

Research article



Predisposing Factors Related to Nurses' Discharge Planning Compliance

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Article Info	Abstract
Article History: Submitted: August 12th, 2025 Accepted: November 11th, 2025 Published: November 17th, 2025 Keywords: Compliance, discharge planning; knowledge; attitude; length of service; employment status	Discharge planning is an essential component of nursing responsibilities, initiated upon patient admission and continuing until discharge. This process aims to ensure continuity of care after the patient leaves the healthcare facility. Compliance with discharge planning is influenced by several factors, including knowledge, attitude, length of service, and employment status of nurses. The objective of this research is to determine the predisposing factors related to nurses' discharge planning compliance at RSUD Muntilan Kabupaten Magelang. This research is a quantitative study with a descriptive correlational design and a cross-sectional approach. The sample consisted of 54 respondents selected from a population of 101 nurses at RSUD Muntilan. Bivariate analysis was conducted using the Lambda and Spearman-Rank tests. The study found a significant relationship between knowledge, attitude, length of service, and employment status with compliance in discharge planning. Knowledge had a p-value of 0.002 with an r-value of 0.413 (moderate correlation), attitude had a p-value of 0.001 with an r-value of 0.437 (moderate correlation), length of service had a p-value of 0.001 with an r-value of 0.627 (strong correlation), and employment status had a p-value of 0.001 with an r-value of 0.839 (very strong correlation). Compliance with discharge planning is more likely when nurses possess adequate knowledge, maintain a positive attitude, have a longer work history, and hold civil servant (PNS) status. Nurses are encouraged to carry out discharge planning optimally to improve the quality of healthcare services for patients.

INTRODUCTION

Discharge planning is a process that begins when a patient receives healthcare services and continues until they are ready to return to their environment, ensuring continuity of care for recovery and health maintenance. This process is essential in nursing care as it

can reduce the length of stay, prevent recurrence, and lower patient mortality and morbidity rates [1]. Discharge planning is one of the nursing responsibilities that starts from the patient's admission to the hospital until they are discharged. The phenomenon of discharge planning implementation for patients is currently

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suboptimal, with nurses only performing limited routine activities, such as providing information regarding follow-up appointments. These facts are influenced by various barriers and driving factors in the implementation of discharge planning in a hospital [2].

Discharge planning is crucial in preventing patients from being readmitted to the hospital, with nurses playing a key role in this process. Nurses ensure that patients understand the discharge plan and the care instructions that must be followed after leaving the hospital. This process aims to increase patient adherence to therapy and reduce the risk of complications that could lead to readmission [3]. A lack of understanding or skills among patients and families in providing care at home may lead to various health problems and unpreparedness when facing the discharge process. Therefore, discharge planning is vital to ensure that patients and families receive clear information on the necessary follow-up care after leaving the hospital. Effective discharge planning is expected to reduce the risk of complications and prevent rehospitalization, thereby accelerating patient recovery and improving the overall quality of care [4].

Discharge planning is a structured and ongoing process that involves assessment, preparation, and coordination to facilitate healthcare monitoring and social support both before and after the patient's discharge. This process aims to ensure that patients receive appropriate services during their transition from the hospital. Through discharge planning, it is expected that healthcare services will continue smoothly after the patient leaves the medical facility [5].

Compliance with discharge planning is closely related to the knowledge of the nurses implementing it. Adequate knowledge is required for nurses to effectively carry out discharge planning. Discharge planning involves preparing the

patient's return home and providing information to the patient and family regarding the actions to take and avoid after discharge. Compliance with discharge planning largely depends on the nurse's level of knowledge. Nurses who lack an understanding of the importance of discharge planning may cause negative impacts on patients. Therefore, sufficient knowledge of discharge planning among nurses is essential to ensure the success of the discharge planning process [6].

