



## Factors Related to the Implementation of Discharge Planning by Nurses in the Inpatient Ward of BLUD RSUD Meuraxa, Banda Aceh City

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### ABSTRACT

The implementation of discharge planning is crucial in nursing care, as the continuity of care becomes an imperative that nurses must execute optimally, thereby influencing service quality. The implementation of discharge planning serves as a benchmark for continuous patient care from admission to discharge. The research aims to identify factors associated with the implementation of discharge planning by nurses in the ward. This research adopts a quantitative analytical design with a cross-sectional approach. The study was conducted from August 15th to 21st, 2023. The population consisted of all practicing nurses, totaling 272 nurses, with a sample size of 73 respondents selected using lottery technique. Data analysis was conducted using the chi-square test. The research findings indicate there is a relationship between motivation factors (p-value: 0.003), workload factors (p-value: 0.007), staffing factors (p-value: 0.002), and time factors with the implementation of discharge planning by nurses (p-value: 0.008). It is hoped that nurses can enhance their understanding of the importance of discharge planning, deliver comprehensive nursing care, and execute discharge planning comprehensively from admission to discharge, thus improving the quality of hospital services

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### 1. Introduction

Patient readiness for discharge is a crucial determinant of treatment success upon returning home following hospital care. Before discharge, it is essential for patients and their families to understand how to manage home care and grasp expectations for monitoring ongoing physical issues, particularly for patients with long-term care needs (Potter & Perry 2018)

The implementation of discharge planning is very important for the continuity of patient healthcare and is an implementation that must be carried out well by nurses (Sulistyowati 2022). The issue of discharge planning has long been a global concern. Global data reports that 23% of nurses in Sydney, Australia, have not implemented discharge planning well due to lack of compliance, while in the UK, about 34% of nurses are reported not to carry out discharge planning optimally (Pribadi, Gunawan, and Djamaludin 2019)

In several hospitals in Indonesia, the implementation of discharge planning is still not optimal. Pre-discharge readiness is at 46.6% (Depkes RI 2022). Data from the Indonesian Ministry of Health in 2021

states that out of 27 hospitals surveyed across various districts and cities, the implementation of discharge planning is far from satisfactory, with 69% of patients returning to the hospital after being discharged due to health issues (Kemenkes RI 2019)

Information from the Aceh Health Office indicates that the coverage of discharge planning implementation in hospitals in Banda Aceh reaches 58%. These results reveal that although hospitals in Banda Aceh have established standard operating procedures for discharge planning implementation, its execution is still not optimal. This is due to time constraints for nurses, resulting in the implementation not being fully carried out effectively (Dinkes Aceh 2021)

The implementation of discharge planning at BLUD RSUD Meuraxa has so far been limited to the preparation of discharge summaries. This can be seen from the discharge summary format filled out by the attending physician (DPJP) when patients are discharged. However, other healthcare professionals such as pharmacy, nutrition, and physiotherapy have never recorded information on the discharge planning sheet due to the lack of an appropriate format. As a result, they only record information on integrated sheets. Additionally, the discharge planning format used at BLUD RSUD Meuraxa only focuses on the patient discharge process.

Another issue that arises is that so far, the implementation of discharge planning has been carried out optimally by nurses as the hospital accreditation approaches. However, over time, the implementation of discharge planning has begun to decline due to several factors. These factors include the lack of nurse motivation, excessive nurse workload, limited personnel/nurses, and insufficient time for nurses. All of these factors contribute to the decreased quality of discharge planning implementation by nurses.

This is consistent with the findings of research conducted by (Rezkiki and Fardilah 2019) regarding the Description of Discharge Planning Implementation in Inpatient Wards at RSUD dr. Achmad Mochtar Bukittinggi, which found that 50.3% of nurses did not implement discharge planning because they only carried out essential actions without paying attention to the details of the discharge planning process.

