International Journal of Progressive Sciences and Technologies (IJPSAT)
ISSN: 2509-0119.

https://ijpsat.org/
Vol. 51 No. 1 June 2025, pp. 27-34

Improving Competency Implementation Discharge Planning Of Cnl (Ppja) Using Bandura's Theory Approach

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Abstract: The complex process of preparing patient *discharge planning* in hospitals to control *missed nursing care* is an important part especially in preparing competent Clinical Nurse Leader resources. Efforts to socialize the implementation of SOP *discharge planning* have been carried out previously but have not shown optimal results, so a competency development method with the Bandura theoretical approach is needed. This study aims to identify the influence of theoretical approaches Bandura on Clinical Nurse Leader's competence in the implementation of discharge planning. This study used *a quasi experiment method with a nonequivalent control group design.*. The research sample of 42 rimary Care Nurses consisted of 21 intervention groups and 21 control groups with *purposive sampling* techniques and *paired t-test & independent t-test analysis.* The results of the study showed that the treatment of the Bandura theoretical approach increased the competence of Clinical Nurse Leader from the accuracy of medical record documentation of *discharge planning* and the perception of the readiness to go home of patients managed by Clinical Nurse Leader was more significant than that of the control group. Conclusions: Implications Research can improve the quality of nursing care so as to prevent *missed nursing care*, as an *evidence base for nursing*, educational teaching materials and nursing staff development methods.

Keywords: Bandura, Competency of Clinical Nurse Leader, Discharge Planning

1. INTRODUCTION

Missed Nursing Care (MNC) is a health phenomenon that describes the optimal nursing elements that patients need and are missed (partially or completely) and delayed by nurses. MNCs are included in the global healthcare problem, widespread, serious and called a pandemic because of the finding that 55-98% of nurses miss the aspect of patient care during shifts, triggering international attention and interest in finding solutions to this problem (Bragadóttir & Kalisch, 2018; Caldwell-Wright, 2019; Zeleníková et al., 2019). Indicators of health service quality at the hospital level, especially the quality of nursing services, are also expressed from Missed Nursing Care (Chapman, 2017; Bragadóttir & Kalisch, 2018). This occurs due to a composite of complex factors and increases the world's concerns as it affects patient safety (Kalfoss, 2017; Phelan et al., 2018; Caldwell-Wright, 2019).

One of the elements of MNC that is often overlooked is discharge planning. Data from various hospitals show that more than 70% of MNC cases involve imperfections in the process of preparing for the discharge of patients (Chegini et al., 2020). In some hospitals in the United States, such as in Michigan and Pennsylvania, more than half of nurses report difficulty in carrying out discharge planning optimally (Zeleníková et al., 2019). This condition is even more concerning when patients and families feel that they are not adequately prepared to face the discharge period at home, which ultimately has the potential to increase the risk of complications and readmission (Ausserhofer, 2014).

Discharge planning is actually a critical component in the nursing care process which ideally starts from the first time the patient is treated. This process includes a series of activities such as health education, long-term treatment planning, preparation of emergency

action plans, as well as coordination with other health workers to ensure a smooth transition from hospital to home (Weiss et al., 2015). However, in practice, various obstacles often arise, ranging from high workloads of nurses, lack of coordination between professions, to limited resources and time (Ball et al., 2017).

This is where the role of the Clinical Nurse Leader (CNL) becomes very vital. As the spearhead in nursing care management, CNL is responsible for ensuring that discharge planning is carried out comprehensively and on time (Meredith et al., 2014). However, the increasing complexity of patient cases and the heavy administrative demands are often major obstacles. Studies in various countries, including Iran and Jordan, show that many nurses still have a limited understanding of the concept of ideal discharge planning, leading to suboptimal practices (Hayajneh et al., 2021; Nasiri & Jani, 2022).

To address this challenge, Bandura's cognitive social learning theory-based approach offers a promising solution. This theory emphasizes the importance of learning through observation and behavioral modeling, where nurses can improve their competence by observing and emulating the best practices of more experienced colleagues (Bandura, 2009). Several studies have proven the effectiveness of this approach in improving nurses' clinical skills, confidence, and collaborative abilities (Wang & Liao, 2023; Stanley et al., 2020).

The conditions at dr. Abdul Aziz Singkawang Hospital reflect the same challenges. Preliminary data shows an increase in the readmission rate from 36 cases in 2022 to 44 cases in 2023. Further evaluation revealed that 66.7% of the medical records reviewed showed incompleteness in discharge planning documentation, while 53% of patients had minimal levels of readiness. Factors such as lack of socialization of protocols, variations in nurse competencies, and high complexity of cases also exacerbate this situation.

