Spanish hospitals. The most prominent results of this research were that 60% of the hospital nurses participating in the study said that the responsibility for planning discharge falls on the nurse responsible for the patient. As shown, the more experience a person has, the greater his ability to plan discharge in a better way. There is also a relationship between those who have higher education (82.6%, $P < 0.05$) or a PhD (72%, $P < 0.05$).

A descriptive study was conducted in the state of Queensland, Australia, by (Kang, Tobiano, Chaboyer, & Gillespie, 2020). The goal of the study was to ascertain if the nurse provides patients with enough information when they leave the hospital or if she omits to do so. You should be aware that the study's objective was the surgery department from April to December 2016, and the sample of participating nurses' experience ranged from one year to 38 years in care departments. Interviews were conducted with 12 women and 39 men, with 29 participants having doctoral degrees. The participants' average age was 38.51 years old, and individuals have an average of 10.12 years of work experience.

It was clear that nursing and health care management were involved in preparing and monitoring discharge planning for patients.

A cross-sectional study titled *Evaluation and Perceptions of a Nursing Discharge Plan among Nurses from Different Healthcare Settings* was conducted in Spain by (Reig-Garcia, Bonmatí-Tomás, & Suñer-Soler, 2022). The study was unique in that it focused on 21 healthcare facilities, and the researcher utilized a mixed strategy with an explanatory sequential design. The study participants' age, gender, number of years of professional experience, and present employment were the main topics of the first section of the questionnaire employed by the researcher. The second portion of the questionnaire asks about the nurses who took part in the study's perceptions of discharge planning. There are 4 questions in this section designed to gather data about participants' perceptions of discharge planning. The fact that 66.1% of the study's participating nurses agreed with the importance of implementing the discharge plan, that full-time employees were strongly associated with doing so (69.9%, $p < 0.05$), and that employee co-location was significantly associated with exit plan implementation (97.2%, $p < 0.00$) are among the most notable findings.

1.8.2 Regional Studies

The purpose of Daniela, Gonsalves, and Gonsalves Bradley et al.'s (2016) descriptive study was to evaluate the efficacy of discharge planning for emergency visits. The study focused on 173 nurses employed by King Abdulaziz Medical Hospital in Riyadh's emergency and acute care units. Naturally, individuals who had previously been admitted to and released from the emergency department were excluded after gaining the agreement of all study participants. The study's most notable findings were that sharing discharge information with caregivers in writing or verbally is the most efficient way to do it. The majority of participants (64.16%) and those who were unable to identify the issues that needed follow-up (58.96%) did not have any knowledge of the discharge plan. More care must be taken when disseminating information for the discharge plan because, according to the report, 34.68% of patients leave the hospital without receiving discharge instructions.

A semi-qualitative study that was conducted in the Arab country of Iraq by Mohammed et al. (2016) showed that there is a relationship between the number of years of experience

with the disease and the recovery of patients and positive results on their health, so that the greater the experience, the stronger the relationship. When reviewing the most prominent results of the study, we noticed that the exit plan was implemented effectively and enthusiastically among recent graduates and males.

(Hayajneh, Hweidi, & Abu Dieh, 2020) conducted a thorough analysis of the nurses' understanding, opinions, and actions on discharge planning in acute care settings. The perceptions and behaviors of nurses about discharge planning in acute departments were the subject of three studies. It should be noted that the requirements cover nurses' knowledge and skills. the DP's implementation in terms of attitudes, practices, behaviors, or beliefs; What prevents planning from being successful or effective the most? The study has 178 nurses as participants. One of the most interesting results was that, among all management responsibilities, those who identify and are accountable for being nurse managers have a reasonably high priority (a score of 7.29 out of 10 possibilities), which represented nearly 70% of the participants.

1.8.3 Local studies

From studies conducted by (Auslander, Soskolne, Stanger, Ben-Shahar, & Kaplan, 2008). The aim of the study was to find ways to implement discharge planning and discharge outcomes for patients in an effective manner. The study targeted 1426 adult patients admitted to 11 hospitals in Israel, which occupies the Palestinian territories. The nurses working in the nursing departments gave coordinated and programmed discharge plans to the patients, and after two weeks, the patients were followed up at home by telephone. The results showed that 40% of patients were transferred to institutional care, and 60% were transferred to homes that have plans to receive community services. The results, most notably the study, showed that the rate of patients returning to the hospital is low, and this is due to discharge plans.

(El-Abbassy, et al., 2021) conducted a quasi-experimental research design. The title and focus of the study were on the impact of the discharge plan on patients undergoing transhepatic arterial chemoembolization. The study was at the Center for Interventional Radiology and Surgical Catheterization at Zagazig University Hospital. The study targeted 70 nurses of both genders. Information was collected from them. After the results appeared, what caught attention was that 41.4% of the participants were male, and the

ages were between 20 and 60 years. It was noted that the return to the hospital decreased from 70% to 10% when implementing a discharge plan for the participants in the study, and it was very clear that the effects of developing the discharge plan increased.

1.9 Summary

In this section, the researcher presented the available studies that supported the study method used. The opposite has been demonstrated. After presenting the studies and reviewing all the previous studies, it was proven that there is a lack of research on this topic in general, and its lack is almost reaching the point of lack of research on this topic in Palestine in particular. When the studies were followed up over several years, one of the most significant findings was that the majority felt that it was the nurses' job to carry out the discharge plan and that one of the biggest challenges to doing so was inadequate communication. There is a literature summary table in the appendix.

Chapter Two

The Method

This section clearly outlines the research approach used in this study. In addition, it clearly defines how important data and information are handled.

2.1 Study design

A descriptive and quantitative cross-sectional design is adopted to assess the nurses' perception of the discharge planning process for adult patients in acute medical care departments in Ramallah hospitals.

2.2 Study setting

The study was performed in five hospitals in Palestine, governmental and private, and they are as follows:

- Arab Care Hospital.
- Medical Complex.
- Future Hospital.
- Red Crescent Hospital.
- H- clinic hospital.

2.3 Study population

This study was conducted by selecting a purposive sample of all the nurses who worked in an acute department from Mid –October to the end of December 2022.

2.4 Study Sample

The researcher used a purposive non-probability sampling technique for this cross-sectional study by recruiting all the accessible nurses who worked in acute medical care departments. Purposive sampling is more readily accessible and more convenient, and it selects only those individuals that are relevant to the research design. The program that was used to calculate the sample is: <https://www.raosoft.com/samplesize.html>. Therefore, the total number of distributed questionnaires was 400. The returned questionnaires were distributed as follows: 160 of the 200 questionnaires came from the Medical Complex, 63 of the 80 questionnaires came from the Red Crescent Hospital, 13 of the 30

questionnaires came from the Future Hospital, 23 of the 40 questionnaires came from the Arab Hospital, and 41 of the 50 questionnaires came from the H Clinic Hospital.

2.5 Study time frame

The study was conducted between mid-October 2022 and the end of February 2023. This study took place in the acute medical care departments of Ramallah hospitals.

2.6 Data collection tool

The study we have in hand used a modified version of the discharge planning questionnaire developed by Chabuer et al. (2002), adopted by (Morris, 2012), and applied to acute section nurses whose content validity has been determined. The questionnaire has been modified, and questions have been developed according to the environment and the target individuals, who are registered nurses working in all clinical specialties. Content accuracy has been re-checked by an academic nurse at An-Najah National University. The questionnaire used in the research is composed of two parts. The first part of the questionnaire introduced the participants' demographic features (age, gender, place of work, years worked as a nurse, position, years working in their current position, nature of work, and number of discharges initiated per week). The second part of the questionnaire included perceptions about the DP process, including who should coordinate discharge planning and the discharge timing, specific skills nurses need to carry out DP, and barriers that prevent effective DP. The questionnaire has been translated into Arabic, adapted, and validated for implementation. See sections 1 and 2 attached below for clarifications:

Section 1: The first part of the questionnaire introduced the demographic features of the participants:

Section 2: Perceptions around the DP among the nurses.

Section 3: Who should coordinate discharge planning and the timing of discharge?

Section 4: Nurses need specific skills to carry out discharge planning.

Section 5: Barriers to conducting effective discharge planning.

A Likert-type scale was used to assume that the strength or intensity of the experience is linear, i.e., on a continuum from strongly disagreeing to strongly agreeing. Respondents

were offered a choice of one to five responses, with the neutral point being neither agree nor disagree, whereby one refers to strongly disagree, two refers to disagree, three refers to neutral, four refers to agree, and finally, five refers to strongly agree, as shown in the table below by (Steils, Woolham, Fisk, Porteus, & Forsyth, 2021).

Table 2.1

5 Points Likert Scale Table

Likert scale	Interval	Difference	Description
1	1.00-1.79	0.79	Strongly disagree
2	1.80-2.59	0.79	Disagree
3	2.60-3.39	0.79	Neutral
4	3.40-4.19	0.79	Agree
5	4.20-5.00	0.80	Strongly agree

Reference: *Sullivan et al. (2013)*.

2.7 Validity and Reliability of the Questionnaire

The reliability of the study tool was examined by two groups. The first group was made up of numerous nurses who had been practicing for more than 15 years and who also held master's and PhD degrees in nursing. They came from Al-Arabi Specialist Hospital and An-Najah Hospital. The nursing director and department head for intensive care is a nurse from An-Najah Hospital. The nurse practitioner from Al-Arabi Hospital served as the emergency department's director. Two academics with PhDs made up the second team that attempted to restore the legitimacy of the study instrument. While the other served as a professor at An-Najah University, the former served as dean of the Nightingale College of Nursing. The recommendations were taken in order to improve the quality. This can be found by referring to Appendix A.

Reliability

A pilot study was performed for 43 nurses from the target population excluded from the sample size to check the validity, internal consistency, and reliability of the questionnaire adapted and adopted in the current study using Cronbach's alpha correlation coefficients. The pilot study was conducted after obtaining approval from the participants. Information in terms of the study in general and the objectives of the study in particular was given to the participants voluntarily, and a consent form was signed. Earlier, before adopting the

questionnaire, the researcher conducted a pilot study and observed the results. This gave an indication that the questionnaire was clear to the participant and easy to understand for all participants. It also gave a good interpretation of the data and fewer participants' errors.

Table 2.2: When viewing the results of the table, it displays reliability coefficients for various fields. Cronbach's alpha value was 0.801 for the extent of knowledge of the exit planning process. 0.626 relates to identifying who plays a role in planning, preparing for, or coordinating the exit; 0.942 relates to the skills that the person attending the exit planning must possess; and 0.875 relates to obstacles that prevent effective DP.

