

**Original Research****How a Servant-Leadership Attitude Affects Discharge Planning Efficiency****Reny Anggraeni Dwi Puspita<sup>1\*</sup>, Nursalam Nursalam<sup>2</sup>, Yanis Kartini<sup>3</sup>**<sup>1,3</sup> Department of Nursing Masters, Faculty of Nursing and Midwifery, Nahdlatul Ulama University, Surabaya, Indonesia<sup>2</sup> Faculty of Nursing, Airlangga University, Surabaya, Indonesia**ABSTRACT**

**Background:** Discharge planning is one way in which leadership styles can motivate nurses to up their game and provide better care to patients. Examining how a servant leadership style affects the success of discharge planning initiatives is the primary goal of this study.

**Methods:** The initial part of this mixed-method study involved doing qualitative research using an exploratory descriptive methodology with seven participants at Surabaya's Bhakti Dharma Husada Hospital. Research using quantitative methods and a quasi-experimental design is the second phase. Using a purposeful sampling technique, 114 nurses from the inpatient population at Bhakti Dharma Husada Hospital Surabaya participated in the study. Of this, 57 were assigned to the intervention group and 57 to the control group.

**Results:** The first stage of the study produced a servant leadership module for the head of the room. In the second stage, based on the paired sample *t*-test, there was an effect after the intervention was given while entering the hospital ( $p = 0.000$ ), during treatment ( $p = 0.000$ ), and before leaving the hospital ( $p = 0.000$ ). In the independent sample *t*-test, there was a significant difference in the post-test mean between the intervention and control groups during entering the hospital ( $p = 0.000$ ), during treatment ( $p = 0.000$ ), and before leaving the hospital ( $p = 0.000$ ) on the performance results of the discharge plan.

**Conclusion:** The ward head at Bhakti Dharma Husada Hospital Surabaya can use the servant leadership module and intervention to improve the performance of discharge planning from the time a patient enters the hospital to the time they leave.

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**INTRODUCTION**

In order to guarantee the patient's safety, discharge planning is a methodical process that begins when the patient enters the hospital and continues until the patient

departs (Black & Duval, 2019; Lino, 2021). The home care planning programme has failed since the performance of discharge planning is not optimal at the moment, and it is confined to implementing routine re-control information and only done when the patient is going home (Dunagan et al., 2022; Le Danseur, 2020; Lemos, Saldanha, Vieira, & Azzolin, 2020; Luther, Wilson, Kranz, & Krahulec, 2019).

This resulted in a high number of patients returning to the emergency room at the Puskesmas hospital because of the minor problems experienced by the patient due to the low readiness of the family in caring for sick family members (Eskes et al., 2023; Franck, Waddington, & O'Brien, 2020; Provencher et al., 2020; Schlegel et al., 2022). The cause of the unsuccessful implementation of *discharge planning* is due to the lack of involvement of the head of the room with his leadership style, who can influence and control his subordinates to carry out *discharge planning* (Chen, Xiao, Chamberlain, & Newman, 2021; Dirkes & Kozlowski, 2019).

Thus, it is necessary to have a ward head with a leadership style who is caring and who becomes a driving force for change so that good cooperation occurs between the ward head and implementing nurses who can improve the performance and quality of nursing services through *discharge planning*. Discharge planning's efficacy has been the subject of much research both internationally and in Indonesia. Discharge planning data from inpatient rooms reveals a performance level that is 50.8% below ideal, according to many studies.

According to previous research, discharge planning is actually done in Indonesia. However, 36 percent of nurses have never done it, and 56 percent of those who have done it have never based it on structured planning or evaluation of patient needs (Antara et al., 2017a). According to Pratitwi et al., (2020), the current rate of adherence to discharge planning is 23%.

From June to December 2021, medical record data from the Bhakti Dharma Husada Hospital in Surabaya shows that 80% of discharge planning for KRS patients was done before they were discharged, but only for an explanation of the control time and drugs that were under discharge. 25% of discharge planning was done for MRS patients, and 20% was done while they were hospitalized. Thirty percent accuracy in filling out the discharge plan.

Bhakti Dharma Husada Surabaya Hospital has made efforts to improve performance in carrying out *discharge planning*, namely collaborating with the nursing quality team to re-socialise standard operating procedures and the use of *discharge planning*. Socialization has not given optimal results. In a preliminary study conducted by interviewing 5 nurses in the inpatient ward of RSUD Bhakti Dharma Husada, it was found that respondents still did not understand *discharge planning* and did not know how to fill out the *discharge planning*.