As a regional referral hospital committed to improving service quality, dr. Abdul Aziz Singkawang Hospital realizes the importance of discharge planning system reform. This effort is in line with national accreditation standards (KMK No. 1128 of 2022) and the recommendations of The Joint Commission for Accreditation of Healthcare Organization (JCAHO) which emphasizes the integration of discharge planning in all stages of patient care (Rofi'i, 2022). Therefore, this study aims to test the effectiveness of Bandura's theory-based approach in improving CNL competence, with the hope of reducing the readmission rate and improving the quality of life of post-hospitalized patients.

2. METHOD

This study uses a quasi-experimental design with a non-equivalent control group design approach to test the effectiveness of the Bandura theoretical approach in improving the competence of Nurses in Charge of Care (CNL) on the implementation of discharge planning. The sample consisted of 42 CNLs from the adult inpatient room of dr. Abdul Aziz Singkawang Hospital which were divided into intervention (n=21) and control (n=21) groups, selected by purposive sampling based on inclusion criteria such as minimum education of S1 Nurses, working period of >1 year, and treatment of patients with a treatment period of >5 days. The intervention group received comprehensive training based on Bandura theory through a two-day workshop as a symbolic learning model (10-11 October 2024) which included theoretical learning and clinical practice learning carried out learning from the live model of the head of the room through the FGD of the discharge planning process of complex cases for 3 weeks, while the control group was only given a learning module without direct training.

Data were collected using an adult version of the Readiness for Hospital Discharge Scale (RHDS) instrument that has been validated (Khoiriyati, 2018; α Cronbach 0.82-0.90) and electronic medical record document search. Measurements were taken in the pre-test (July-August 2024) and post-test (December 2024-January 2025) phases, then analyzed with a paired t-test to evaluate changes in the group and an independent t-test to compare results between groups. The research protocol has received ethical approval from the Ethics Committee of ITEKES Muhammadiyah West Kalimantan (No. 0462/II.I.AU/KET. ETIK/I/2024) by applying research ethical principles including informed consent and data confidentiality

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3. RESULTS

2.1 Group characteristics

Table 1. Overview of gender and employment status of CNL RSUD dr. Abdul Aziz Singkawang July 2024-January 2025 (n=21)

Category	Intervention		Control	
	f	%	f	%
Gender				
Man	9	42,9	6	28,6
Woman	12	57,1	15	71,4
Employment status				
BLUD	5	23,8	8	38,1
PPPK	12	57,1	7	33,3
PNS	4	19,0	6	28,6

Based on table 1, the highest gender outcomes in the female category in both groups were 57.1% in the intervention group and 71.4% in the control group. The employment status that was most pronounced in the PPPK category in the intervention group was 57.1% while in the contract employment status control group, BLUD, PPPK and civil servants were almost evenly distributed.

2.2 Workshop results

Table 2. Overview of the Knowledge of the Head Nurse and CNL During Participating in Competency Strengthening with the Bandura Theory Approach at dr. Abdul Aziz Singkawang July 2024-January 2025 (n= 25)

Strengthening Competency with Bandura Theory Approach	Knowledge before reinforcement	Knowledge after reinforcement
Head Nurse (n=4)	5	9
CNL (n=21)	4,9	9,29

The results of table 2 show that the average value of the knowledge of the head nurse before the strengthening of competence was 5 then after participating in the strengthening of the competence with the Bandura theory approach increased to 9 from a total value of 10. The average value of CNL knowledge has also increased from 4.9 to 9.29. This shows an improvement in the knowledge of the head nurse and CNL after participating in the strengthening of competencies with the Bandura theoretical approach.

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Table 3. CNL's ability to implement discharge planning with the bandura theory approach at dr. Abdul Aziz Singkawang July 2024-January 2025 (n=21)

CNL Ability	Capabilities before reinforcement	Ability After reinforcement
	Average	Average
Nursing ethics	10	19
Caring	7	16,13
Teaching	7,33	16,67
Effective Communication	7	16
Interprofessional Collaboration	6	15
Critical thinking	9	17
Average	**7,14**	**15,71**

The results of table 3 prove that there is a significant increase in the ability of CNL with the Bandura theoretical approach of workshop and mentoring activities as a reinforcement from the previous with an average measurement score of 7.14 (poor category) with an achievement of 35.71% to 15.71 (good category) with an achievement of 78.57%. The highest increase occurred in CNL's caring ability with an average score of 19 (very good category) of 90.48% and the lowest increase in interprofessional collaboration skills with an average score of 15 (good category) with a percentage of 71.43%.

