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The Effect of Discharge Planning on Ability of Parents to Care for Children After Diarrhea At Labuang Baji General Hospital

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Abstract

Systematic nursing services need to focus on identifying and solving problems, and it is hoped that nurses play a role in helping families in providing care at home through the necessary health education for clients. This activity will run more effectively with early planning and health education, with the hope that client care can continue. So discharge planning is very necessary. This study aims to determine the effect of discharge planning on parents' ability to care for children after diarrhea at RSUD Labuang Baji Makassar. This research is a quantitative research with a Quasi Experimental design. The population studied were parents with children suffering from diarrhea who were treated at Labuang Baji Hospital, Makassar. With a sample size of 60 respondents. The sampling technique is purposive sampling. The sample was divided into two groups, namely the control group and the treatment group. After both groups were observed regarding knowledge, attitudes and skills. The treatment group was given the dischaege planning intervention, while the control group was not given the intervention. Data were collected using observation sheets and questionnaires with assessments according to the Gutman and Likert scales. Data analysis used t-test, Chi-Square, and Odds Ratio, with a significance level of α = 5% (0.05). Analysis of results in the treatment group using t-test. It was found that there was a significant influence between discharge planning on parents' ability to care for their children after diarrhea. with the expected value (p = 0.00) smaller than the value (0.005). and in the Chi-

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Square (Fisher's Exact Test) the value P = 0.00 < 0.05 is obtained which can be concluded that there is a relationship between discharge planning and the ability of parents to care for children after diarrhea, whereas in the analysis using the Odds Ratio of the value is 7.5, meaning . Parents who were given discharge planning intervention were 7 times more likely to have greater knowledge, skills and attitudes compared to parents who were not given discharge planning intervention. Meanwhile, in the control group, no influence or relationship was found with the expected t-test value p=0.32 > 0.05 and Chi-Square p=1,000 > 0.05. The conclusion is that there is an influence of discharge planning on parents' ability to care for children after diarrhea.

Keywords : Influence, Discharge planning, Ability, Parents Caring For Children After Diarrhea.

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1. Introduction

Discharge planning is defined as a systematic process for preparing clients to leave a health care setting and to continue treatment. The key to the success of "Discharge Planning" is the exchange of information between the client, the nursing service provider, who is responsible for the client's care after being discharged from the hospital. Discharge planning is essentially part of the nursing process. This is a process that involves a team. The main goal is to help clients and families achieve optimal levels of health. Furthermore, discharge planning will provide guarantees for continued treatment. Several methods/strategies in discharge planning can occur, each situation has its own organizational structure, however, discharge planning must be based on:

a) Coordination
b) Interdisciplinary
c) Early recognition
d) Careful planning
e) Involve the client, family and other people providing care

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Burgess (1983) Describes the characteristics indicating the need for a formal discharge plan as follows:

a) Lack of knowledge about treatment plans
b) Mental and emotional instability
c) Management of complex home care
d) Financial difficulties

Discharge planning begins when the patient enters the health care setting. It is essential to ensure continuity of care and to determine the anticipated place of discharge (eg, home or skilled nursing facility). You are responsible for planning continuity of care between nursing personnel, between services within the care setting, and between the care setting and the community. The nurse is also responsible for initiating referrals to other community services and providing the necessary direction to patients/families who are learning to accelerate healing and improve health conditions.

Currently the health care system is very extensive and complex. Various problems and efforts to resolve them have been attempted. Many clients in hospital who are still in acute condition go home early. If the client is discharged from the hospital early, it means the client is returning home in an unstable condition and requires greater care. In this case, good discharge planning is needed for the client and his family, so that at home the client will receive real care.

Based on the results of the Labuang Baji General Hospital report, the number of diarrhea sufferers in 2003 was 1223 sufferers with a death rate of 13 (1.06%). In 2004 at RSUD Labuang Baji Makassar there were 32 children and Puskesmas Jumpandang Baru as many as 44 children were suffering from diarrhea. In June 2006 at RSUD Syekh Yusuf there were 30 toddlers suffering from diarrhea while in January to November 2006 at RSUD Salewangeng Maros there were 2 toddlers suffering from diarrhea. In 2005, there were 11,704 diarrhea sufferers in Makassar, 28 of whom died. The number of diarrhea sufferers in Makassar is the highest out of 58,525 diarrhea sufferers in South Sulawesi.