Table 2.2

Reliability coefficients for the various domains

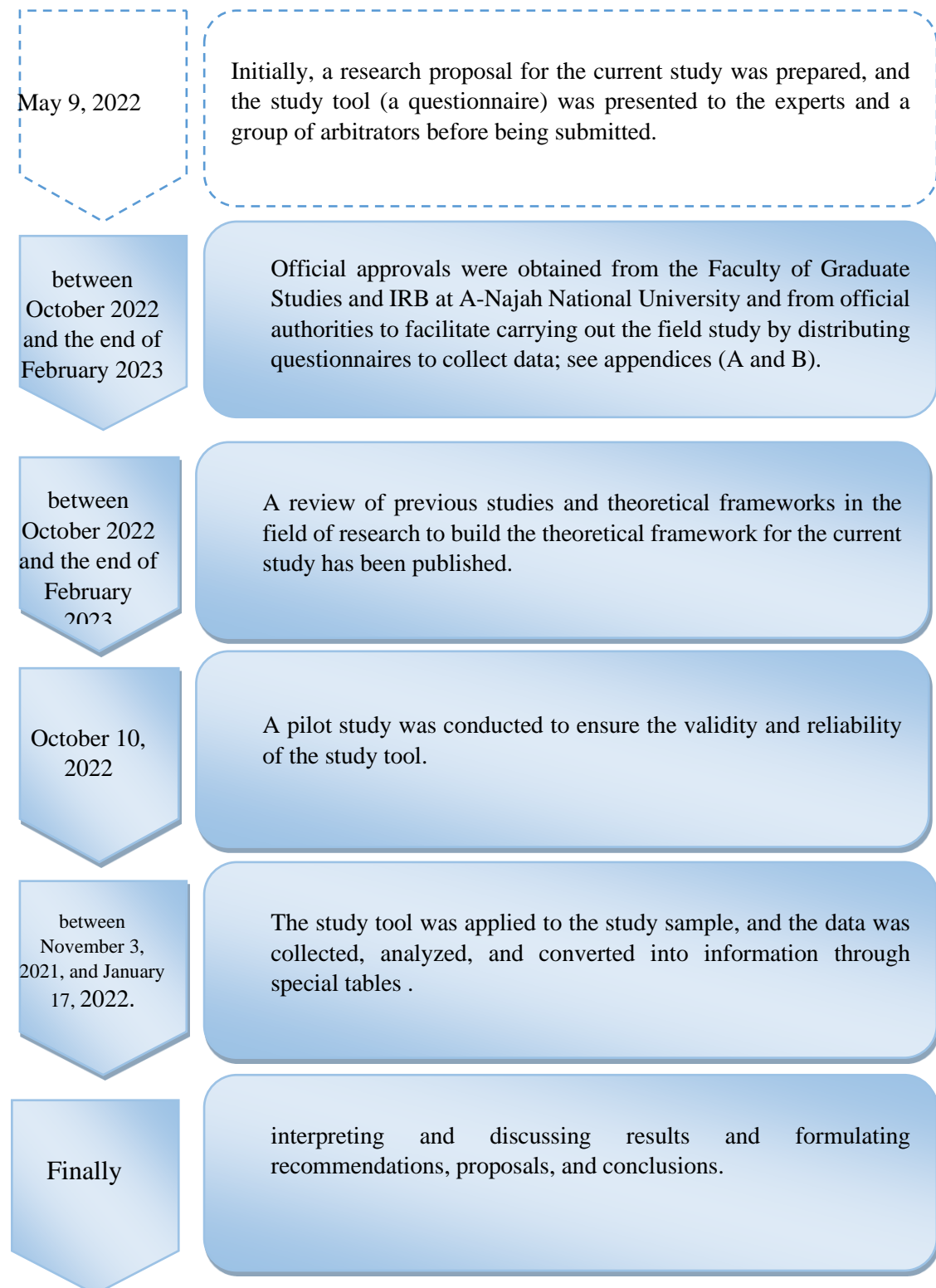
Variable	No of Items	Cronbach's Alpha
perception about the process of planning a patient's discharge in acute departments.	15	0.801
Responsible party for preparing patient discharge planning and timing.	14	0.626
perception of the skills needed by the nurse to carry out patient discharge planning in acute departments.	6	0.942
perception of the barriers to effective discharge planning in acute departments.	8	0.875

Note: Alpha Cronbach's value 0.01-0.60: unacceptable, 0.61-0.70: acceptable 0.71-0.80: acceptable and good , 0.81-0.90: good, 0.91-1.00: excellent.

2.8 Study procedures

Figuer 1

Sudy procedures



2.9 Data Analysis

The researcher reviewed the questionnaire in all its details and checked for completeness and consistency. The information was processed, given codes, entered into the system, cleaned, interpreted, and analyzed. Using the Statistical Package for the Social Sciences (SPSS V26.0), The data were entered and double-checked for outliers or errors. Kolmogorov-Smirnov and Shapiro-Wilk tests for non-normality were used. Kolmogorov-Smirnov and Shapiro-Wilk tests (Table 2.3) revealed that all domains were not normally distributed with $P < 0.05$.

To represent the frequency and percentages of the questionnaire or variables, the researcher used descriptive analysis, as well as the personal and social characteristics of the respondents. Descriptive analysis was used to represent them. The strength of the relationship was measured. Using the odds ratio at a 95 percent confidence interval and P values of 0.05, significant relationships exist.

2.10 Ethical considerations

Ethical considerations were taken into account in the study through postgraduate approval (dated 04/22/2022). Appendix A. Ethical approval was obtained from the Institutional Review Board ("IRB") at An-Najah National University in Nablus, Palestine (dated May 9, 2022). Appendix (B) and official books obtained by postgraduate studies were distributed to each of the following governmental and private hospitals, which are as follows: (Arab Care Hospital, Medical Complex, Future Hospital, Red Crescent Hospital, HI Clinic Hospital) The purpose of the books was to obtain permission to distribute the questionnaire and information sheet. Approval was obtained for the questionnaire in English and Arabic. Filling out the questionnaire and participating was by the person's choice and not for rent, i.e., voluntary, as shown in Appendices (D, E, F, F). Information about the purpose of this study was provided to participants. The focus was on privacy throughout, and therefore the right to withdraw from the study at any time was allowed without consequences. They were also informed that they could withdraw from the study at any time without any penalty, and serial numbers were also used to collect and save the questionnaire.

2.11 Inclusion and exclusion criteria

Inclusion Criteria

- Nurses working in selected hospitals.
- Nurse working in acute wards.
- Nurse being able to give informed consent.

Exclusion Criteria

- Caregivers in the hospital except for nurses.
- Nurses work in operation rooms and chronic wards.
- Eligible participants unwilling to give consent

2.12 Study variables

The research study will include the following variables:

A. Independent variables

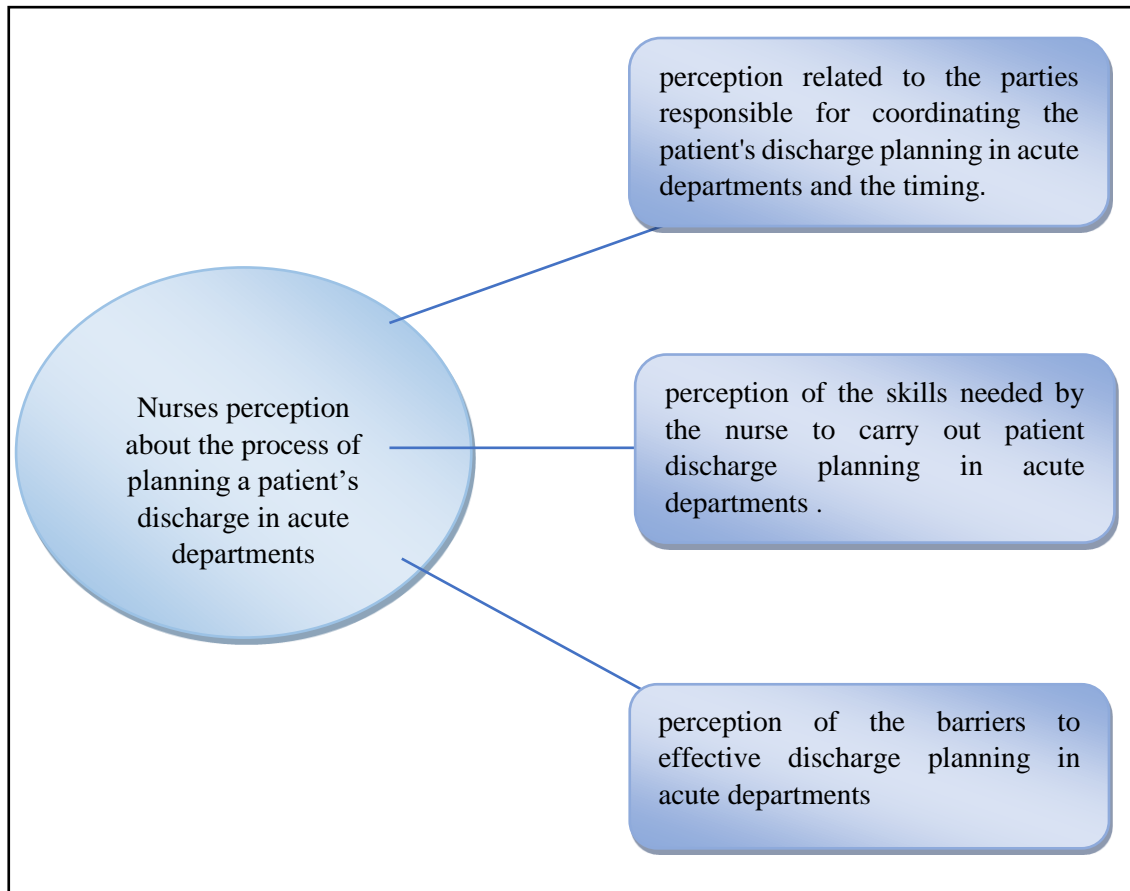
Nurses perception about the process of planning a patient's discharge in acute departments.

B. Dependent variables

1. Perception related to the parties responsible for coordinating the patient's discharge planning in acute departments and the timing.
2. Perception of the skills needed by the nurse to carry out patient discharge planning in acute departments.
3. Perception of the barriers to effective discharge planning in acute departments.

Figure 2

Study variables



Chapter Three

Results

The present study included 300 nurses from governmental and private hospitals in Ramallah. In this section of the study, the collected data then tabulated, analyzed, and then interpreted individually using statistical programs and tests. Below, this section begins with the characteristics of those studied

3.1 Demographic characteristics of the nurses

The response rate among nurses reached 75%. In other words, 400 questionnaires were distributed to the participants, and 300 of them were filled out and returned. As for the characteristics of the nurses participating in the study, the results showed that their percentage was nearly equal concerning gender, while the majority were aged between 20 and 29 years (53.3%) and worked in the governmental hospital. Also, most study participants are registered nurses (61.7%), as well as full-time employees (83.3%) and (54.3%) with experience of 5 years or less as shown in the table below.