Research provides important contributions in hospital management, especially in the field of nursing. We evaluate factors of patient dissatisfaction with discharge planning services provided by nurses during hospitalization. Thus, the results of this study can enhance nurses' understanding of appropriate discharge planning implementation to provide patients with self-care understanding after discharge from the hospital

Based on the above description, the researcher is interested in further investigating how the implementation of discharge planning at BLUD RSUD Meuraxa and what factors influence it, considering findings that several factors such as lack of nurse motivation, heavy workload, personnel limitations, and limited time can affect the implementation of discharge planning.

## **2. Methods**

This type of research is quantitative research using an analytic correlation design. The population consists of 272 practicing nurses working in the inpatient ward. The sample size is 73 respondents selected using the lottery technique. The research was conducted from August 15th to 21st, 2023, using provided instruments. Data collection was done through interview method. The collected data were then analyzed using univariate analysis, which calculates the frequency distribution of each variable, and bivariate analysis, which analyzes the relationship between dependent and independent variables using the chi square statistical test.

## **3. Results and Discussion**

Research results on factors related to the implementation of discharge planning by nurses in the Inpatient Ward of BLUD RSUD Meuraxa, Banda Aceh. The components of the research results to be explained include respondent characteristic data, discharge planning factor data, discharge planning implementation by nurses and correlation data of research variables

### Respondent characteristic data

Table 1.  
Frequency distribution of characteristics of implementing nurses at RSUD Meuraxa

Variable	Frequency	Persentase (%)
Age		
17-25 Years	6	8,2
26-35 Years	54	74,0
36-45 Years	8	11,0
46-55 Years	5	6,8
Gender		
Male	15	20,5
Female	58	79,5
The last education		
Diploma three	46	63,0
Nurse	24	32,9
Specialized Nurse	3	4,1
Officer status		
P3K	46	63,0
ASN	27	37,0
Length of employment		
1-5 Years	15	20,5
6-10 Years	28	38,4
11-15 Years	17	23,3
16-20 Years	10	13,7
> 20 Years	3	4,1
Total	73	100

Table 1 shows that the majority of respondents are aged 26-35 years, with a total of 54 people (74.0%). Female nurses are the most common gender, with 58 people (79.5%). The majority of respondents have a DIII level of education, totaling 46 people (63.0%), and the most common employment status is P3K, also with 46 people (63.0%). Additionally, the most common length of employment in the hospital is 6-10 years, with a total of 28 people (38.4%).

### Discharge planning factor data

Table 2.  
Frequency distribution of factors related to discharge planning in implementing nurses

Variable	Frequency	Persentase (%)
Nurse motivation		
Good	45	61,6
Poor	28	38,4
Nurse workload		
Low	32	43,8
High	41	56,2
Room staffing		
Enough	48	65,8
Insufficient	25	34,2
Nurse time		
Enough	51	69,9
Insufficient	22	30,1
Total	73	100

Based on the results of the table above, it shows that out of 73 respondents (nurses), 45 individuals (61.6%) of nurses have good motivation in implementing discharge planning. 41 individuals (56.2%) of nurses have a high workload in implementing discharge planning. 48 individuals (65.8%) of nurses stated that the room staffing is sufficient in implementing discharge planning. 51 individuals (69.9%) of nurses have sufficient time in implementing discharge planning.

### Implementation of Discharge Planning

Table 3.

Frequency distribution of discharge planning implementation by nurses in the inpatient ward of RSUD Meuraxa

Implementation of Discharge Planning	Frequency	Persentase (%)
Good	48	65,8
Poor	25	34,2
Total	73	100

Based on the table above, the research results show that out of 73 respondents, 48 nurses (65.8%) have implemented discharge planning well, while 25 nurses (34.2%) have implemented it inadequately

### Influence of Discharge Planning Factors on the Implementation of Discharge Planning

Table 4.

The influence of motivational factors on the implementation of discharge planning by nurses at RSUD Meuraxa

Motivational Factors	Implementation of Discharge Planning				Total	$\alpha$	P-Value
	Good		Poor				
	F	%	F	%			
Good	36	80,0	9	20,0	45	0,05	0.003
Poor	12	42,9	16	57,1	28		

The research results from the table above indicate that out of 45 respondents who have good motivation at work, 36 respondents (80.0%) actually implement discharge planning well. Meanwhile, out of 28 respondents who have poor motivation at work, only 12 respondents (42.9%) implement discharge planning well. Based on the Chi-Square test statistical analysis, it is found that there is an influence between the nurse motivation factor and the implementation of discharge planning by nurses in the Inpatient Room of RSUD Meuraxa, with a p-value = 0.003.