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Based on reports from the Ministry of Health, the diarrhea morbidity rate is 374 per 1000 population. Diarrhea is the number 2 cause of death in toddlers and number 3 in babies. (4). In 2006 the number of patients at RSUD. Labuang Baji Makassar From January to June there were 673 sufferers.

2. Research Methods

This research is quantitative research using a quasi-experimental design. (25) The sample was divided into two groups, namely the treatment group and the control group. The treatment group samples were given discharge planning while the control group samples were not given discharge planning. In both groups it started with observation, then discharge planning was given to the treatment group.

3. Results And Discussions

a. Results

1. Univariate Analysis

a) Respondent Characteristics

- The frequency distribution of respondents based on age at RSUD Labuang Baji Makassar can be seen in table 5.1 below:

Table 5.1
Frequency distribution of respondents based on age at RSUD Labuang Baji Makassar

Age	Treatment Group Control				Total	
	n	%	n	%	n	%
20-25	8	26,7	6	20,0	14	23,3
26-30	7	23,3	10	33,3	17	28,3
31-35	7	23,3	3	10,0	10	16,7
36-40	4	13,3	8	26,7	12	20,0
41-45	2	6,7	1	3,3	3	5,0
46-50	1	3,3	2	6,7	3	5,0
51-55	1	3,3	0	0,0	1	1,7
Total	30	100	30	100	60	100

Source: primary data

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In table 5.1 above, you can see the overall characteristics of respondents based on age, namely 14 people (23.3%) aged 20-25 years, 17 people (28.3%) aged 26-30 years, 10 people (16.7%) aged 31 -35 years old, 12 people (20.0%) aged 36-40, 3 people (5.0%) aged 41-45 years, 3 people (5.0%) aged 46-50 years, 1 person (1.7%) aged 51 -55 years.

- The frequency distribution of respondents based on education level at RSUD Labuang Baji Makassar can be seen in table 5.2 below:

Table 5.2
Frequency distribution of respondents based on education level at RSUD Labuang Baji Makassar

Level of education	T. Group		T. Control		Total	
	n	%	n	%	n	%
Elementary School	0	0,0	1	3,3	1	1,7
Junior High School	2	6,7	12	40,0	14	23,3
Senior High School	24	80,0	17	56,7	41	68,3
University	4	13,3	0	0,0	4	6,7
Total	30	100	30	100	60	100

Source: primary data

In table 5.2 above, you can see the overall characteristics of respondents based on level of education, namely: 1 person (1.7%) has an elementary school education, 14 people (23.3%) has a junior high school education, 41 people (68.3 %) %) have a high school education, 4 people (6.7%) have tertiary education.

b. Characteristics child

1) Characteristics child

- Distribution frequency child based on age at RSUD Labuang Baji Makassar can seen on table 5.4 below :

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Table 5.4
Frequency distribution of children based on age at
RSUD Labuang Baji Makassar

Age	T. Group		T. Control		Total	
	n	%	n	%	n	%
0-1 Year	20	67	18	60,0	38	63,333
1-3 Year	6	20	6	20	12	20
4-6 Year	4	13	6	20,0	10	16,667
Total	30	100	30	100	60	100

Source: primary data

In table 5.4 above you can see the overall characteristics of children based on age, namely: 12 people (20%) aged 1-6 months, 12 people (20%) aged 7-12 months, 33 people (55%) aged 1 -5 years, 3 people (5%) aged 6-10 years.