Table 3.1

Demographic characteristics of the nurses

Demographic characteristics of the nurses		Frequency	Percent(%)
Gender	Male	152	50.7
	Female	148	49.3
Age	20-29 years	195	65
	30-39 years	75	25
	40-49 years	27	9
	50-60 years	3	1
Work place	governmental	160	53.3
	non-governmental	140	46.7
Job description	Assistant nurse	28	9.3
	Practical nurse	69	23
	Registered nurse	185	61.7
	Head nurse	11	3.7
	Other	7	2.3
Nature of work	Full time	250	83.3
	Part time	50	16.7
Experience years	5 years or less	163	54.3
	6-11 years	91	30.3
	12-19 years	39	13
	20 years and more	7	2.3

3.2 Numbers of discharges per week

The average number of discharges by outcome is 16.04 cases per week, with a wide range from 1 to 60 cases. (see table 3.2).

Table 3.2

Number of discharges per week

Number of discharges per week	Mean	Standard deviation	Min	Max
	16.04	10.48	1	60

3.3 Nurses' perceptions of the DP process

When looking at the results presented in Table 3.3 below, we note that the overall mean score for perceptions of the DP process among nurses is $M = 3.19$. This means that 63.8% of nurses have perceptions about discharge planning. The results show that 68% of nurses agreed that the nurse monitoring the patient is the one who attends to, supervises, or whose job falls on discharge planning; the remaining 20.3% of participating nurses disagreed, and results illustrate that 76.3% of participants agree or strongly agree on the question (discharge planning and adequate guidance are given to patients by doctors), 56.3% of participants agree or strongly agree on the question (lack or decrease in information among participants regarding the concept of how to prepare for DP), and 72.4% of participants agree or strongly agree on the question (discharge planning is useful). In addition, results pointed out that 67.6% of participants agreed or strongly agreed on the question (discharge planning is beneficial for the patients), 72.4% agreed or strongly agreed on the question (discharge planning is useful), and 60.9% agreed or strongly agreed on the question (discharge planning is time-consuming). The mean score in discharge planning is useful with $M = 3.92$, $SD = 0.96$, and when I looked at the mean for discharge planning as not a priority, $M = 3.48$, $SD = 1.23$.

Table 3.3*Perceptions of the DP process among nurses*

Question	Strongly disagreed	Disagree	Neutral	Agree	Strongly agree	Mean	Standard deviation
Discharge planning is the responsibility of the bedside nurse	18 (6%)	43 (14.3%)	35 (11.7%)	102 (34%)	102 (34%)	3.75	1.23
Doctors provide enough direction for nurses to plan discharge planning	6 (2%)	32 (10.7%)	33 (11%)	135 (45%)	94 (31.3%)	3.93	1.01
Nurses in general have a lack of understanding of the discharge planning process	23 (7.7%)	42 (14%)	57 (19%)	100 (33.3%)	78 (26%)	3.56	1.22
Patients are fully involved in the discharge planning process	8 (2.7%)	37 (12.3%)	62 (20.7%)	116 (38.7%)	77 (25.7%)	3.72	1.06
Discharge planning is useful	6 (2%)	19 (6.3%)	58 (19.3%)	125 (41.7%)	92 (30.7%)	3.92	0.96
Discharge planning is time consuming	9 (3%)	40 (13.4%)	69 (23%)	109 (36.3%)	73 (24.3%)	3.65	1.07
Discharge planning means more paperwork	9 (3%)	32 (10.7%)	69 (23%)	102 (34%)	88 (29.3%)	3.76	1.07
Discharge planning is beneficial for the patients	14 (4.7%)	36 (12%)	47 (15.7%)	109 (36.3%)	94 (31.3%)	3.77	1.15
Discharge planning is difficult when patient recovery is not certain	12 (4%)	30 (10%)	52 (17.3%)	120 (40%)	86 (28.7%)	3.79	1.08
Discharge planning is not a priority	17 (5.7%)	66 (22%)	45 (15%)	99 (33%)	73 (24.3%)	3.48	1.23
Discharge planning should be the responsibility of the bedside nurse	15 (5%)	41 (13.7%)	55 (18.3%)	104 (34.7%)	85 (28.3%)	3.67	1.16
Patients are normally discharged before midday	17 (5.7%)	31 (10.3%)	58 (19.3%)	111 (37%)	83 (27.7%)	3.70	1.14
Patients are normally discharged to a 'discharge lounge' or something similar	12 (4%)	50 (16.7%)	47 (15.7%)	113 (37.7%)	78 (26%)	3.65	1.15
Patients are discharged any day of the week	6 (2%)	29 (9.7%)	43 (14.3%)	122 (40.7%)	100 (33.3%)	3.93	1.02
Mean					3.19		
Standard deviation					1.03		

3.4 Who should co-ordinate discharge planning and the timing of discharge

When reviewing the results presented in Table 3.4 below, we note that the overall mean score for who should coordinate discharge planning and the timing of discharge is $M = 3.71$. This means that 74.2% are familiar with the coordination of discharge planning and the timing of discharge, It was noticed that 71% of the nurses who completed the questionnaire prepared for discharge planning when patients entered their care departments, and 70.6% of the nurses participating in the study supported discharge planning from the hospital. It was also noted in the results that discharge planning must be prepared when requested by the person responsible for the patient or the family. 73.3% agree or strongly agree that discharge planning should begin when requested by the physician; 74% of participating nurses agree or strongly agree that discharge planning should begin when requested by other health professionals; and 67.7% agree or agree that the patient is informed of the expected date of discharge. The highest mean score was for discharge planning, which should begin when requested by other health professionals, with $M = 3.93$ and $SD = 1.04$. When I looked at the average estimated discharge date for each patient, $M = 3.78$, $SD = 1.07$.

Table 3.4*Who should co-ordinate discharge planning and the timing of discharge*

Question	Strongly disagreed	Disagree	Neutral	Agree	Strongly agree	Mean	Standard deviation
Once the patient enters the unit, the discharge planning process begins	17 (5.7%)	45 (15%)	25 (8.3%)	129 (43%)	84 (28%)	3.72	1.18
Immediately before the patient leaves the unit, the discharge planning process begins	14 (4.7%)	38 (12.7%)	49 (16.3%)	120 (40%)	79 (26.3%)	3.70	1.12
Discharge planning begins when the family requests it	16 (5.3%)	41 (13.7%)	31 (10.3%)	118 (39.3%)	94 (31.3%)	3.77	1.18
When the doctor requests it, preparation of the discharge plan begins	6 (2%)	37 (12.3%)	37 (12.3%)	130 (43.3%)	90 (30%)	3.87	1.04
When the other health professionals requests it, preparation of the discharge plan begins	10 (3.3%)	23 (7.7%)	45 (15%)	120 (40%)	102 (34%)	3.93	1.04
An discharge estimated date is provided for each patient	8 (2.7%)	40 (13.3%)	45 (15%)	122 (40.7%)	85 (28.3%)	3.78	1.07
Always inform patients of the expected discharge date	10 (3.3%)	38 (12.7%)	49 (16.3%)	113 (37.7%)	90 (30%)	3.78	1.10
Mean					3.71		
Standard deviation					1.07		

3.5 Specific skills are needed by nurses to carry out discharge planning

We note that the overall mean score for specific skills needed by nurses to carry out discharge planning is $M = 3.92$. This means that 78.4% of nurses believe that implementing hospital discharge planning requires specific skills, As specific skills are needed by nurses to carry out discharge planning according to management and personal skills, the results illustrate that 77.3% of participants agree or strongly agree that problem-solving skills are needed to complete the discharge plan. In addition, 72.4% of respondents agreed or strongly agreed that good communication skills are significant skills needed for carrying out a discharge plan. The highest mean score was in problem-solving skills, with $M = 4.04$ and $SD = 0.94$.

Table 3.5

Management and personal skills

Question	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Mean	Standard deviation
Ability to solve problems	5 (1.7%)	17 (5.7%)	46 (15.3%)	124 (41.3%)	108 (36%)	4.04	0.94
Good communication skills	7 (2.3%)	22 (7.3%)	54 (18%)	127 (42.4%)	90 (30%)	3.90	0.98
Time management skills	10 (3.3%)	30 (10%)	44 (14.7%)	127 (42.3%)	89 (29.7%)	3.85	1.06
Good organizational skills	3 (1%)	28 (9.3%)	53 (17.7%)	123 (41%)	93 (31%)	3.91	0.972
Mean					3.92		
Standard deviation					0.98		

3.6 Discharge planning management

The results of Table 3.6 show that the overall mean score for discharge planning management is $M = 3.92$. This means that 78.4% of nurses agree that discharge planning needs management, and 77.7% of participants agreed and strongly agreed that the nurse's ability and awareness of understanding the clinical assessment process are essential for implementing the discharge plan. Moreover, the results exhibit that 42.3% of participants agree and 31.3% strongly agree that having effective documentation knowledge and skills is needed to complete the discharge plan. The highest mean score was "being able to understand the clinical assessment process," with $M = 3.99$ and $SD = 0.99$.

Table 3.6*Discharge planning management*

Question	Strongly disagreed	Disagree	Neutral	Agree	Strongly agree	Mean	Standard deviation
Being able to understand the clinical assessment process	7 (2.3%)	24 (8%)	36 (12%)	129 (43%)	104 (34.7%)	3.99	0.99
Having effective documentation knowledge and skills	14 (4.7%)	27 (9%)	38 (12.7%)	127 (42.3%)	94 (31.3%)	3.86	1.09
Being knowledgeable about services	11 (3.7%)	24 (8%)	38 (12.7%)	133 (44.3%)	94 (31.3%)	3.91	1.04
Available systems and resources	10 (3.3%)	24 (8%)	63 (21%)	118 (39.3%)	85 (28.3%)	3.81	1.04
The nurse's ability to plan a safe discharge	6 (2%)	30 (10%)	49 (16.3%)	122 (40.7%)	93 (31%)	3.88	1.02
Challenge unnecessary discharges	9 (3%)	52 (17.3%)	49 (16.3%)	106 (35.3%)	84 (28%)	3.68	1.14
Mean					3.92		
Standard deviation					0.98		

3.7 Barriers to conducting effective discharge planning

3.7.1 Internal discharge planning systems

The results of the below table show that the overall mean score for Internal discharge planning systems is $M = 3.82$. This means that 76.4% of nurses said that there are internal discharge planning system obstacles that affect discharge planning. 70% of the participants agree and strongly agree that delayed medical review is considered one of the barriers to effective discharge planning. Also, the results show that only 68.7% of participants disagreed or strongly disagreed that poor admission assessment is considered a barrier to effective discharge planning. The highest mean score was delayed medical review, with $M = 3.83$ and $SD = 0.99$.