Compliance with discharge planning is strongly influenced by nurses' knowledge of the procedure. Adequate knowledge guides nurses in providing accurate information to patients and families on actions to take and avoid after discharge. A nurse's knowledge is influenced by various factors, such as education, age, interest, experience, culture, and the information they receive. Education plays a vital role in improving nurses' knowledge, which in turn can enhance their performance in implementing discharge planning. With adequate education, nurses are better able to identify patients' needs and prepare appropriate care plans for discharge. Therefore, improving nurses' knowledge through education can increase their compliance with discharge planning, contributing to better quality healthcare services [1].

Another factor influencing compliance with discharge planning is nurses' attitude. Nurses' attitudes greatly affect their compliance in implementing discharge planning. Nurses with positive attitudes tend to engage in positive activities in all aspects, including discharge planning, and provide better services. Work experience also plays a crucial role in shaping nurses' attitudes, as the more experience they have, the better they understand the impact of their actions. This experience enables nurses to assess whether previous actions yielded good or bad results, helping them respond more appropriately in similar situations in the future. Good compliance with discharge planning can improve the

quality of hospital services since nursing is an integral part of healthcare delivery [7].

Based on an interview with the Patient Care Manager at the hospital, the readmission rate in one of the inpatient wards at a district hospital in Magelang has increased from 5.15% in the second quarter of 2024 to 7.89% in the third quarter. This condition indicates the need for an evaluation of various aspects of hospital services. One key factor influencing readmission rates is the effectiveness of discharge planning.

A preliminary survey conducted by the researcher involving 10 inpatient nurses at RSUD Muntilan revealed that 8 nurses stated that discharge planning was only performed as part of administrative requirements for patient discharge and was carried out on the day of discharge without a detailed explanation of matters related to discharge planning. Nurses only provided incidental information about the patient's health status, nursing interventions performed, and health promotion and education as part of discharge planning, which were only given when the patient's family asked and were only documented in the integrated education form. All 10 nurses interviewed stated that they had never received any socialization related to discharge planning.

Problems in the implementation of discharge planning occur not only in Indonesia but are also a global issue. According to the World Health Organization (WHO), discharge planning has long been a challenge in various countries. Globally, it was reported that 23% of nurses in Australia and 34% of nurses in the southwest region of England did not implement discharge planning [8]. In Indonesia, 23% of nurses have not implemented discharge planning properly due to a lack of compliance [9]. Based on the prevalence data of discharge planning implementation at RSUD Muntilan, Magelang Regency, the completion rate for the initial stage was 85.6%, for discharge

planning during care was 71.3%, and for the final stage was 62.3%. This prevalence indicates incomplete and declining discharge planning from the initial to the final process. Furthermore, based on direct observation of nurses in several inpatient wards through random sampling of 10 discharge planning forms, it was found that 8 out of 10 forms did not meet the hospital's discharge planning standards. These field findings prompted the researcher to investigate the topic of compliance with discharge planning and its influencing factors.

METHODS

This study employed a quantitative approach with a descriptive correlational design. Data collection was conducted using a cross-sectional approach. This correlational study aimed to determine the relationship between the independent variables: knowledge, attitude, length of service, and employment status, and the dependent variable, nurses' compliance with discharge planning.

The study population consisted of all inpatient ward nurses working at RSUD Muntilan, Magelang Regency, totaling 101 nurses. The research subjects were nurses who implemented discharge planning. The sampling technique used was non-probability sampling with the Proportional Random Sampling method, applying the formula by Nursalam [10], resulting in 54 respondents (including dropout anticipation). Inclusion criteria were: nurses willing to participate as respondents and staff nurses implementing discharge planning. The exclusion criterion was head nurses.

The research instruments covered several aspects: knowledge was measured using an 11-item knowledge questionnaire, and attitude was measured using a 13-item attitude questionnaire, both of which were declared valid and reliable by Fitriani (2021). Compliance was measured using a

discharge planning implementation checklist based on the discharge planning guidelines officially used and approved at RSUD Muntilan, consisting of 13 key and essential indicators for discharge planning implementation. Length of service and employment status were obtained from respondents' demographic data.