- The frequency distribution of children based on age at RSUD Labuang Baji Makassar can be seen in table 5.5 below:

Table 5.5
Frequency distribution of children by gender at
RSUD Labuang Baji Makassar

Gender	T. Group		T. Control		Total	
	n	%	n	%	n	%
Male	17	56,7	24	80	41	68,3
Female	13	43,3	6	20	19	31,7
Total	30	100	30	100	60	100

In table 5.5 above, you can see the overall characteristics of children based on gender, namely: 41 people (68.3%) are male and 19 people (31.7%) are female.

c) Parental knowledge

1) Treatment groups

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- The frequency distribution of respondents based on level of knowledge at RSUD Labuang Baji Makassar can be seen in table 5.6 below:

Table 5.6
Frequency distribution of respondents based on level of knowledge at RSUD Labuang Baji Makassar

Knowledge	Pre Test		Post Test	
	n	%	n	%
Good	0	0	26	86,7
Less	30	100	4	13,3
Total	30	100	30	100

Source: primary data

In table 5.6 above you can see the characteristics of respondents based on level of knowledge, namely: 0 people (0%) are good, 30 people (100%) are poor. Post test as many as 26 people (86.7%) were good, 4 people (13.3%) were poor.

- The frequency distribution of respondents based on attitudes at RSUD Labuang Baji Makassar can be seen in table 5.7 below:

Table 5.7
Frequency distribution of respondents based on attitudes at RSUD Labuang Baji Makassar

Behavior	Pre Test		Post Test	
	n	%	n	%
Positive	0	0	26	86,7
Negative	30	100	4	13,3
Total	30	100	30	100

Source: primary data

In table 5.7 above you can see the characteristics of respondents based on attitude, namely: 0 people (0%) have a positive attitude, 30 people (100%) have a negative attitude. Post test as many as 26 people (86.7%) had a positive attitude, 4 people (13.3%) had a negative attitude.

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- The frequency distribution of respondents based on skills at RSUD Labuang Baji Makassar can be seen in table 5.8 below

Table 5.8
Frequency distribution of respondents based on skills at RSUD Labuang Baji Makassar

Skills	Pre Test		Post Test	
	n	%	n	%
Skillful	0	0	26	86,7
Not Skilled	30	100	4	13,3
Total	30	100	30	100

Source: primary data

In table 5.8 above you can see the characteristics of respondents based on skills, namely: 0 people (0%) are skilled, 30 people (100%) are unskilled. Post test as many as 326 people (86.7%) were skilled, 4 people (13.3%) were unskilled.

2) Control Group

- The frequency distribution of respondents based on level of knowledge at RSUD Labuang Baji Makassar can be seen in table 5.9 below:

Table 5.9
Frequency distribution of respondents based on level of knowledge at RSUD Labuang Baji Makassar

Knowledge	Pre Test		Post Test	
	n	%	n	%
Good	1	3,3	2	6,7
Less	29	96,7	28	93,3
Total	30	100	30	100

Source: primary data

In table 5.9 above you can see the characteristics of respondents based on level of knowledge, namely: 1 person (3.3%) was good in the pre-test, 29 people (96.7%) were poor. Post test 2 people were good (6.7%), 28 people (93.3%) were poor.

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- The frequency distribution of respondents based on attitudes at RSUD Labuang Baji Makassar can be seen in table 5.10 below:

Table 5.10
Frequency distribution of respondents based on attitudes at RSUD Labuang Baji Makassar

Behavior	Pre Test		Post Test	
	n	%	n	%
Positive	1	3,3	2	6,7
Negative	29	96,7	28	93,3
Total	30	100	30	100

Source: primary data

In table 5.10 above you can see the characteristics of respondents based on attitude, namely: pre-test, 1 person (3.3%) had a positive attitude, 29 people (96.7%) had a negative attitude. Post test 2 people (6.7%) had a positive attitude, 28 people (93.3%) had a negative attitude.

- The frequency distribution of respondents based on skills at RSUD Labuang Baji Makassar can be seen in table 5.10 below:

Table 5.11
Frequency distribution of respondents based on skills at RSUD Labuang Baji Makassar

Skills	Pre Test		Post Test	
	n	%	n	%
Skillful	0	0	1	3,3
Not Skilled	30	100	29	96,7
Total	30	100	30	100

Source: primary data

In table 5.10 above you can see the characteristics of respondents based on skills, namely pre-test 0 people (0%) were skilled, 30 people (100%) were unskilled. Post test as many as 1 person (3.3%) was skilled, 29 people (96.7%) were unskilled.