Table 3.7.1*Internal discharge planning systems*

Question	Strongly disagreed	Disagree	Neutral	Agree	Strongly agree	Mean	Standard deviation
No planning or Poor	10 (3.3%)	35 (11.7%)	68 (22.7%)	109 (36.3%)	78 (26%)	3.70	1.08
Difficulty in accessing diagnostic facilities	11 (3.7%)	42 (14%)	54 (18%)	113 (37.7%)	80 (26.6%)	3.69	1.11
Incomplete documentation	10 (3.3%)	37 (12.3%)	59 (19.7%)	113 (37.7%)	81 (27%)	3.72	1.09
Medical review is delayed	5 (1.7%)	30 (10%)	55 (18.3%)	130 (43.3%)	80 (26.7%)	3.83	0.98
Patients were not given an expected discharge date	7 (2.3%)	36 (12%)	56 (18.7%)	117 (39%)	84 (28%)	3.78	1.05
Admission assessment is poor	11 (3.7%)	35 (11.7%)	48 (16%)	116 (38.6%)	90 (30%)	3.79	1.10
Mean					3.82		
Standard deviation					1.02		

3.7.2 External discharge planning systems

The results of the below table show that the overall mean score for external discharge planning systems is $M = 3.94$. This means that 78.8% of nurses said that there are external discharge planning system obstacles that affect discharge planning. 70% of the respondents agree and strongly agree that bed blocking is an external barrier to an effective discharge plan. Also, the results illustrate that 79.6% agree and strongly agree that lack of input from external services such as social services and psychiatric services is considered a barrier to effective discharge planning when I look at the mean for lack of input from external services such as social services and psychiatric services. The highest mean score was "Inadequate external services such as psychiatric services or social services," with $M = 3.98$ and $SD = 0.90$.

Table 3.7.2

External discharge planning systems

Question	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Mean	Standard deviation	
Blocking from bed	8 (2.7%)	21 (7%)	61 (20.3%)	108 (36%)	102 (34%)	3.91	1.02	
Inadequate external services such as psychiatric services or social services.	7 (2.3%)	15 (5%)	39 (13%)	154 (51.3%)	85 (28.3%)	3.98	0.90	
Mean							3.94	
Standard deviation								0.96

3.8 Management/personal skills

The results of the table 3.8, see appendix H show that the overall mean score for management and personal skills is $M = 3.92$. This means that 78.4% of nurses said that there are management and personal skills obstacles that affect discharge planning. 78% of participants agree or strongly agree that time issues are important management skills, and 75.6% of participants agreed or strongly agreed that poor staffing levels are considered one of the personal skills that make barriers against effective discharge planning. The highest mean score was poor staffing levels, with $M = 4.03$ and $SD = 0.93$.

3.9 differences in perceptions related to the DP among the nurses

Because the data is not normally distributed, Mann-Whitney U and Kruskal-Wallis H tests were used to explore differences in perceptions around the discharge planning process in the respondents' unit. (P value = 0.05 was considered a significant point), the results of the present study exhibited significant differences between gender groups (P value = 0.024), with a more positive perception in the male group with a mean rank of 161.67. Also, the results illustrate significant differences in nursing perception regarding position (P value = 0.001). A post hoc test was done and revealed significant differences between a registered nurse and an assistant nurse (P value = 0.001).

3.10 differences in perceptions related to who should coordinate discharge planning and the timing of discharge

The results illustrated a significant relationship between position and perceptions about who should coordinate discharge planning and the timing of discharge (P value = 0.001). A post hoc test was done and revealed a significant relationship between another and a practical nurse (P value = 0.044), between another and an assistant nurse (P value = 0.001), and between a registered nurse and an assistant nurse (P value = 0.026). Moreover, the study's results illustrate a significant relationship between years of experience and perceptions about who should coordinate discharge planning and discharge timing. (P value = 0.045), a post hoc test was done and revealed a significant relationship between 6–11 years and 20 years or more (P value = 0.041). See Table 3.10, Appendix H.

3.11 differences in perceptions related to important management and personal skills

The results of the illustration table exhibited no significant differences in participants' perceptions of important management and personal skills. See Table 3.11, Appendix H.

3.12 differences in perceptions related to discharge planning management

The results of the illustration table exhibited no significant differences in participants' perceptions of important management and personal skills. See Table 3.12, Appendix H.

3.13 Differences in perceptions toward internal discharge planning systems that form barriers to conducting effective discharge planning

As for the association between participants' characteristics and perceptions toward internal discharge planning systems that form barriers to conducting effective discharge planning, the results illustrate a significant relationship with the workplace (P value =0.023). Moreover, the results exhibit a significant relationship with position (P value = 0.024). See Table 3.13, Appendix H.

3.14 differences in perceptions toward external discharge planning systems that form barriers to conducting effective discharge planning and experience

The results of the present study illustrate a significant relationship with experience year (P value =0.034), the post hoc test shows a significant relationship between 5 years or less and 20 years or more (P value = 0.021). See Table 3.14, Appendix H.

3.15 differences in perceptions toward the role of management and personal skills

The results of the present study illustrate a significant relationship between experience years and the role of management and personal skills in preventing effective discharge planning (P value = 0.279). See Table 3.15, appendix H.

3.16 Differences between types of hospitals in terms of discharge planning overall mean score

Mann-Whitney U test conducted to assess the difference between governmental and private hospitals in terms of discharge planning overall mean score. This means participants who work in governmental hospitals have the same score as participants who work in private hospitals in terms of discharge planning. See Table 3.16, Appendix H.

3.17 Correlation between nursing perceptions around the DP process and other dependent variables

The results of the study showed that there is a relationship between nursing perceptions about the discharge planning process and the discharge planning aspect of the concept of required interpersonal skills and coordination, as measured by a criterion called the Spearman rank correlation coefficient test, barriers to conducting effective discharge planning, and management and personal skills. The results of the study showed that there

is a clear relationship between nursing perception and other variables. See Table 3.17, Appendix H.

3.18 The association between the perceptions of the discharge planning process for adult patients from who coordinates , skills and the barriers to effective

A simple linear regression was calculated to predict perceptions of discharge planning in acute departments, skills needed by the nurse to carry out patient discharge planning, and barriers.

coordinate the patient's discharge planning, and the timing is a significant predictor to perceptions of discharge planning. Regarding discharge planning in acute departments, a significant relationship was found between discharge planning and perception ($F = 146.524$, $p = <0.001$) with an $R^2 = 0.330$. These mean participants' perceptions increased by 1.743 when the discharge planning increased by 1 unit; see Table 3.18, Appendix H..

skills needed by the nurse to carry out patient discharge planning is a significant predictor to perceptions of discharge planning. Regarding skills, a significant relationship was found between skills and perception ($F = 36.515$, $p = 0.001$) with an $R^2 = 0.109$. These mean participants' perceptions increase by 0.289 when skills increase by 1 unit; See Table 3.18.

Barriers to effective discharge planning in acute departments are a significant predictor to perceptions of discharge planning. Regarding the barriers, a significant relationship was found between barrier and perception ($F = 117.789$, $p = <0.001$) with an $R^2 = 0.283$. These mean participants' perceptions increase by 0.513 when skills increase by 1 unit; See Table 3.18.

Chapter Four

Discussions and Conclusions

This chapter includes a discussion of the questions and hypotheses of the study. At the end of this section, limitations, conclusions, and recommendations were added.

The purpose of the research is to find out the extent of knowledge of nurses in the departments that provide care in Ramallah hospitals, especially the acute ones, in the process of discharge planning for adult patients, to know the role of hospitals and management in discharge planning, what skills help the nurse plan discharge for patients effectively, and to identify the dilemmas that prevent discharge planning well. However, in order to get rid of the dilemmas and for In order for the effectiveness of exit to be strong, it is necessary to understand the field to which the policy applies, and it is necessary to understand the situations, observations, and perceptions of the participants .Patients require continuous health care, so all registered nurses must be able to participate in discharge planning.

4.1 Participants' Socio-demographic Characteristics

In the current study, 400 questionnaires were distributed to the nurses working in Ramallah hospitals' acute medical care departments.

Nurses who agreed to participate were 300, with a response rate of 75%; this was related to the nurses' awareness of the importance of such studies' results; their right to refuse or to withdraw had the highest impact on this response rate to extract the needed information rigorously. Regarding the socio-demographic characteristics of participants, more than half were male (50.7%), more than half worked in the Governmental Hospital , and the percentage of them was 53.3%. Most worked full-time. More than half of the participants had experience of five years or less (54.3%).

4.2 Perceptions around the DP among the nurses

When looking at Table 3.2, we note that the overall score for perceptions of the DP process among nurses was 3.19, which means 63.8% of nurses have a perception of discharge planning. The results were carefully examined, and what distinguishes us most is that 64% of nurses consider preparing a discharge plan to be the responsibility of the

nurse responsible for the patient, and 72% of participants consider the discharge plan important and useful.

A study conducted by (Tobiano, Chaboyer, Teasdale, Raleigh, & Manias, 2019) showed that the nurse assigned to the patient was primarily responsible for planning the discharge and that the operation was beneficial to the patient. It is clear that it is a priority for the majority. This is consistent with the results of my study.

And from the studies that support the findings in terms of who is responsible for discharge planning, done by Shapwar et al. (2002), the results were as follows: 70% of them considered discharge planning a basic priority and value in the intensive care unit, while 40% of them found that they lacked knowledge of discharge. This means that the nurse is responsible for presenting the discharge planning information to the patient and believes that the other half is the work of the doctor responsible for providing the patient with the exit planning plan.

And from the studies that support the findings in terms of who is responsible for discharge planning, were done by (Morris, 2012).

And a personal opinion on a question: who is responsible for discharge planning? The nurse is responsible for the case because the nurse is most closely related to all parties in the hospital, including doctors, radiologists, physiotherapists, etc. And when formulating the exit planning formulation, the nurse helps and implements that.

4.3 Timing and implementation of discharge planning

Table 3.4 shows that the overall score for Who should coordinate discharge planning and the timing of discharge was 3.71, which means 74.2% of nurses have a perception of Who should coordinate discharge planning and timing of discharge? 71% of the nurses in this study agreed or strongly agreed that discharge planning should begin upon admission to the unit, and 70.6% of the participants in the current study agreed that discharge planning should begin when the family requires it. Agree or strongly agree, 73.3% of the participants in the current study answer the question (Discharge planning should begin when the doctor asks you to). Agree or strongly agree. 74% of the participants in the current study answered the question, (Discharge planning should begin when the doctor requests it. Other health professionals agree or strongly agree.

It has been observed through the study computed by Stansbury et al. (2021) that during the process of discharge planning and discharge policy over the course of an entire week, discharges increase either in the morning or on weekends, which in turn will help in increasing bed availability. There are often fewer exits during weekends, and this leads to problems, especially on Fridays. The majority of patients are always trying to know their treatment and likely time of discharge from the hospital.

67% of the nurses said that discharge planning is only prepared on the day of the patient's discharge, and as for preparing for patients' discharge As stated in a study he conducted by (Lalani & Gulzar, 2001).

The research, which was published in March 2010, focused on 10 key steps to help hospitals plan for patient discharge. The research was then continued at the Department of Health in England. This reinforces local guidance and raises the need for discharge planning for the institution, nurses, and patients, (Department of Health, 2010).

And a personal opinion on a question: Who should coordinate discharge planning and the timing of discharge? It differs according to the different medical conditions, the department in which it is located, or even the economic condition of the patient, which is why the answers were different , Therefore, it was clear that the results of the studies differed, some of which supported this and some of which opposed the results that emerged from the study.