Ethical approval was obtained from the Health Research Ethics Committee of RS Tk. II dr. Soedjono, with approval number: 1092/EC/V/2025.

RESULT

Characteristics of Respondents

The study was conducted at RSUD Muntilan, Magelang Regency, focusing on nurses' demographic characteristics, including age, gender, and educational background, as presented in Table 1.

Table 1

Frequency Distribution of Respondents' Characteristics (Age, Gender, and Education) at RSUD Muntilan, Magelang Regency, 2025 (N = 54)

Variabel	Category	f	%
Age	Adult	46	85,2
	Pre-elderly	8	14,8
Gender	Male	6	11,1
	Female	48	88,9
Education	Diploma	42	77,8
	Brachelor	12	22,2

Source: Primary data, processed.

The majority of respondents were adults (85.2%), predominantly female (88.9%), and most held a Diploma in Nursing (77.8%).

Overview of Knowledge, Attitude, Work Experience, Employment Status, and Compliance with Discharge Planning

Most respondents had good knowledge (48.1%) and a positive attitude (68.5%). The majority had long work experience (74.1%) and were civil servants (72.2%). Compliance with discharge planning was

found in more than half of the respondents (55.6%), while non-compliance (44.4%) was primarily linked to points 9, 10, and 11 of the discharge planning checklist, which cover dietary information, home care services, family doctor or community health center referrals, and patient discharge planning.

Table 2

Frequency Distribution of Knowledge, Attitude, Work Experience, Employment Status, and Compliance with Discharge Planning among Nurses at RSUD Muntilan, 2025 (N = 54)

Variable	Category	f	%
Knowledge	Poor	9	16,7
	Fair	19	35,2
	Good	26	48,1
Attitude	Negative	17	31,5
	Positive	37	68,5
Work	Short	14	25,9
Experience	Long	40	74,1
Employment Status	Non-Civil Servant	15	27,8
	Civil Servant	39	72,2
Compliance	Non-Compliant	24	44,4
	Compliant	30	55,6

Source: Primary data, processed.

Statistical analysis using Spearman's rank correlation revealed a significant positive relationship between knowledge and compliance ($p = 0.002$; $r = 0.413$), indicating that better knowledge is associated with higher compliance. There was a statistically significant positive correlation between attitude and compliance ($p = 0.001$; $r = 0.437$), suggesting that nurses with positive attitudes are more likely to comply with discharge planning. A significant positive relationship was found between work experience and compliance ($p = 0.001$; $r = 0.627$), with longer work experience strongly associated with better compliance. Statistical testing revealed a very strong positive correlation between employment status and compliance ($p = 0.001$; $r = 0.839$), indicating that civil servant nurses tend to demonstrate higher compliance with discharge planning than their non-civil servant counterparts.

Table 3
Corellation between Knowledge, Attitude, Work Experience and Employment Status with Compliance about Discharge Planning among Nurses at RSUD Muntilan, 2025

Indicators	Non-Compliance		Compliance		Total		<i>r</i>	<i>p-value</i>
	f	%	f	%	f	%		
Knowledge								
Poor	8	88,9	1	11,1	9	100	0,413	0,002
Fair	9	47,4	10	52,6	19	100		
Good	7	26,9	19	73,1	26	100		
Attitude								
Negative	13	76,5	4	23,5	17	100	0,437	0,001
Positive	11	29,7	26	70,3	37	100		
Work Experience								
Short	7	50,0	7	50,0	14	100	0,627	0,001
Long	17	42,5	23	57,5	40	100		
Employment Status								
Non-Civil Servant	7	46,7	8	53,3	15	100	0,839	0,001
Civil Servant	17	43,6	22	56,4	39	100		
Total	24	44,4	30	55,6	54	100		

Source: Primary data, processed.