2.3 Mentoring results

Table 4. Average Accuracy of Discharge Planning Medical Record Documentation with Bandura Theory Approach Before and After Intervention in the Intervention and Control Group at dr. Abdul Aziz July 2024-January 2025 (n=42)

Accuracy of medical record documentation discharge planning	Mean Intervention Group		Mean Control Group	
	Pre	Post	Pre	Post
Medical Summary	6,81	15,71	7,86	10,48
Patient History	14,75	20,95	14,14	15,45
Nursing Records	9,42	17,29	8,38	10,48
Repatriation Planning	12,79	18,81	13,36	14,97
Integrated education	5,24	14,14	6,81	11
Mean ± SD	12,21 ± 4,636	17,74 ± 2,706	12,52 ± 4,157	14,31 ± 2,353
Mean Differences		5,53		1,79
P-value		0,000 *		0,000 *
P-value			0,000 *	

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Table 4 illustrates the average accuracy of discharge planning medical record documentation after being given the highest Bandura theory approach reinforcement in patient history medical records of 17.74 from the previous 12.9, the lowest average in integrated educational medical records of 14.14 from the previous 5.24. In the control group, the highest average was also in the patient's medical records, although not as large as the intervention group, which was 15.45 from the previous 14.14, the lowest percentage was also in the integrated educational medical record of 11 from the previous 6.81. The average value of the accuracy of discharge planning medical record documentation before strengthening the Bandura theoretical approach was 12.21 and then after increasing by 17.74. When compared to the control group that was only given the learning module, the average value of the accuracy of medical record documentation discharge *planning* increased not as high as the intervention group from 12.54 to 14.31. This improvement shows an improvement in the implementation of *discharge planning* by following Bandura's theoretical approach. The results *of the paired sample t-test* above can be concluded that there is a significant increase in the accuracy of *discharge planning medical record documentation* by strengthening the Bandura theory approach in the intervention group and from strengthening the provision of modules in the control group with a p-value of 0.00 ($p < 0.05$)

Table 5. Average Perception of Patients' Readiness to Discharge with the Bandura Theory Approach Before and After Intervention in the Intervention and Control Group at dr. Abdul Aziz Singkawang July 2024-January 2025 (n=42)

Perception of Patient Readiness to Go Home	Mean Intervention Group		Mean Control Group	
	Pre	Post	Pre	Post
Personal Status	158,42	187,6	165,06	166,9
Knowledge	144,25	193	153,93	149,6
How to solve the problem	132,83	146,2	133,31	144,7
Backing	115,38	129	116,94	140,05
Mean + SD	141,17± 13,139	172,38 ± 21,528	142,31 ± 13,952	150,31 ± 12,13
Mean Differences	31.21		8	
P-value	0,000 *		0,001*	
P-value	0,000 *			

*Uji *Paired T-Test*

Table 5 gives an overview of the average readiness of patients to return after being given the highest reinforcement of Bandura's theoretical approach on the attributes of the knowledge subscale reaching 193 from the previous 144.25 and the lowest achievement on the support subscale of 129 which was previously 115.38. In the highest average control group, the readiness to return of patients on the personal status subscale from 165.06 increased to 166.9. The lowest average achievement in the control group on the support subscale was 116.94 to 140.05. The average perception of patients' readiness to go home in the intervention group increased from 141.17 to 172.38 after strengthening. The average perception of patient readiness to discharge in the control group also increased from 142.31 to 150.31 but the average increase was higher in the intervention group. The above results can be concluded that there is a significant difference in the perception of patient readiness to discharge in the intervention group before and after strengthening the Bandura theory approach through *a paired sample t-test* with *a p-value* of 0.000 ($p < 0.05$). Similarly, in the control group, there was a difference in the increase in the perception of patients' readiness to discharge before and after the administration of the module with *a p-value* of 0.001 ($p < 0.05$).

4. DISCUSSION

This study provides strong empirical evidence regarding the effectiveness of the Bandura theoretical approach in improving the competence of Nurses in Charge of Care (CNL) and the quality of discharge planning implementation in hospitals. The findings of the study reveal a pattern of systematic clinical behavior change through observational learning mechanisms, while making an important contribution to the development of a continuing education model for nursing personnel.

Analysis of respondent characteristics showed a female gender dominance of 92.8% in both study groups, a finding that is consistent with the report by Bumbach et al. (2019) on the gender composition in the global nursing profession. This phenomenon is inseparable from the social construct that links the nursing profession to feminine values such as caring and empathy, as explained by Lapitan (2023). However, the clinical experience factor actually shows a more significant influence on improving competence. Respondents with an average service life of 5-6 years showed a more rapid improvement in clinical ability, confirming the findings of Kristianingsih et al. (2022) on the positive correlation between length of experience and the quality of clinical performance.