4.4 Barriers that affect the effectiveness of discharge planning

It was noted that the majority of participants would agree that the situation has become easier with the principles of good discharge planning. It was also noted that the individual needs of patients have become more complex, which has an impact on the effectiveness of discharge planning. The most notable results were that 90% of participants felt that it was difficult to plan for discharge from the hospital. 70% of the participants strongly agree that delayed medical review is considered one of the barriers against effective discharge planning. Also, the results show that only 68.7% of participants said they disagreed or strongly disagreed regarding the fact that poor assessment on admission is considered a barrier to effective discharge planning. And the studies that support the

findings in terms of barriers to conducting effective discharge planning were done by (Morris, 2012).

These results do not reflect the responses of all employees who participated in this survey. However, we had a reasonable representation from both the medical and surgical fields, and these results are of interest to researchers looking for better ways to improve the effectiveness and performance of discharge planning. In addition, the results were consistent with the results of research reached by others, and it is very necessary when building a work schedule for any institution that discharge planning should be at the top of the agenda in any hospital.

And a personal opinion on a question: Barriers that affect the effectiveness of discharge planning ? Discharge planning faces a variety of challenges, some of which are internal, some of which are external, and some of which are specific to the nurse. The most frequent barrier to discharge planning is a nurse's poor communication skills, which is regarded as one of the largest since discharge planning necessitates someone with excellent communication skills, whether they are with nurses, other medical teams, the patient, or even their family.

4.5 Management/personal skills

When looking at Table 3.8, it shows that the overall score for management and personal skills was 3.92, which means 78.4% of nurses have a perception of management and personal skills. This is considered a barrier to conducting effective discharge planning. One of the most important skills that a nurse must have for discharge planning to be effective and orderly is the skill of communication and the ability to communicate with all parties and all patients. And the percentage of those who agreed to it was 69.7%. This is consistent with the study by (Atwal, 2002).

Presenting and writing a discharge plan, the purpose of which is to provide information in a good way and in a way that is appropriate for different cultures, is not achieved unless a person possesses the skill of communication. This is my personal opinion on the subject of having personal skills.

4.6 The relationship between the perceptions of the discharge planning process for adult patients from who coordinates , skills and the barriers to effective

Skills needed by the nurse to carry out patient discharge planning is a significant prediction of perceptions of discharge planning.

There are several studies that support the findings that emerged in the study from these results as they appeared in the study conducted by him (Reig-Garcia, Bonmatí-Tomàs, & Suñer-Soler, 2022).

Zakiyah and Basuki (2017) found that there are some studies that have shown that demographic variables have a role in implementing effective development policies, which is the first topic that this review has resulted in. In one study, it was found that there are factors that affect the discharge process based on the characteristics of nurses. There is a distinct relationship between the level of education of the nurse and the preparation of the exit plan (p value = 0.023). There is also a strong relationship, in terms of age and gender, with the implementation of the discharge plan.

Reig-Garcia et al. (2022) conducted a cross-sectional study in Queensland, Australia, The purpose of the study was to determine the extent of nurses' knowledge of the discharge plan in acute care departments in the hospital. Age was more strongly associated with discharge planning. The location of work and the location of the nurse played significant roles in the association with the discharge plan. This study supports the extent of the relationship between the job site and the description of the discharge plan.

My personal opinion on this subject is that there is consensus that whenever a nurse's skills are improved, such as improving the method of communication, for example, this helps and strengthens the perception of the discharge planning process among nurses.

4.7 Association between participant characteristics and perceptions toward important management and personal skills

The results exhibited no significant relationship between the workplace and participants' perceptions toward management and personal skills (P value: 0.067). Also, the results exhibit no significant relationship between other participants characteristics and perceptions toward important management and personal skills. See Table 3.11, Appendix H.

This is commensurate with the study (Lin et al., 2012), which shows that educating employees within the institution and providing assistance in planning for demobilization prove that the work site has a major role in developing personality and skills and providing administrative methods in dealing with patients' discharge planning.

Discharge planning is the creation of an individual discharge plan for the patient prior to leaving the hospital so that an appropriate time for discharge is provided and services are provided even after discharge from the hospital. This planning is a mandatory part of the skills of hospital accreditation, as shown in the study, and this supports the institution's role in supporting, developing, and even motivating the exit plan for the staff and developing their skills in developing a safe exit plan. Lin et al. (2012)

4.8 Association between participant characteristics and internal discharge planning

The results illustrate a significant relationship between work place and position with internal discharge planning (P values of 0.023 and 0.024, respectively). See Table 3.13, Appendix H.

This contradicts the study by (Chang, et al., 2015), which shows that the culture of the hospital does not reflect a strong interest, meaning the position of the nurse and his functional position do not affect the internal discharge planning systems that constitute barriers to conducting effective discharge planning.

According to my personal opinion, the institution has an effective role in planning the discharge in terms of motivating it, creating an environment for that, creating clear protocols and policies for exit planning, and even supporting nurses in implementing the exit plan, and this was evident in private hospitals.

4.9 Association between participants characteristics and external discharge planning systems

The results of the present study illustrate a significant relationship between experience years toward external discharge planning systems. See Table 3.15.

Several factors have been observed that contribute to the success and effectiveness of DP in terms of implementation. Among the factors that should be addressed in order to help in the effectiveness of discharge planning are preventing or trying to help nurses working with patients in acute departments in terms of the knowledge that helps in improving discharge planning, developing their ability to identify DP, developing mechanisms that help determine the times and preparation of DP, and redirecting negative attitudes from patients and family members to the forefront. Better yet, DP is considered paperwork so it requires doctors to work longer. There is a great need to combat these obstacles that prevent the implementation or achievement of successful exit planning. Improving nurses' time management skills while working and relying on nurses to communicate with patients leads to improving DP in acute care settings.

4.10 Limitations of the study

1. Shortage of literature review in the investigated field in Palestine, Or even globally.
2. Time limitations.

4.11 Strength of the study

This is the first study of its kind to exist in relation to study participants' perceptions of discharge planning implementation in acute medical care departments. It is even the only recent study in Palestine, the Arab countries, and even the Arab world, and this helps in developing the plan for patients' discharge and even the assistant in setting special protocols for that, whether at the level of private and governmental institutions, and even implanting these concepts in the job description of nursing.

4.12 Conclusion

The results indicate that there are several specific issues that could be identified if addressed through an improved discharge planning process. And most of the patients in the hospital need to be discharged from the hospital, so it is necessary to have strict It was the most important conclusion:

1. Implementing the discharge plan effectively falls on the nurse, who follows up with the patient. 68% of the participants' answers agree, and 73.3% of participants in the present study answered the question, "Discharge planning for patients should be initiated when it is done by the physician."
2. Specific skills are needed by nurses to carry out discharge planning according to management and personal skills. The results illustrate that 77.3% of participants agree or strongly agree that problem-solving skills are needed to complete the discharge plan.
3. Barriers to conducting effective discharge planning: internal discharge planning systems, e.g., delayed medical review; external discharge planning systems, e.g., not providing social or psychological services to patients, as this is considered one of the external services provided to patients.
4. Time issues are important management skills, and 75.6% of participants agreed or strongly agreed that poor staffing levels are considered one of the personal skills that make barriers against effective discharge planning.

In addition, future research should be directed toward discovering factors that improve the discharge process, and it is recommended that frequent nursing development courses be established in the communication process, especially in cases of developing discharge planning for patients.

4.13 Recommendations of the Study

The following recommendations are presented based on the results that need improvement, noting that the results are prominent in the current study.

4.13.1 Hospitals, Health policymakers

- providing and adopting a consistent, unified, and clarified protocol and tools about the mechanism for developing the exit plan and who is responsible for the exit plan.
- Following up on the implementation of the discharge plan, its implementation must be followed up in all health facilities and departments to prevent further complications and reduce the return of patients to the hospital.
- Deepening the policies and protocols that clarify and support the discharge planning mechanism and make them one of the hospital's official foundations and protocols, For example, what are the papers required for that, and what are the contents of the papers to develop the discharge plan?
- Developing a policy by the hospital provides physicians with adequate guidance for nurses in discharge planning.

4.13.2 Nurses' Education and Practice

- Clarification from the nurse responsible for discharge planning for the patient and her role in discharge
- Conducting periodic courses that provide the nurse with strengthening skills in developing a discharge plan.
- Organizational support, including awareness and updated programs.

4.13.3 The third level concerns the individual in terms of implementing discharge plans correctly

We recommend setting up a team. This team consists of several individuals with different specializations, creating links that support the relationship between the team members. They have expressed their appreciation for the educational activities carried out.

4.13.4 Ministry of Health in the Palestinian and Research

- The authority should support and encourage nurses, or even the authority responsible for drawing up the exit plan, and do not forget to deepen and intensify research in this field. Thus, the researcher is encouraged to recommend further research on this issue among nurses.
- Identifying the factors that promote discharge planning

List of Abbreviations

Abbreviation	Meaning
DP	Discharge Planning
ICU	Intensive care unit
PDPS	Discharge Planning Scale
USA	United States
CHF	Congestive heart failure
RCTs	Randomized controlled clinical trials
CI	Confidence interval
RSUD	Reprocessed single-use device
NDP	Non discharge plan

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Appendices

Appendix A

IRB approval

An-Najah National University
Faculty of Medicine & Health
Sciences
Institutional Review Board



جامعة النجاح الوطنية
كلية الطب وعلوم الصحة
لجنة الأخلاقيات البحث العلمي

Re: Mas. May 2022/6

IRB Approval Letter

Title of Research:

Nurses' Perception Of The Discharge Planning Process For Adult Patients In An Acute
Medical Care Departments In Ramallah Hospitals ”

Submitted by:

Ali Gawabreh

Supervisor:

Wafaa Menawi

Approved:

9th May 2022.

Your Study Title “Nurses' Perception Of The Discharge Planning Process For Adult Patients
In An Acute Medical Care Departments In Ramallah Hospitals” reviewed by An-Najah
National University IRB committee and was approved on 9th May 2022.


Hasan Fitian, MD
IRB Committee Chairman



Appendix B

Books to facilitate the task of private and governmental hospitals in Ramallah

An-Najah
National University
Faculty of Graduate Studies



جامعة
النجاح الوطنية
كلية الدراسات العليا

التاريخ : 2022/6/19م

حضرة الدكتور مدير عام مستشفى الرعاية العربية المحترم
رام الله

الموضوع: تسهيل مهمة الطالب / علي ظاهر محمد جوايرة رقم تسجيل (11952701)
تخصص ماجستير ادارة الصحة العامة

تحية طيبة وبعد ،،،

الطالب/ علي ظاهر محمد جوايرة، رقم تسجيل 11952701، تخصص ماجستير ادارة الصحة العامة في كلية الدراسات العليا، وهو بصدد اعداد الأطروحة الخاصة به والتي عنوانها:
(تصور الممرضين لعملية تخطيط الخروج للمرضى البالغين في اقسام الرعاية الطبية الحادة في مستشفيات رام الله)

Nurses' Perception Of The Discharge Planning Process For Adult Patients In An
Acute Medical Care Departments In Ramallah Hospitals

يرجى من حضرتكم تسهيل مهمته في جمع بيانات ومعلومات من خلال توزيع استبيان ومراجعة عينة عشوائية من الممرضات وسيتم جمع البيانات وتحليلها باستخدام برنامج الحزمة الاحصائية للعلوم الاجتماعية (SPSS) الاصدار 23 لإثبات او ضحد الفرضيات المتعلقة بالدراسة.