A total of 5 respondents did not know about the criteria for patients who need *discharge planning*. A total of 3 respondents said that *discharge planning* was given before KRS patients, which included an explanation of drugs and control time. 2 respondents said that *discharge planning* was given at the beginning of the MRS. The five respondents said that they had received socialization about *discharge planning* twice, but they still did not understand it. The head of the room also knows and tends to let it go.

Supervision and control as a follow-up have never been carried out. The head of the room did not provide an example of the *discharge planning* in accordance with the

hospital SOP. Respondents hope that the head of the room can direct and facilitate their performance in carrying out *discharge planning*.

The performance of nurses in providing nursing care determines success in nursing services. The first factor that can affect performance is leadership (Merlane & Booth, 2020; Urbietè, Lesauskaitė, & Macijauskienė, 2020). Leadership has a very important role in the overall effort to improve nurse performance. The application of an inappropriate leadership style given by the leader to his employees can reduce the performance of nurses in providing nursing care, one of which can be seen in the provision of *discharge planning* to patients.

Leadership servant is characterized as an ethical and human-centered theory of leadership. Leaders *A servant* must be able to invite subordinates to be able to make changes based on the conscience and needs of others. Servant leadership *is* very influential on the performance of the employee or the employee himself. Several studies say that *servants* have an influence on employee performance and provide the most positive value.

The selection of the right and appropriate leadership style can direct and evaluate the achievement of individual goals and organizational goals. An inappropriate leadership style will result in organizational goals being neglected, and employees can feel annoyed, anxious, rebellious, and dissatisfied (Anselmo-witzel & Dimitroff, 2020; Antara et al., 2017b; Rayatin et al., 2018b). Organizations need leaders who are reformist and caring so as to create good cooperation between leaders and subordinates who can improve the performance and quality of health services through the application of the *servant leadership model*.

Efforts to improve employee performance by implementing *servant* is a leadership style model that transforms something into a different form. Leader-*servant* involves subordinates together to make changes, or often called a form of empowerment by emphasizing a sense of caring for staff (Coffey et al., 2019). Leadership style: a servant has a positive bond between superiors and subordinates.

Leadership style *servant* has 7 (seven) interrelated elements, namely compassion, empowerment, vision, humility and trust, *service*, and prioritizing others. Leadership *A servant* basically motivates subordinates to do better than what can be done. These seven elements must be able to be owned and realized properly by a hospital leader.

Both internationally and domestically, many studies have examined the efficacy of discharge planning. According to a number of studies, inpatient rooms' performance data on the implementation of discharge planning is 50.8% below ideal. Previous research has shown that discharge planning does in fact take place in Indonesia, with 36% of nurses reporting no such activity and 56% reporting that even among those who do discharge planning, it is not based on structured planning or evaluation of patients' needs (Antara et al., 2017a).

Only 23% of patients really follow their discharge plans (Pratiwi et al., 2020). According to medical record data from June to December 2021 at Surabaya's Bhakti Dharma Husada Hospital, 80% of discharge planning for KRS patients was completed before they were discharged, with the exception of explaining control time and drugs under discharge, 25% for MRS patients, and 20% while they were hospitalised. The completion rate of the discharge planning form is 30%.

## MATERIALS AND METHOD

This study used a *mixed-methods approach*; the first phase used qualitative research with an exploratory descriptive approach with 7 respondents at Bhakti Dharma Husada Hospital, Surabaya. Qualitative studies use structured interviews, note sheets, and recording tools via smartphones. The qualitative study using structured interviews, note sheets, and recording tools via smartphones aimed to collect in-depth and detailed data from participants.

Structured interviews ensure that each participant answers the same questions, allowing researchers to compare and analyze responses more consistently. Note sheets are used to record important points, non-verbal behaviors, and contexts that may not be recorded by recording tools. The use of smartphones as a recording tool offers convenience and flexibility, allowing researchers to record interviews with good sound quality without the need for complex equipment. The combination of these methods ensures that the data collected is rich, detailed, and reliable for further analysis.