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2. Bivariate analysis

- The frequency distribution of respondents based on knowledge at RSUD Labuang Baji Makassar can be seen in table 5.11 below:

Table 5.12
The Influence of Discharge Planning on Parents' Knowledge of Caring for Children After

Discharge Planning	Knowledge		Total Sample
	Good	Less	
Pre Test			
Treatment Group	0	30	30
Treatment Control	1	29	30
Post Test			
Treatment Group	26	4	30
Treatment Control	2	28	30

- The frequency distribution of respondents based on attitudes at BPRSUD Labuang Baji Makassar can be seen in table 5.12 below:

Table 5.13
The Influence of Discharge Planning on Parents' Attitudes in Caring for Children After Diarrhea

Discharge Planning	Behavior		Total Sample
	Positive	Negative	
Pre Test			
Treatment Group	0	30	30
Treatment Control	1	29	30
Post Test			
Treatment Group	26	4	30
Treatment Control	2	28	30

- The frequency distribution of respondents based on skills at RSUD Labuang Baji Makassar can be seen in table 5.13 below:

Table 5.14
The Influence of Discharge Planning on Parents' Skills in Caring for Children After Diarrhea

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Discharge Planning	Skills		Total Sample
	Skillful	Not Skilled	
Pre Test			
Treatment Group	0	30	30
Treatment Control	0	30	30
Post Test			
Treatment Group	26	4	30
Treatment Control	1	29	30

2. Discussion

a) Treatment groups

In the analysis using the paired sample t-test, it was concluded that there was an influence of discharge planning on parents' ability to care for their children after diarrhea. And in the analysis using Chi-Square (Fisher's Exact test) it was concluded that there was a relationship between providing discharge planning and parents' ability to care for their children after diarrhea.

Meanwhile, in the analysis using the Odds Ratio (Risk Estimate), a conclusion was obtained which stated that parents who were given discharge planning intervention had a 7 times greater chance. likely to have greater knowledge, skills and attitudes compared to parents who were not given discharge planning intervention.

During the pre-test regarding knowledge, the results obtained were 30 people (100%) who had little knowledge about diarrheal disease. This is because parents do not receive or accept information about diarrhea. This is in line with the theory of Ardi.M (1996) which says that knowledge is everything that is obtained through information and daily experience. After carrying out discharge planning, it was found that 26 people (86.7%) had good knowledge about diarrhea, this shows that the process during the implementation of discharge planning was effective because there had been an increase in respondents' knowledge. This is in line with Bloom's theory (1981) which states that humans also gain knowledge related to health through information conveyed through direct or indirect communication. Apart from that, people can also gain

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knowledge about health by learning through counseling. Meanwhile, it was found that 4 people (13.3%) had insufficient knowledge, this was due to the average respondent's level of junior high school education, where a person's ability to remember and think was different. During the pre-test regarding attitude, 30 people (100%) had a negative attitude. This is because there is a lack of information about diarrhea which causes parents to be unable to act according to the existing information so that parents react badly to something. This is in line with Bruno's (1987) theory which states that attitude is a relatively persistent tendency to react in a good or bad way towards certain people or things. Thus we consider a tendency for clients or the client's parents to act in accordance with the information about health that they have received. given.