علماً بأن البيانات والمعلومات سوف تستخدم لأغراض البحث العلمي واستكمال مشروع البحث فقط.

شاكرين لكم حسن تعاونكم.

مع وافر الاحترام ،،،

أ.د. وليد صويلح
عميد كلية الدراسات العليا



فلسطين، نابلس، ص.ب 7.707 هاتف: 2345115، 2345114، 2345113 (09) 2345113 * فاكسميل: 2342907 (09) (972)
3200 Nablus, P. O. Box (7) *Tel. 972 9 2345113, 2345114, 2345115
* Facsimile 972 92342907 *www.najah.edu - email fgs@najah.edu



التاريخ : 2022/6/19م

حضرة الدكتور مدير عام مستشفى عرب كير المحترم
رام الله

**الموضوع: تسهيل مهمة الطالب / علي ظاهر محمد جوايرة رقم تسجيل (11952701)
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مع وافر الاحترام ...



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التاريخ : 2022/6/19م

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رام الله

الموضوع: تسهيل مهمة الطالب / علي ظاهر محمد جوايرة رقم تسجيل (11952701)
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شاكرين لكم حسن تعاونكم.

مع وافر الاحترام ...



أ.د. ونيد صويلح
عميد كلية الدراسات العليا



التاريخ : 2022/6/19م

حضرة الدكتور مدير عام مستشفى هاي كلينك المحترم
رام الله

الموضوع: تسهيل مهمة الطالب / علي ظاهر محمد جوايرة رقم تسجيل (11952701)
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أ.د. وليد صويلح

عميد كلية الدراسات العليا





التاريخ : 2022/6/19م

حضرة الدكتور مدير عام مستشفى مجمع فلسطين المحترم
رام الله

الموضوع: تسهيل مهمة الطالب / علي ظاهر محمد جوايرة رقم تسجيل (11952701)
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مع وافر الاحترام ،،،

أ.د. وليد صويلح
عميد كلية الدراسات العليا



Appendix C

Previous Studies and Theoretical Background

#	Authors	Sample size	Research study	Site	results
1.	Lalani and Gulzar (2001)	15 nurses 15patients, 15 files	cross-sectional study	Pakistan	<ul style="list-style-type: none"> 20% of the nurses were aware of their role in the DP. 67% of the nurses said that discharge planning is only prepared on the day of the patient's discharge, and as for preparing for patients' discharge
2.	Chaboyer et al. (2002)	65 nurses	cross-sectional study	Australia	<ul style="list-style-type: none"> 70% of them considered discharge planning an essential and valuable priority . 40% of them found that they lacked knowledge of discharge planning .
3.	Atwal (2002)	19 nurses	case study	UK	<ul style="list-style-type: none"> The main barriers to discharge planning is how patients are delivered or even communication between nurses.
4.	Anderson et al. (2005)	44 patients	interventional study	USA	<ul style="list-style-type: none"> significantly reduced the 6-month readmission rates from 44.2% to 11.4%. In the study, several results were obtained, including that giving instructions to patients with heart failure before discharge and setting a plan for them had results that reduced the return of patients to the hospital
5.	Watts and Gardner (2005)	12 nurses	Interview study	Hong Kong Hospital, Japan	<ul style="list-style-type: none"> the results of the study is that 75% of nurses consider that they are the mainstay of work, communication, and evaluation first and foremost
6.	Wong et al. (2007)	41healthcare professionals	qualitative study	Germany	<ul style="list-style-type: none"> The most prominent results were, firstly, that there were many obstacles to implementing the discharge plan, whether social or cultural, and secondly, that nurses play the most prominent role in its implementation.
7.	Boughton&Halliday (2009)	14caregivers	qualitative study	Angelika Plank	<ul style="list-style-type: none"> The results show that having the patient stay in the hospital is safer. Interviews were collected. A total of 17 perceived reasons for

					repeated hospital admissions were identified; the most prominent reason for a patient's return to the hospital was a lack of information and how to behave after discharge.
8.	Shepperd et al. (2009)	<ul style="list-style-type: none"> total number of participants = 2872 	descriptive study	Australia	<ul style="list-style-type: none"> The study's results showed that patients' satisfaction increased when they were discharged early to their homes .
9.	Prakashet et al. (2010)	<ul style="list-style-type: none"> 150 patients 	descriptive study	Vydehi Hospital	<ul style="list-style-type: none"> The study's findings demonstrated that early discharge to the patient's home boosted patient satisfaction
10.	Wills et al. (2012)	400participants	Random study	Western Sydney	<ul style="list-style-type: none"> One of the most notable results was that the first group that was given a discharge plan decreased the rate of return to the hospital from 70% to 10% compared to the group that was limited to the hospital discharge plan.
11.	Morris (2012)	461 registered nurses	cross-sectional study	England	<ul style="list-style-type: none"> 76% of the respondents that planning the discharge of patients from the hospital is the responsibility of the bedside nurse
12.	Barakatin et al. (2013)	3935 patients	cross-sectional study	Iran	<ul style="list-style-type: none"> One of the distinctive results was that when a discharge plan was drawn up, it contributed to the decrease in their readmission to the hospital (p value = 0.024).
13.	Graham et al. (2013)	30 nurses	descriptive study	Italy	<ul style="list-style-type: none"> One of the most important findings in the study was that time and patient factors were the most common obstacles to discharge planning for patients in the hospital
14.	Chang et al. (2015)	25 participants	qualitative study	Taiwanese	<ul style="list-style-type: none"> One of the study's most notable findings and what caught people's attention are the elements that influence how well the DP is prepared and executed: first, failing to respect or deny the nurse the authority to act in the emergency room; A discharge plan cannot be developed or prepared since the nurse was given more work than he could do.

15	Daniela and Gonçalves-Bradley et al. (2016)	11,964 nurses	cross-sectional study	UK	<ul style="list-style-type: none"> One of the most notable results was that effective planning for hospital discharge increases the level of satisfaction among study participants and reduces the budget set by the hospital to provide health services.
16	Rahayu et al. (2016)	literature review	Systematic review	Indonesia	<ul style="list-style-type: none"> The nurse has a major role in developing the discharge plan, and the nursing manager has a significant role in training nurses to develop an exit plan.
17	Albaar (2018)	28 nurses	cross-sectional study	RSUD Pringsewu Hospital	<ul style="list-style-type: none"> One of the most significant conclusions was that increasing nursing care services was related to nurses' understanding of hospital discharge planning.
18	Tobiano et al. (2019)	15 nurses	descriptive study	Swedish university hospital	<ul style="list-style-type: none"> One of the most significant results from the study is the correlation between discharge planning and a lower likelihood of patients needing hospital readmission, i.e., when discharge plans were offered. The proportion of patients who returned to the hospital dropped from 80% to 30%.
19	Hayajneh et al. (2020)	literature review	systematic review	USA	<ul style="list-style-type: none"> One of the most interesting findings was that, of all administrative responsibilities, those who identify as nurse managers and are responsible for being nurse managers had a reasonably high priority in developing a discharge plan, accounting for approximately 70% of participants.
20	Steils et al. (2021)	130 nurses	descriptive study	Minnesota	<ul style="list-style-type: none"> The results showed that nurses and social workers were mainly responsible for discharge planning.
21	Muhamad et al. (2022)	150 nurses	qualitative case study	Kelantan	<ul style="list-style-type: none"> The results showed that 69% Consider that the discharge process has become more organized through several methods that specify the expected discharge date and make it visible in patient rooms and post-discharge roles.
22	Reig-Garcia et al. (2022)	600 nurses			<ul style="list-style-type: none"> 60% of the hospital nurses participating in the study said that the

			quantitative research	Spanish hospitals	<p>responsibility for planning discharge falls on the nurse responsible for the patient.</p> <ul style="list-style-type: none"> • Among the results was that the more experience a person had, the greater his ability to plan his exit in a better way.
23	Kang et al. (2022)	29 participant	descriptive study	Queensland, Australia	<ul style="list-style-type: none"> • It was clear that nursing and health care management were involved in preparing and monitoring discharge planning for patients.
24	Reig-Garcia et al. (2022)	21 centers that provide health care.	Descriptive study	Spain	<ul style="list-style-type: none"> • The most notable findings were that 66.1% of the study's participating nurses agreed with the importance of implementing the discharge plan, • that full-time employees were strongly associated with doing so (69.9%, p 0.05), and that employee co-location was significantly associated with exit plan implementation (97.2%, p 0.00).
25	Daniela et al. (2016)	173 nurses	descriptive study	Riyadh	<ul style="list-style-type: none"> • The percentage of participants who were unaware of the discharge plan was the highest (64.16%).
26	El-Abbassy et al. (2023)	70 nurses	a quasi-experimental research design	Zagazig University Hospital	<ul style="list-style-type: none"> • It was noted that the return to the hospital decreased from 70% to 10% when implementing a discharge plan for the participants in the study,

Appendix D
Consent form (English version)

My employee brother / employee sister

We put in your hands this questionnaire, which aims to identify (nurses' perceptions of the discharge planning process for adult patients in acute medical care departments in Ramallah hospitals, as a complement to the requirements for obtaining a master's degree in the Public Health Administration program at An-Najah National University. We kindly ask you to answer the paragraphs it contains objectively, by placing a tick (√) in the place that suits your personal perception, noting that this data will be used for scientific research purposes only, as there is no risk of participating in it, and your responses will remain confidential and the responses will be shared in an aggregated format. It is allowed to specify individual responses so that we can guarantee your confidentiality of participation and give you the right to withdraw from the study whenever you want. We are all confident in your cooperation and support for scientific research.

I ask you to answer the first section related to the demographic characteristics of the participants, then move on to answering the questions related to the second section, which is related to your perception of the patient's discharge planning process in acute departments, then to the third section related to the parties responsible for coordinating the patient's exit planning in acute departments and the timing of discharge, then to the department The fourth is related to the skills needed by the nurse to implement the patient's discharge planning in the acute departments, and then finally moves to the fifth section, which is related to the obstacles to conducting effective patient discharge planning in the acute departments, by placing a sign () according to the strength of the degree that you deem appropriate.

We would like to inform you that participation in filling out this questionnaire does not exceed (15) minutes, which we hope for accurate assessment and strong focus.