Discharge planning is part of continuous care, encompassing nursing services required by patients wherever they are. It's an interactive process involving multidisciplinary healthcare professionals, patients, and families collaborating to provide and organize the necessary continuity of care for patients (Nursalam 2018)

The role and responsibility of nurses in discharge planning are to implement, coordinate, and monitor the progress of care as well as the readiness of clients for discharge (Sutoto and Utarini 2019). Factors influencing the implementation of discharge planning include motivation, supervision, facilities, and knowledge. The process of providing discharge planning should be comprehensive and involve hospital medical staff as consultants. Nurses play a crucial role in the patient care process and nursing process, significantly impacting the provision of continuity of care with discharge planning (Potter & Perry 2018).

Discharge planning involves efforts to ensure that patient care continues smoothly after discharge from the hospital, including patient condition monitoring, medication management, and coordination with other healthcare providers if necessary. The aim is to ensure that patients receive appropriate and integrated care, while reducing the risk of unwanted complications or relapses. The implementation of discharge planning by nurses depends on the motivation provided by the head of the ward to the implementing nurses. Motivation is crucial to ensure nurses are more enthusiastic in

carrying out discharge planning (Sitorus and Panjaitan 2011)

This research finding is also supported by (Syari 2017) study on the relationship between nurses' motivation and the implementation of discharge planning at Ibnu Sina Yarsi Islamic Hospital in Bukittinggi. Out of 35 respondents with good motivation, 23 individuals (65.7%) effectively carried out discharge planning. The obtained odds ratio (OR) was 4.472, with a p-value of 0.009. This indicates that respondents with good motivation have a 4.472 times higher chance of executing discharge planning effectively compared to those with poor motivation.

Based on the description above, the researcher can assume that motivation factor is highly correlated with the implementation of discharge planning by nurses. It can be observed that when nurses have good motivation, the implementation of discharge planning is also good, as seen in 36 respondents (80.0%). Conversely, when motivation is lacking, the implementation of discharge planning by nurses is also inadequate or poor, as seen in 16 individuals (57.1%). Discharge planning is important to provide encouragement in patients' recovery process. Timely discharge planning can shorten the duration of hospitalization, reduce costs, lower the risk of patient readmission after discharge, and ensure timely discharge intervention. The lower the work motivation, the lower the implementation of discharge planning by nurses. Therefore, nurse motivation and enthusiasm are crucial factors in the implementation of discharge planning

Table 5.  
The influence of workload on the implementation of discharge planning by nurses at RSUD Meuraxa

Workload Factor	Implementation of Discharge Planning				Total	$\alpha$	P- Value
	Good		Poor				
	F	%	F	%			
Low	27	84,4	5	15,6	32	0,05	0.007
High	21	51,2	20	48,8	41		

The research results from the table above indicate that out of 32 respondents with low workload, 27 respondents (84.4%) are able to carry out discharge planning well. Meanwhile, out of 41 respondents with high workload, only 21 respondents (51.2%) carry out discharge planning well. Based on the Chi-Square statistical test, it is evident that there is an influence of workload factor on the implementation of discharge planning by nurses in the Inpatient Ward of RSUD Meuraxa, with a p-value = 0.007

One of the activities in nursing care that can improve the quality of healthcare services is the implementation of discharge planning (Junaidi 2017). However, excessive workload and imbalance between the number of nurses and the tasks to be performed can lead to fatigue and job dissatisfaction among nurses. This ultimately may prolong the length of patient hospitalization days, with the fastest standard being 6 days and the longest being 10 days. According to Depkes (2021), the standard workload for healthcare workers is 40 hours per week for nurses. If the effective workdays are 5 days/week, then  $40/5 = 8$  hours/day. However, if the effective workdays are 6 days/week, then  $40/6 = 6.6$  hours/day or rounded to 7 hours/day (Rezkiki and Fardilah 2019)