DISCUSSION

Description of Respondents' Characteristics (Age, Gender, and Education)

In this study, the majority of nurses at RSUD Muntilan, Magelang Regency, fell into the adult age category, indicating professional and emotional maturity in their nursing roles. At this stage of life, nurses usually have gathered enough experience to recognize the importance of each aspect of patient care, including discharge planning. Maturity in age is often linked with stronger critical thinking skills and a higher sense of responsibility in completing duties. Such traits encourage adherence to established procedures, particularly when preparing discharge plans for patients. Therefore, age maturity plays a positive role in improving nurses' compliance in implementing discharge planning [11].

Regarding gender, the findings showed that nearly all nurses at RSUD Muntilan were women. Gender can influence how nurses behave and approach patient care. Generally, female nurses tend to be more detailoriented, patient, and empathetic, qualities influenced by their psychological traits. These characteristics often lead to a

more sensitive and attentive style of care, which supports greater compliance with discharge planning procedures. Female nurses are typically more meticulous in following protocols and ensuring patient readiness before discharge [12]. Furthermore, the nursing profession continues to attract more women than men, as it is often perceived to align with feminine qualities such as patience, gentleness, and compassion [13].

In terms of education, most nurses at RSUD Muntilan held a Diploma III in Nursing. This reflects compliance with professional standards, even though it is considered the basic level in the nursing profession. Higher education levels equip individuals to manage work that demands greater responsibility and complexity. Education and training are vital in developing human resource quality, especially in enhancing professional competence. Through formal education, nurses gain knowledge, skills, and attitudes necessary for professional practice. This educational background directly contributes to their compliance with discharge planning, ensuring it is carried out accurately and in line with procedures [14]. Education shapes the way nurses think and work, with higher levels of education fostering more critical, logical,

and systematic reasoning, which ultimately improves work quality [13].

Description of Knowledge, Attitude, Years of Service, Employment Status, and Compliance with Discharge Planning

Discharge planning refers to the process of preparing a patient for hospital discharge. Well-executed discharge planning can reduce the risk of readmission and strengthen public trust in hospital services. Ideally, this process involves collaboration among the healthcare team, with nurses playing a central role. Findings from this study revealed that most nurses had good knowledge of discharge planning, understanding its key elements—such as initiating the process early in the hospital stay and following a complete nursing process. This knowledge helps ensure compliance and encourages the involvement of the whole care team to achieve optimal results. Nonetheless, some nurses still lacked understanding in areas such as goals, recipients, responsibilities, coordination, and managing discharge planning on the day of discharge [13].

The study also found that most nurses demonstrated a positive attitude toward discharge planning, suggesting they value its implementation. Attitude plays a significant role in determining compliance. Nurses with positive attitudes are more likely to deliver optimal care and carry out discharge planning consistently. Work experience also shapes these attitudes, as nurses learn from firsthand experience the outcomes of their actions. Compliance in discharge planning contributes directly to improving the overall quality of hospital services [7].

With regard to years of service, most nurses in this study had long-term work experience. This is an advantage in implementing discharge planning, as it reflects a deep familiarity with the complexities of healthcare services. Over time, these nurses have faced a variety of patient conditions

and operational challenges, which enhances their technical and interpersonal skills. Nurses with longer experience tend to have a stronger grasp of the importance of discharge planning in ensuring quality care, which is linked to higher compliance [11].

In terms of employment status, the largest proportion of nurses were civil servants (ASN). Employment status does not inherently determine compliance with discharge planning, as both ASN and non-ASN nurses can achieve high compliance depending on their understanding and commitment. Non-ASN nurses may also have strong knowledge of discharge planning goals and carry out the process effectively. Meanwhile, ASN nurses benefit from structured training, experience, and binding regulations that can also support compliance. Ultimately, understanding, responsibility, and motivation have a greater impact on compliance than employment status alone [15].