2022

Researcher / Ali Jawabreh
Supervisor: Dr. Wafaa Al-Minawi
An-Najah National University
Mobile: 0568000528
Email: aligawabreh@muc.edu.ps

Appendix E

Consent form (Arabic version)

أخي الموظف/ أختي الموظفة

نضع بين أيديكم هذا الاستبيان الذي يهدف للتعرف على (تصور الممرضين لعملية تخطيط الخروج للمرضى البالغين في أقسام الرعاية الطبية الحادة في مستشفيات رام الله) وذلك استكمالاً لمتطلبات الحصول على درجة الماجستير في برنامج إدارة الصحة العامة في جامعة النجاح الوطنية. راجين منكم التكرم بالإجابة على الفقرات التي تحتويها بموضوعية، بوضع إشارة (√) في المكان الذي يناسب تصورك الشخصي، علماً بأن هذه البيانات ستوظف لأغراض البحث العلمي فقط حيث لا يوجد أي مخاطر من الاشتراك بها كما أن ردودك ستبقى سرية وستتم مشاركة الردود بتنسيق مجمع لا يسمح بتحديد الردود الفردية بحيث نضمن لك سرية المشاركة ولك الحق في الانسحاب متى تشاء من الدراسة، كلنا ثقة بتعاونكم ودعمكم للبحث العلمي.

أرجو من حضراتكم الإجابة عن القسم الأول والمتعلق بالخصائص الديمغرافية للمشاركين ثم تنتقل إلى الإجابة عن الأسئلة المتعلقة بالقسم الثاني والمختصة بتصورك حول عملية التخطيط للخروج للمريض في الأقسام الحادة ثم إلى القسم الثالث والمتعلق بالأطراف المسؤولة عن تنسيق تخطيط الخروج للمريض في الأقسام الحادة وتوقيت الخروج ثم إلى القسم الرابع والمتعلق حول المهارات التي يحتاجها الممرض/ة لتنفيذ تخطيط الخروج للمريض في الأقسام الحادة و من ثمة تنتقل أخيراً إلى القسم الخامس والمتعلق حول معوقات إجراء التخطيط الفعال لخروج المريض في الأقسام الحادة وذلك بوضع إشارة (√) حسب قوة الدرجة التي ترونها مناسبة.

نفيدكم أن المشاركة بتعبئة هذه الاستبانة لا تتجاوز (15) دقيقة راجين فيها دقة التقدير وقوه التركيز.

2022

الباحث / علي جوابرة

المشرف: الدكتورة وفاء الميناوي

جامعة النجاح الوطنية

جوال: 0568000528

بريد الكتروني: ali.gawabreh@muc.edu.ps

Appendix F

Questionnaire (English version)

Section 1: Please select answers related to your demographics, Please tick (✓) in the appropriate box:

1. Gender:

1. Male
2. female

2. Age:

1. From (20-29) years
2. From (30-39) years
3. From (40-49) years
4. From (50-60) years

3. Job Description :

1. Nurse assistant
2. Qualified nurse
3. Registered nurse
4. Head of the Nursing Department
5. other

4. Place of work (hospital name):

1. Medical Complex Hospital
2. Red Crescent Hospital
3. Hospital of the future
4. Istishari Hospital
5. Health Care Committees Hospital

5. work nature:

1. Full time
2. Part time

6. Years of Experience:

1. 5 years or less
2. From (6-11) years
3. From (12-19) years
4. 20 years and over

7.The number of exits during the week: ()

Question	Strongly Agree	Agree	neutral	Disagree	Strongly Disagree
Section two					
Please put a tick (√) in the column that contains the strength of the degree that fits your perception about the process of planning a patient's discharge in acute departments					
<u>1</u>					
	Discharge planning is the responsibility of the bedside nurse				
<u>2</u>					
	Doctors provide enough direction for nurses to plan discharge planning				
<u>3</u>					
	Nurses in general have a lack of understanding of the discharge planning process				
<u>4</u>					
	Patients are fully involved in the discharge planning process				
<u>5</u>					
	Discharge planning is useful				
<u>6</u>					
	Discharge planning is time consuming				
<u>7</u>					
	Discharge planning means more paperwork				
<u>8</u>					
	Discharge planning is beneficial for the patients				
<u>9</u>					
	Discharge planning is difficult when patient recovery is not certain				
<u>10</u>					
	Discharge planning is not a priority				
<u>11</u>					
	Discharge planning should be the responsibility of the bedside nurse				
<u>12</u>					
	Patients are normally discharged before midday				
<u>13</u>					
	Patients are normally discharged to a 'discharge lounge' or something similar				
<u>14</u>					
	Patients may be discharged on any day during the week				
Section III					
Please put a tick (√) in the column that contains the strength of the degree that fits your perception related to the parties responsible for coordinating the patient's discharge planning in acute departments and the timing of discharge					
1.					
	Discharge planning should be commenced on admission to the unit				
2.					
	Discharge planning should be commenced just prior to the patient leaving the unit				
3.					
	Discharge planning should be commenced when the family requests it				
4.					
	Discharge planning should be commenced when the doctor requests it				
5.					
	Discharge planning should be commenced when other health professionals request it				

-
6. an estimated date for discharge is provided for each patient
 7. The estimated date for discharge is always communicated to the patient

Section IV

Please put a tick (✓) in the column that contains the strength of the degree that fits your perception of the skills needed by the nurse to carry out patient discharge planning in acute departments

First theme: management and personal skills

1. problem-solving skills
2. good communication skills
3. time management skills
4. good organizational skills

Second theme: discharge planning management

1. being able to understand the clinical assessment process
2. having effective documentation knowledge and skills
3. being knowledgeable about services
4. resources and referral systems
5. being able to plan safe discharges
6. challenge unnecessary discharges

Section V

Please tick (✓) in the column containing the degree strength that best fits your perception of the barriers to effective discharge planning in acute departments.

Internal discharge planning systems

1. poor or no planning
2. limited access to diagnostic facilities
3. lack of documentation
4. delayed medical review
5. Patients not meeting the estimated discharge date.
6. poor assessment on admission

External discharge planning systems

1. bed blocking
2. lack of input from external services such as social services and psychiatric services.

management/personal skills

1. time issues
 2. poor staffing levels
 3. Confidence
 4. poor communication
-

Appendix G

Questionnaire (Arabic version)

القسم الأول: يرجى اختيار الإجابات المتعلقة بالخصائص الديموغرافية الخاصة بحضرتك

يرجى وضع علامة (√) في الخانة المناسبة:

1. الجنس:
- أ. ذكر
- ب. أنثى
2. العمر:
- أ- من (20-29) سنة
- ب- من (30-39) سنة
- ج- من (40-49) سنة
- د- من (50-60) سنة

3. مكان العمل (اسم المشفى) :
- أ- مستشفى المجمع الطبي
- ب- مستشفى الهلال الأحمر
- ج- مستشفى المستقبل
- د- مستشفى لجان الرعاية الصحية
- هـ- مستشفى الاستشاري
4. الوصف الوظيفي :
- مساعد ممرض
- ممرض مؤهل
- ممرض قانوني
- رئيس قسم التمريض
- آخر

5. طبيعة العمل:
- أ- دوام كامل
- ب- دوام جزئي
6. سنوات الخبرة:
- أ- (5) سنوات فأقل
- ب- من (6-11) سنة
- ج- من (12-19) سنة
- د- 20 سنة فأكثر

(7) عدد حالات الخروج خلال الأسبوع: ()

القسم الثاني

المحور الثاني: إدارة تخطيط الخروج						
الرقم	السؤال	أوافق بشدة (5)	أوافق (4)	محايد (3)	أعارض (2)	أعارض بشدة (1)
1.	القدرة على فهم عملية التقييم السريري					
2.	امتلاك معرفة ومهارات توثيق فعالة					
3.	أن تكون على دراية بالخدمات					
4.	الموارد وأنظمة الإحالة					
5.	القدرة على التخطيط لعمليات الخروج للمرضى من الأقسام الحادة بشكل آمن					
6.	التحديات غير مهمة في خطة الخروج للمريض من الأقسام الحادة					
القسم الخامس						
يرجى وضع إشارة (0) في العمود الذي يحوي قوة الدرجة التي تناسب تصورك حول العوائق التي تحول دون إجراء تخطيط فعال لخروج المريض في الأقسام الحادة						
أنظمة تخطيط الخروج الداخلي						
الرقم	السؤال	أوافق بشدة (5)	أوافق (4)	محايد (3)	أعارض (2)	أعارض بشدة (1)
1.	ضعيف أو لا يوجد تخطيط					
2.	الوصول المحدود إلى مرافق التشخيص					
3.	نقص في الوثائق					
4.	مراجعة طبية مؤجلة					
5.	المرضى لا يستوفون تاريخ الخروج المقرر					
6.	تقديم ضعيف عند ادخال المريض					
أنظمة تخطيط الخروج الخارجية						
الرقم	السؤال	أوافق بشدة (5)	أوافق (4)	محايد (3)	أعارض (2)	أعارض بشدة (1)
1.	(اعتراض المريض) حجب السرير					
2.	نقص التدخلات في الخدمات الخارجية مثل الخدمات الاجتماعية والخدمات النفسية.					
المهارات الإدارية / الشخصية						
الرقم	السؤال	أوافق بشدة (5)	أوافق (4)	محايد (3)	أعارض (2)	أعارض بشدة (1)
1.	إدارة توقيت عملية الخروج					
2.	ضعف مستويات التوظيف					
3.	الثقة					
4.	ضعف التواصل					

القسم الثالث						
يرجى وضع إشارة () في العمود الذي يحوي قوة الدرجة التي تناسب تصورك والمتعلق بالاطراف المسؤولة عن تنسيق تخطيط الخروج للمريض في الأقسام الحادة وتوقيت الخروج						
الرقم	السؤال	أوافق بشدة (5)	أوافق (4)	محايد (3)	أعارض (2)	أعارض بشدة (1)
1.	يبدأ تخطيط الخروج للمريض في الأقسام الحادة عند الدخول إلى القسم					
2.	يبدأ تخطيط الخروج للمريض في الأقسام الحادة مباشرة قبل مغادرة المريض للقسم					
3.	يبدأ تخطيط الخروج للمريض في الأقسام الحادة عندما تطلب الأسرة ذلك					
4.	يبدأ تخطيط الخروج للمريض في الأقسام الحادة عندما يطلبه الطبيب					
5.	يبدأ تخطيط الخروج للمريض في الأقسام الحادة عندما يطلب ذلك المتخصصون الصحيون الآخرون					
6.	يتم توفير تاريخ تقديري للخروج لكل مريض في الأقسام الحادة					
7.	يتم دائماً إبلاغ المريض بالتاريخ المقدر للخروج من الأقسام الحادة					
القسم الرابع						
يرجى وضع إشارة () في العمود الذي يحوي قوة الدرجة التي تناسب تصورك حول المهارات التي يحتاجها الممرض/ة لتنفيذ تخطيط الخروج للمريض في الأقسام الحادة						
المحور الأول: الإدارة والمهارات الشخصية						
الرقم	السؤال	أوافق بشدة (5)	أوافق (4)	محايد (3)	أعارض (2)	أعارض بشدة (1)
1.	مهارات حل المشاكل					
2.	مهارات التواصل الجيد					
3.	مهارات إدارة الوقت					
4.	مهارات تنظيمية جيدة					