The factors influencing nurse workload include constantly changing patient conditions, the required hours of direct patient care, and additional tasks that can disrupt nurses' performance. Workload is also affected by working hours and additional duties, such as administrative tasks and health education (Hamapu 2020). The research findings are supported by (Malingkas 2019) study conducted at the Inpatient Ward of RSUD dr. Sam Ratulangi Tondano. Out of 46 respondents, 28 nurses (60.9%) were found to have a high workload. The correlation strength between workload and the implementation of discharge planning is 0.359, with a p-value of  $(0.014) < \alpha (0.05)$ , indicating a significant correlation. This emphasizes the relationship between workload and the execution of discharge planning. Implementing discharge planning is one aspect of a nurse's workload that should be done effectively and optimally.

Peneliti's assumption suggests a significant relationship between the workload factor and the implementation of discharge planning by nurses. When the nurse's workload is low, the implementation of discharge planning tends to be good, as seen from the percentage reaching 84.4% of the total respondents. Conversely, when the nurse's workload is high, the implementation of discharge planning tends to be poor, with only 48.8% of respondents executing it well. Data analysis indicates that a low workload contributes to better implementation of discharge planning, whereas a high workload tends to reduce its quality. Findings also suggest that nurses' workload is greatly influenced by the tasks they handle and the level of patient dependency. The importance of nurses' role in providing proper care underscores the need for a deep understanding of the impact of workload on discharge planning implementation. This study provides valuable insights for improving healthcare quality and nurses' well-being.

Table 6.  
The influence of room staffing on the implementation of discharge planning by nurses at RSUD Meuraxa

Room Staffing Factor	Implementation of Discharge Planning				Total	$\alpha$	P- Value
	Good		Poor				
	F	%	F	%			
Enough	38	79,2	10	20,8	48	0,05	0.002
Insufficient	10	40,0	15	60,0	25		
Total	48	65,8	25	34,2	73	100%	

The research results in the above table indicate that out of 48 respondents who have sufficient room staffing, 38 respondents (79.2%) implement discharge planning well. Meanwhile, out of 25 respondents who have insufficient room staffing, only 10 respondents (40.0%) implement discharge planning well. Based on the Chi-Square statistical test, it was found that there is an influence of room staffing factor on the implementation of discharge planning by nurses in the Inpatient Ward of RSUD Meuraxa, with a p-value = 0.002

Implementation of discharge planning is influenced by the personnel involved in it. Nurses are among the individuals who play a central role in this process. One of the main obstacles faced by nurses in planning patient discharge is the unclear role and lack of presence of nursing staff in the discharge planning process (Baker 2019). The responsibility for developing and implementing discharge planning in hospitals must be carried out directly by nurses. Nurses also have the duty to collaborate with patients and healthcare providers in the community, organize healthcare referral services, regularly assess patient needs, determine when patients are ready for discharge, and arrange necessary care after patients leave the hospital (Seniwati et al. 2022).

The justification of this research result is based on the assumption that personnel factor plays a crucial role in the implementation of discharge planning by nurses. This can be observed from the significant relationship between personnel level and discharge planning implementation. It can be seen that nurses with adequate personnel tend to carry out discharge planning well, as reflected in the percentage of respondents reaching 79.2%. Conversely, when nurses have insufficient personnel, the implementation of discharge planning tends to be less optimal, as seen from the percentage of respondents at 60.0%. Observations during the study also indicate that the personnel factor has a significant influence, considering the presence of adequate personnel is a crucial indicator in the implementation of discharge planning by nurses. This means that collaboration between nurses and the discharge planning team personnel such as doctors, nutritionists, and pharmacists is essential in ensuring good discharge planning implementation.