The second stage is quantitative research with a *quasi-experimental research design*. The population is implementing nurses in inpatient Bhakti Dharma Husada Hospital Surabaya. A sample of 114 respondents in the intervention group (57) and control (57). Samples were taken by *purposive sampling*. leadership styleservant, and the dependent variable is the performance of the discharge planning.

Data were collected by questionnaire. Data analyzed use paired sample t-test and independent t-test. This research has received ethical clearance from Bhakti Dharma Husada Hospital Surabaya, thus ensuring that all research procedures have met the applicable ethical standards.

## RESULTS

The results of qualitative studies show that effective discharge planning has various positive impacts. Patients feel more informed and prepared for follow-up care at home, which contributes to increased patient satisfaction. In addition, there was a decrease in the readmission rate, which showed that patients were better able to maintain their health after being discharged from the hospital.

Families and carers also feel more involved and ready to provide the necessary support. Good communication between the medical team and the patient ensures that the individual's needs are met, creating a sense of trust and security for the patient as they leave the healthcare facility.

**Table 1.** Results of the Intervention and Control Groups' Performance on Implementing Discharge Planning Upon Hospital Admission at Bhakti Dharma Husada Hospital Surabaya, June–July 2022

Variables	Group	Pre-Test (Mean ±SD)	Min Max	Post-Test (Mean±SD)	Min Max	Delta (X)	Value (Paired T-Test)
DP At MRS	Intervention	55.28±2.305	53-65	80.32±	2.451 70-84	25.04	0.000
	Control	54.84± 2.673	51-59	70.56±	5.471 60-83	15.72	0.000
Analysis		of Independent Sample T-Test = 0.000					

Table 1 shows that there was a 25.04-point difference between the intervention group's pre- and post-test performance on discharge planning during hospital admission. A significant difference in the performance of discharge planning at hospital admission before and after the servant in the control group and the intervention group was indicated by the test results of the paired sample t-test, which had a value of  $0.000 < (0.05)$ . The server has an impact on the execution of discharge planning upon admission to the hospital, as indicated by the results of the analysis using the independent sample t-test, which demonstrates that  $= 0.000 < (0.05)$ .

**Table 2.** How Well the Intervention and Control Groups Performed on Their Implementation Discharge Plans During Hospitalisation at Bhakti Dharma Husada Hospital Surabaya in June and July 2022

Variables	Group	Pre-Test (Mean±SD)	Min Max	Post- Test (Mean±SD)	Min Max	delta (X)	Value (Paired T-Test)
DP During MRS	Intervention	54.84±2.128	53-62	79.02±2.863	76-84	24.1 8	0.000
	Control	55.49±2.128	51-59	71.04±7.124	62 -84	15.5 5	0.000
Analysis		of Independent Sample T-Test = 0.000					

Table 2 shows the difference in the mean (delta) of pre-test and post-test performance of discharge planning during hospitalisation in the intervention group, namely 24.18. Test paired sample t-test that is  $= 0.000 < (0.05)$ , indicating there is a significant difference between the performance of discharge planning during hospitalisation before and after the servant in the control group and the intervention group. The results of the analysis using the independent sample t-test showed that  $= 0.000 < (0.05)$ , meaning that servants had an influence on the implementation of discharge planning during hospitalisation.

**Table 3.** Performance of the implementation discharge planning before leaving the hospital in the intervention and control group at Bhakti Dharma Husada Hospital Surabaya, June-July 2022

Variables	Group	Pre-Test (Mean±SD)	Min Max	Post-Test (Mean±SD)	Min Max	delt a (X)	Value (Paire d T- Test)
DP at	Intervention	53.67±	1.816 51-58	80.47±	2.443 77-84	26.8	0.000
	Control	54.28±3.544	51-59	64.51±4.822	62- 84	10.23	0.000
Analysis		of Independent Sample T-Test = 0.000					

Table 3 difference in the mean (*delta*) of pre-test and post-test performance of discharge planning when leaving the hospital in the intervention group is 24.18. The results of the paired sample T-test are  $= 0.000 < (0.05)$ , indicating there is a significant difference between the performance of discharge planning during hospitalization before and after the servant in the control group and the intervention group. The results of the analysis using the Independent Sample T-Test show that  $= 0.000 < (0.05)$ , meaning that the ant

has an influence on the implementation of *discharge planning* when leaving the hospital.