Appendix H

Tables

Table 3.8

Management/personal skills

Question	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Mean	Standard deviation
Time issues	6 (2%)	27 (9%)	33 (11%)	128 (42.7%)	106 (35.3%)	3.93	0.97
Poor staffing levels	3 (1%)	32 (10.7%)	38 (12.7%)	137 (45.6%)	90 (30%)	4.03	0.93
Confidence	3 (1%)	22 (7.3%)	42 (14%)	129 (43%)	104 (34.7%)	3.73	1.11
Poor communication	14 (4.7%)	37 (12.3%)	40 (13.3%)	132 (44%)	77 (25.70%)	4.00	1.00
Mean	3.92						
Standard deviation	1.002						

Table 3.9

Differences in perceptions around the DP in the participants

Characteristic		Number	Mean Rank	P value
Gender	Male	152	161.67	0.024
	Female	148	139.02	
Nature of work	Full time	250	148.48	0.366
	Part time	50	160.62	
Age	20-29	195	158.52	0.088
	30-39	75	136.13	
	40-49	27	141.31	
	50-60	3	71.17	
Work place	Governmental			0.051
	Non Governmental			
Position	Assistant nurse	28	207.68	0.001
	Practical nurse	69	161.33	
	Registered nurse	185	136.99	
	Head nurse	11	175.64	
	Other	7	132.57	
Experience years	5 years or less	163	155.86	0.216
	6-11 years	91	145.18	
	12-19 years	39	151.51	
	20 years or more	7	89.36	

Table 3.10

Differences in perceptions about who should coordinate discharge planning and the timing of discharge

Characteristic		Number	Mean Rank	P value
Gender	Male	152	159.93	0.608
	Female	148	140.81	
Nature of work	Full time	250	150.95	0.248
	Part time	50	148.23	
Age	20-29	195	151.82	0.364
	30-39	75	154.47	
	40-49	27	144.17	
	50-60	3	22.83	
Work place	Governmental	160	141.93	0.181
	Non Governmental	140	160.29	
Position	Assistant nurse	28	207.68	0.911
	Practical nurse	69	161.33	
	Registered nurse	185	136.99	
	Head nurse	11	175.64	
	Other	7	132.57	
Experience years	5 years or less	163	155.86	0.404
	6-11 years	91	145.18	
	12-19 years	39	151.51	
	20 years or more	7	89.36	

Table 3.11*Differences in perceptions related to important management and personal skills*

Characteristic		Number	Mean Rank	P value
Gender	Male	152	153.01	0.608
	Female	148	147.92	
Nature of work	Full time	250	153.07	0.248
	Part time	50	137.65	
Age	20-29	195	154.96	0.364
	30-39	75	147.33	
	40-49	27	133.98	
	50-60	3	88.33	
Work place	Governmental	160	144.28	0.181
	Non Governmental	140	157.60	
Position	Assistant nurse	28	157.21	0.911
	Practical nurse	69	151.24	
	Registered nurse	185	149.68	
	Head nurse	11	159.55	
	Other	7	123.71	
Experience years	5 years or less	163	158.27	0.404
	6-11 years	91	140.63	
	12-19 years	39	142.65	
	20 years or more	7	141.64	

Table 3.12*Differences in perceptions toward discharge planning management*

Characteristic		Number	Mean Rank	P value
Gender	Male	152	157.15	0.177
	Female	148	143.67	
Nature of work	Full time	250	151.55	0.637
	Part time	50	145.23	
Age	20-29	195	156.25	0.309
	30-39	75	137.53	
	40-49	27	140.44	
	50-60	3	191.67	
Work place	Governmental	160	150.00	0.914
	Non Governmental	140	151.7	
Position	Assistant nurse	28	156.27	0.223
	Practical nurse	69	165.06	
	Registered nurse	185	142.35	
	Head nurse	11	186.59	
	Other	7	142.64	
Experience years	5 years or less	163	155.46	0.716
	6-11 years	91	142.36	
	12-19 years	39	149.05	
	20 years or more	7	148.79	

Table 3.13

Differences in perceptions toward internal discharge planning systems that form barriers to conducting effective discharge planning

Characteristic		Number	Mean Rank	P value
Gender	Male	152	159.10	0.081
	Female	148	141.67	
Nature of work	Full time	250	149.43	0.631
	Part time	50	155.86	
Age	20-29	195	156.89	0.201
	30-39	75	141.87	
	40-49	27	136.31	
	50-60	3	78.33	
Work place	Governmental	160	139.86	0.023
	Non Governmental	140	162.66	
Position	Assistant nurse	28	187.73	0.024
	Practical nurse	69	150.12	
	Registered nurse	185	147.91	
	Head nurse	11	151.95	
	Other	7	71.43	
Experience years	5 years or less	163	158.26	0.197
	6-11 years	91	142.41	
	12-19 years	39	146.17	
	20 years or more	7	99.14	

Table 3.14

Differences in perceptions toward external discharge planning systems that form barriers to conducting effective discharge planning

Characteristic		Number	Mean Rank	P value
Gender	Male	152	155.11	0.338
	Female	148	145.77	
Nature of work	Full time	250	148.16	0.282
	Part time	50	162.20	
Age	20-29	195	152.82	0.282
	30-39	75	154.01	
	40-49	27	132.13	
	50-60	3	77.33	
Work place	Governmental	160	142.09	0.065
	Non Governmental	140	160.11	
Position	Assistant nurse	28	167.66	0.796
	Practical nurse	69	151.55	
	Registered nurse	185	148.12	
	Head nurse	11	152.14	
	Other	7	131.71	
Experience years	5 years or less	163	156.10	0.034
	6-11 years	91	147.89	
	12-19 years	39	149.24	
	20 years or more	7	61.14	

Table 3.15*Role of management/personal skills in preventing conducting effective discharge planning*

Characteristic		Number	Mean Rank	P value
Gender	Male	152	157.14	0.175
	Female	148	143.68	
Nature of work	Full time	250	148.30	0.321
	Part time	50	161.52	
Age	20-29	195	151.25	0.095
	30-39	75	158.41	
	40-49	27	135.31	
	50-60	3	40.83	
Work place	Governmental	160	145.47	0.279
	Non Governmental	140	160.58	
Position	Assistant nurse	28	181.36	0.364
	Practical nurse	69	156.25	
	Registered nurse	185	146.21	
	Head nurse	11	161.64	
	Other	7	145.00	
Experience years	5 years or less	163	155.81	0.020
	6-11 years	91	150.26	
	12-19 years	39	146.49	
	20 years or more	7	52.36	

Table 3.16*Differences between types of hospitals in terms of discharge planning overall mean score*

Hospital	n	Mean Rank	Mann-Whitney U test	P-value
Discharge planning overall mean score	Governmental	160	141.90	9824 0.066
	Private	140	160.33	

Table 3.17

Correlation between nursing perceptions around the discharge planning process and other dependent variables

<i>independent Variables</i>	<i>dependent Variables</i>	Correlation coefficient (r)	P-value
	co-ordinate	0.528	0.00
	personal skill	0.307	0.00
<i>nursing perceptions around the discharge planning process -</i>	discharge planning management	0.427	0.00
	internal barriers to conducting effective discharge planning	0.475	0.00
	external barriers to conducting effective discharge planning	0.327	0.00
	management/personal skills	0.386	0.00

Table 3.18

The association between the perceptions of the discharge planning process for adult patients from who coordinates, skills and the barriers to effective

Variables	R Square	B	F	P-value
Discharge planning in acute departments	0.330	1.743	146.524	<0.001
Skills	0.109	0.289	36.515	<0.001
Barriers	0.283	0.513	117.789	<0.001

**Significant at $p < 0.05$.
A simple linear regression.*



جامعة النجاح الوطنية
كلية الدراسات العليا

تصور الممرضين لعملية تخطيط الخروج للمرضى البالغين في اقسام الرعاية الطبية الحادة في مستشفيات رام الله

إعداد

علي ظاهر محمد جوابرة

إشراف

د. وفاء الميناوي

قدمت هذه الرسالة استكمالاً لمتطلبات الحصول على درجة الماجستير في إدارة الصحة العامة، من كلية الدراسات العليا، في جامعة النجاح الوطنية، نابلس - فلسطين.

2023

تصور الممرضين لعملية تخطيط الخروج للمرضى البالغين في أقسام الرعاية الطبية الحادة في مستشفيات رام الله

إعداد

علي ظاهر محمد جوابرة

إشراف

وفاء الميناوي

الملخص

مقدمة: يعد تخطيط الخروج جزءًا لا يتجزأ من رعاية المرضى في أقسام المستشفى لأن الهدف لجميع المرضى هو أنهم سيغادرون هذه الأقسام بمجرد تلبية احتياجات الرعاية الصحية الحادة أو أنه من الواضح ما ستكون عليه المرحلة التالية من الرعاية. يحتاج جميع المرضى الذين يغادرون المستشفيات إلى تخطيط الخروج؛ لذلك، يختلف مدى تخطيط التفريغ لكل مريض نتيجة للاحتياجات المختلفة بعد الخروج من المستشفى، من الاحتياجات البسيطة والمباشرة إلى المتطلبات الأكثر تعقيدًا.

الهدف: التحقيق في تصور الممرضات لعملية التخطيط للخروج للمرضى البالغين في أقسام الرعاية الطبية الحادة في مستشفيات رام الله.

الطريقة: مسح مقطعي، بريدي لـ 400 ممرض يعملون في مناطق إكلينيكية حيث يُخرج المرضى عادة من منازلهم. تم جمع البيانات باستخدام استبيان تخطيط التصريف المعدل لغرض هذه الدراسة.

النتائج: شمل الاستطلاع 300 ممرضة، بنسبة استجابة 75%. 50.7% من الممرضين المشاركين في الدراسة كانوا من الذكور؛ 53.3% منهم يعملون في المستشفيات الحكومية. كما أن معظم المشاركين في الدراسة هم ممرضون مسجلون (61.7%)، بالإضافة إلى موظفين بدوام كامل (83.3%) و(54.3%) بخبرة 5 سنوات أو أقل. 63.8% من الممرضين لديهم تصورات حول التخطيط للخروج، و74.2% على دراية بتسويق تخطيط الخروج وتوقيت الخروج. في نماذج التحليل متعدد المتغيرات، كان الإدراك مؤشرا قويا لتخطيط التفريغ، والمهارات، والحواجز.

الخلاصة: وأظهرت النتائج أن إعداد أو تنفيذ خطة الخروج هي إحدى مهام الممرضة التي تقوم بمتابعة المريض. ويتطلب تنفيذ خطة الخروج بفعالية مهارات الممرضات الإدارية أو مهارات التعامل مع الآخرين. بالإضافة إلى ذلك، ينبغي توجيه الأبحاث المستقبلية نحو اكتشاف العوامل التي تعمل على تحسين عملية الخروج، ويوصى بإنشاء دورات تطوير تمريضية متكررة في عملية الاتصال، خاصة في حالات تطوير تخطيط الخروج للمرضى.

الكلمات الدالة: تخطيط الخروج، المرضى البالغين، الرعاية الطبية الحادة.