The results of this study indicate that personnel factors play a role in the implementation of discharge planning by nurses. In a study conducted by (Prameswari 2019) at the Paru Jember Hospital, out of 63 respondents, 37 individuals (58.7%) had good personnel factors, while 26 individuals (41.3%) had less favorable personnel factors. Data analysis showed a significant relationship between personnel

factors and the implementation of discharge planning by nurses, with a significance value (p-value) of 0.000

Table 7.  
The influence of nurse working hours on the implementation of discharge planning by nurses at RSUD Meuraxa

Nurse Working Hours Factor	Implementation of Discharge Planning				Total	$\alpha$	P-Value
	Good		Poor				
	F	%	F	%			
Enough	39	76,5	12	23,5	51	0,05	0.008
Insufficient	9	40,9	13	59,1	22		
Total	48	65,8	25	34,2	73	100%	

Based on the research table above, it is shown that out of 51 respondents who have sufficient working time, 39 respondents (76.5%) implement discharge planning well. Meanwhile, out of 22 respondents who have insufficient working time, only 9 respondents (40.9%) implement discharge planning well. The Chi-Square test results indicate that there is an influence of nurse's working time factor on the implementation of discharge planning by nurses in the Inpatient Ward of BLUD RSUD Meuraxa, with a p-value = 0.008

Time is closely related to the implementation of discharge planning. This indicates that time constraints are a challenge in the discharge planning process. Sufficient time is crucial for discharge planning as it allows for client assessment, development, and implementation of discharge plans (Syari 2017). Nurses in hospitals often feel constrained by the available time to convey discharge plans to patients. Discharge planning is conducted only at specific times, not every day, and is often a complaint among nurses in the community. Nurses who feel their time is limited tend to have inadequate perceptions, while those with better perceptions about time tend to have less. Time management by nurses in implementing discharge planning is crucial, as interviews with various nursing service institutions show that time constraints for discharge planning can affect its success (Prameswari 2019)

The findings of this research are supported by (Destri et al. 2021) study, which examined factors related to the implementation of discharge planning in the Inpatient Ward of Ibn Sina Payakumbuh Islamic Hospital. Among the 28 nurses with adequate time, the majority conducted discharge planning (78.6%). Conversely, among the 22 nurses with insufficient time, the majority did not conduct discharge planning (86.4%), with a p-value of 0.000. These findings indicate a significant relationship between the timing of implementation and the execution of discharge planning in the inpatient ward

Based on the description above, the researcher concludes that time factor significantly influences the implementation of discharge planning by nurses. It is evident that when nurses have sufficient time, the implementation of discharge planning tends to be good, with 39 respondents (76.5%) carrying it out. Conversely, when nurses have insufficient time, the implementation of discharge planning tends to be less optimal, with 13 respondents (59.1%) not performing it well. Observation during the study indicates that lack of time is one of the factors hindering the implementation of discharge planning, as nurses do not have enough time to provide comprehensive and detailed information according to the needs of the patients and their families

#### 4. Conclusion

From this research, it is found that out of four factors related to the implementation of discharge planning, the results are as follows: out of 73 respondents, 45 nurses (61.6%) have good motivation in carrying out discharge planning; 41 nurses (56.2%) face high workloads; 48 nurses (65.8%) consider the number of personnel or room staffing to be sufficient; 51 nurses (69.9%) have adequate time; and 48 respondents (65.8%) have executed discharge planning well.

The statistical test results on these four factors conclude that there is an influence between the motivation factor and the implementation of discharge planning (P-value=0.003), there is an influence between the workload factor and the implementation of discharge planning (P-value=0.007), there is an

influence between the room staffing factor and the implementation of discharge planning (P-value=0.002), and there is an influence between the nurse's time factor and the implementation of discharge planning (P-value=0.008).

In this study, it is recommended that nurses enhance their knowledge and conduct discharge planning comprehensively from patient admission to discharge, to improve the quality of hospital services. Additionally, BLUD RSUD Meuraxa Kota Banda Aceh should provide standard operating procedures for discharge planning to facilitate nurses in performing their duties effectively, and increase the number of personnel to reduce fatigue and enhance work motivation. This is expected to lessen nurses workload and provide them with more time to carry out discharge planning for patients.

For future researchers, it is hoped that they can conduct comprehensive further research on factors influencing the implementation of discharge planning. This step may involve adding research variables, increasing the sample size, and conducting more detailed analyses to compare the implementation of discharge planning by nurses in various wards. Thus, the study is expected to provide deeper and more relevant insights in this field.

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