## DISCUSSION

When it comes to the intervention group's ability to complete discharge planning prior to hospital discharge, leadership style is a major factor. It can be inferred that the intervention group achieved a higher average value after receiving the servant leadership style intervention compared to the control group, as evidenced by the larger difference between the two sets of data. Consistent with previous studies that examined servant leadership's impact on employee performance while controlling for burnout, the current study found that servant leadership does, in fact, have a substantial and noticeable effect on performance.

An element that influences both the good and the bad of employees is servant leadership. When leaders adopt a servant mentality, they focus on the big picture and work to improve their employees' lives both professionally and personally over time. When leaders genuinely care about their employees and try to alleviate their problems, they earn greater respect from those they lead. Attitudes like these foster a supportive workplace, which in turn boosts productivity (Alitonang, 2020; Nanda et al., 2021; Pellet, Weiss, Rapin, Jaques, & Mabire, 2020; Suwardianto, 2020; Wong, Sharda, Zietlow, & Heflin, 2020).

Ni Made (2017), *Servant leadership* applied by nurse managers is positively related to work ethic. The main characteristic that distinguishes *servant leadership* from other leadership models is that the desire to serve comes before the desire to lead. *Servant leadership* must be able to build good communication and be able to motivate employees to achieve the planned goals (Dongari, Kumar, & Maadhavi, 2022; Susilo, Maksum, & Mustain, 2022; Suwardianto & Sari, 2020).

One of the characteristics of *servant leadership* is often *walking around* to get to know employees or trying to understand employees better. Such a leader knows his subordinates better because he is directly involved; therefore, the leader can also motivate his followers better. The focus of *servant leadership* is to focus on opportunities to help followers grow and develop.

*Servant leaders* have a social responsibility to care for their subordinates. *Servant leadership* values community because it provides an opportunity for individuals to directly experience interdependence, respect, trust, and individual growth. *Servant leadership* communicates by listening first. They recognize that listening is something that can be learned, including being open about what others have to say. Through listening, *servant leadership* acknowledges the follower's point of view and justifies this perspective.

*Servant leadership* shows that they truly understand what followers think and feel. When *servant leadership* empathizes, it calms and reassures subordinates. Through *servant leadership*, subordinates will feel comfortable and satisfied at work, which will also affect work ethic and performance, especially in carrying out nursing care. One of the quality of hospital services is influenced by nursing care.

Nursing care in hospitals is influenced by organizational characteristics (leadership style), individual characteristics, and job characteristics. Leaders have great control over the organization and in determining the management of nursing care so that it runs effectively. As a result of the leadership indicators of servant leadership—compassion, humility, altruism, vision, trust, empowerment, and service—the

intervention group may be able to improve their discharge planning performance. Before patients leave the hospital, this leadership style ensures that their discharge plans are carried out with precision and oversight.

These plans cover topics such as medicine, activities, and patient nutrition at home. As a servant leader, you should always push your subordinates to accomplish better than they think they're capable of this will boost their confidence and self-esteem, which in turn will improve their performance when it comes to discharge planning before patients leave the hospital. For patients to have a smooth transition out of the hospital, the head of the department ensures that his subordinates have all the resources they need to complete discharge planning according to SOPs.

Leadership indicators such as compassion, humility, altruism, vision, trust, empowerment, and service can help the intervention group improve their discharge planning performance. Prior to patients leaving the hospital, this leadership style oversees and directs the execution of discharge planning, which includes medicine, activities, and patient nutrition at home. A servant leader inspires their subordinates to do their best work at all times, exceeding expectations in the process.

This boosts their self-assurance, which in turn improves their performance when it comes to discharge planning, the process of preparing patients to leave the hospital. In order to ensure that patients are appropriately prepared for their discharge from the hospital in accordance with standard operating procedures, the head of the room also makes sure that his subordinates have all they need to carry out discharge planning.

## CONCLUSION

Leadership style: The servant improves *the* performance of *discharge planning* upon admission to the hospital, which includes aspects of education regarding introduction, regulations, and management in hospitals. Leadership style *Servant* improves *the* performance of *discharge planning* during hospitalization which includes education aspects regarding *medication, environment, treatment, health, outpatient referral, and diet*. leadership style *Servant* improves *the* performance of *discharge planning* prior to discharge from the hospital, which includes aspects of education regarding control, medicine, activity, and nutrition to improve family readiness.

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