Relationship Between Knowledge and Compliance with Discharge Planning

The results showed a significant relationship between knowledge and compliance with discharge planning, with a moderate correlation. This finding supports the view of Marwah & Sulidah (2024), who highlight that nurses are key players in discharge planning and need adequate knowledge to carry it out. A good understanding of procedures and the benefits of discharge planning can significantly influence compliance. Well-informed nurses are more aware of its importance, which in turn increases their adherence to the process. Therefore, ongoing education and training can be effective strategies to improve both compliance and the quality of discharge planning [11].

As Rahayu [16] points out, discharge planning is critical in patient care, yet in many hospitals, its implementation is still

not optimal. Nurses with strong knowledge are more likely to follow established standards, whereas those with weaker knowledge and less positive attitudes are at risk of falling short. Higher educational attainment among nurses helps them understand the importance of discharge planning, enabling more effective implementation. Moreover, having clear Standard Operating Procedures (SOPs) in hospitals encourages discipline and consistency [16].

Discharge planning provides patients and their families with essential information for posthospital care. Its success depends on nurses having adequate knowledge to fully assess patient needs and plan appropriate followup. Thus, the higher the nurse's knowledge, the better their ability to carry out discharge planning according to procedures [17].

Relationship Between Attitude and Compliance with Discharge Planning

This study also revealed a significant relationship between attitude and compliance, with a moderate correlation. This suggests that nurses' attitudes influence whether they follow discharge planning procedures. Rahayu (2024) emphasizes that a positive attitude, often linked to good knowledge, motivates nurses to work in line with standards. On the other hand, negative attitudes can arise from a lack of information or failure to participate in training. Since attitudes reflect behavior, better attitudes tend to result in higher compliance levels [17].

According to Kisworo et al. [12], attitudes are shaped by internal responses developed through understanding, acceptance, appreciation, and responsibility. When these are grounded in solid knowledge, they encourage nurses to comply with established discharge planning standards. Attitude also reflects mental and emotional readiness to act professionally. Age can influence this maturity, with older nurses

often making more considered decisions and carrying out discharge planning more consistently [12].

Bhute et al. [13] add that attitudes are influenced by both knowledge and experience. Positive attitudes foster precise and structured discharge planning, while negative attitudes may stem from limited access to information, lack of training, or inadequate guidance. Therefore, improving knowledge and encouraging active participation in training are essential to fostering supportive attitudes.

Relationship Between Years of Service and Compliance with Discharge Planning

The findings indicated a significant relationship between years of service and compliance, with a strong correlation. This supports the statement by Bhute et al. [13] that work experience has a major impact on nurses' performance quality. The longer a nurse works in clinical settings, the more refined their skills and practical knowledge become. This experience boosts confidence and professionalism in handling different clinical situations. A long work history also fosters structured and responsible work behavior, contributing to better compliance and quality in nursing care, including discharge planning [13].

Years of service are an important factor influencing compliance. Nurses with extensive experience tend to be more skilled, knowledgeable, and precise in carrying out discharge planning according to standards. Familiarity with procedures and the ability to manage patient needs effectively lead to higher compliance levels [5].

Relationship Between Employment Status and Compliance with Discharge Planning

The study also found a strong relationship between employment status and compliance with discharge planning.

Employment conditions can affect how nurses approach their responsibilities and performance. In public hospitals, staffing arrangements, including employment status, career progression, and functional roles, are regulated by government policy. These differences in employment status can influence how discharge planning is carried out [13].

Employment status can affect motivation and responsibility levels. Permanent employees generally have greater career opportunities and a stronger drive to maintain consistent performance. This sense of accountability often translates into a stronger commitment to assigned duties, which in turn supports consistent and professional compliance with discharge planning [18].

CONCLUSION

This study demonstrates that nurses' compliance with discharge planning is significantly influenced by knowledge, attitude, length of service, and employment status. All of these variables show a positive relationship with compliance levels, with correlation strengths ranging from moderate to very strong. These findings highlight the importance of enhancing nurses' competence and experience, as well as supporting employment policies, as strategies to improve the quality of discharge planning in inpatient care services.

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