In the post test, 26 people (86.7%) had a positive attitude, this was because information about diarrhea had been given to parents so that parents were able to act according to the information that had been given. This is in line with Gerungan's theory (1987) which says that attitude is a tendency to act or do something or a willingness to react to something. Meanwhile, 4 people (13.3%) were still found to have a negative attitude. This is because the ability to receive information is very lacking so that parents are less able to act in accordance with the information provided. This is in line with the theory of Soekidjo Notoatmojo (2003) which states that attitude is an assessment (can be an opinion) of a person towards a stimulus or object. After someone knows the stimulus or object, the next process will be to assess or behave towards the stimulus or object. During the pre-test regarding skills, 30 people (100%) obtained this because the information obtained regarding diarrheal diseases was still very lacking so that parents were unable to apply the information obtained. This is in line with Ali's theory (1986) which states that skills obtained from the learning process are an indicator to determine whether someone has succeeded in applying the knowledge they have acquired and all their existing abilities in carrying out activities to achieve goals. In the post test, 26 people (86.7%) were skilled. This is because parents have received information about making ORS, and are able to apply the information

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obtained, namely in making ORS. This is in line with the theory according to Reber (1988) that skills are the ability to carry out complex and neatly arranged behavioral patterns smoothly and according to circumstances to achieve certain results. It was still found that 4 people (13.3%) were unskilled, this was because the parents' ability to receive and understand work instructions was lacking so that the parents were less able to make ORS solutions. This is in line with Ali's theory (1986) which states that one aspect of skills is acceptance skills where acceptance skills are the lowest level of all skill levels. These skills include a person's skills to be able to receive and understand work instructions. The results of bivariate analysis using the paired sample t-test showed that there was an influence of discharge planning on parents' ability to care for children after diarrhea, where parents' abilities were assessed based on knowledge, attitudes and skills.

Research conducted by Netty S. Sofyan stated that health education influences the family's ability to deal with diarrhea. knowledge, attitudes and skills have a meaningful relationship. Discharge planning applied in this research is in the form of counseling which contains information and education regarding diarrheal diseases.

b) Control group

This control group of respondents was not given discharge planning intervention. In data analysis using the paired sample t-test and Chi-Square test, no significant values were found regarding the influence or relationship between discharge planning and parents' ability to care for children after diarrhea. During the pre-test, 1 person (3.3%) had good knowledge, while in the post-test, 2 people (6.7%) had poor knowledge. This is because when the pre-test was carried out in a noisy environment, it could affect the parents' concentration. This is in line with the theory of Notoatmojo (2003) which states that one of the factors that influence knowledge is environmental factors, namely when research is carried out, the surrounding environment is noisy, which can reduce concentration for parents.

During the pre-test, 1 person (3.3%) had a positive attitude. Post-test 2 people (6.7%) were positive, this was because when the test was carried out the

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parents had received information from other people so that the parents were able to carry out what they knew or considered good. This is in line with the theory of Notoadmojo (2003) which says that after someone knows a stimulus or health object, they then form an assessment or opinion regarding what they know.

In table 5.16 above you can see the characteristics of parents based on skills, namely pre-test 0 people (0%) were skilled, 30 people (100%) were unskilled. post test as many as 1 person (3.3%) was skilled, 29 people (96.7%) were unskilled.

This control group of respondents was not given the Discharge planning intervention. In data analysis using the paired sample T-test, no significant values were found regarding the influence of the pre-test and post-test on knowledge, attitudes and skills. This is because discharge planning is a necessity in increasing parental knowledge, attitudes and parental skills. Parents need discharge planning to overcome the various problems they face, because with discharge planning parents are able to overcome and prevent the emergence of diarrheal disease. Meanwhile in this group (control group) parents were not given discharge planning. Meanwhile, by implementing discharge planning, nurses help clients and families achieve optimal health levels.

4. Conclusion

a) From the results of this research the following conclusions can be drawn:
b) After conducting research on "Discharge Planning", parents' knowledge increased from 0% to 86.7%
c) After conducting research on "Discharge Planning", parents' attitudes changed positively from 0% to 86.7%
d) After conducting research on "Discharge Planning", parents' skills changed from 0% to 86.7%
e) The treatment group showed that there was an influence of "Discharge planning" on parents' ability to care for children after diarrhea, while the control group showed that

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there was no influence of "Discharge planning" on parents' ability to care for children after diarrhea.

5. Compliance with ethical standards

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Disclosure of conflict of interest

his research collaboration is a positive thing for all researchers so that conflicts, problems and others are absolutely no problem for all writers.

Statement of informed consent

Every action we take as authors is a mutual agreement or consent.

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