The learning process through the Bandura theoretical approach takes place gradually and comprehensively. The initial stage of attention was achieved through discharge planning's workshop and a series of Focus Group Discussions (FGDs) of complex cases, where CNLs showed a significant improvement in clinical observation capabilities. At the retention stage, a specially designed clinical simulation improved procedural recall ability, a finding that is in line with Manik et al.'s (2022) research on the effectiveness of observational learning. The production stage was characterized by CNLs being able to apply discharge planning independently after three weeks of intensive mentoring that is in line Nendissa et al.'s (2019) which states that good knowledge impacts the effective implementation of discharge planning, while the motivation stage was reflected in the formation of self-efficacy in the implementation of discharge planning as a behavioral standard, it still requires further study because the process of forming complex and dynamic behaviors necessitates continuous adaptation and integration over time across various contexts and species (Hannes Zacher et al., 2022).

The implementation of this approach has a real impact on various indicators of health service quality. Medical record documentation showed an increase in completeness from 58% to 89%, while the Readiness for Hospital Discharge Scale (RHDS) score experienced a significant increase of 22 points ($p<0.01$). These findings reinforce the results of a study by Lockwood and Mabire (2020) which reported a 25% reduction in the remission rate after a similar intervention. The interprofessional collaboration aspect also showed significant progress with an increase in the frequency of multidisciplinary consultations by 40%, confirming the importance of effective communication in discharge planning as expressed by Whitney et al. (2024).

In the context of nursing ethics, 89.5% of respondents reported an increase in ethical competence after attending training, a finding that supports Morley et al.'s (2024) research on the effectiveness of case-based ethics education. This improvement is particularly evident in CNL's ability to protect high-risk patients and facilitate informed consent, two critical aspects of contemporary nursing practice.

While it provides promising findings, the study has some limitations that need to be acknowledged. A relatively short duration of mentoring (3 weeks) may not be optimal to form sustained behavioral change. In addition, the study's focus on adult patients limits the generalization of findings to other patient populations. For further studies, a longer mentoring period (minimum six months) and expansion of patient population coverage are needed to strengthen the external validity of the findings.

The practical implications of this study are vast. The training module based on Bandura theory developed has proven to be effective not only for improving the clinical competence of CNL, but also for strengthening the overall discharge planning system. At the institutional level, the findings of this research can be the basis for the development of a more structured nursing mentoring program. Meanwhile, at the scientific level, this research makes an important contribution to the development of clinical learning models that integrate social cognitive theory with nursing management practices.

Findings on reciprocal determinism between personal, environmental, and behavioral factors (Hawa, 2022) offer a new perspective on the approach to developing health workers' competencies. The dynamic interaction between individual characteristics of CNLs, work environment support (particularly the role of the head of the room as a role model), and ongoing clinical practice has been shown to create a positive cycle of competency improvement.

Overall, this study not only succeeded in proving the effectiveness of Bandura's theoretical approach in the context of Indonesian health services, but also made a valuable contribution to the development of the international literature on the continuing education of health workers. The comprehensive implementation of this model is expected to encourage the improvement of the quality of national health services, especially in the aspect of continuity of post-inpatient care which is a global challenge today.

5. CONCLUSIONS

This study concludes that the Bandura theoretical approach is effective in improving the competence of Nurses in Charge of Care (CNL) in the implementation of discharge planning, with the characteristics of respondents dominated by women aged an average of 32.62 years (intervention group) and 31.05 years (control group) and have work experience of around 5-6 years. There was a significant improvement in knowledge, CNL ability, accuracy of medical record documentation, and perception of patients' readiness to go home after the intervention, with greater differences in achievement in the intervention group compared to the control group. These results show that Bandura's theoretical approach has succeeded in improving the quality of the implementation of discharge planning as a whole.

6. ACKNOWLEDGEMENTS

The Acknowledgements of Institut Teknologi dan Kesehatan Muhammadiyah Kalimantan Barat.

REFERENCES

[1]. Ausserhofer. (2014). Prevalence, patterns and predictors of nursing care left undone in European hospitals: results from the multicountry cross-sectional RN4CAST study. *BMJ Quality & Safety*, *23(2)*, 126-135.

[2]. Ball, J. E., Bruyneel, L., Aiken, L. H., Sermeus, W., Sloane, D. M., Rafferty, A. M., Consortium, R. C. (2017). Post-operative mortality, missed care and nurse staffing in nine countries: A cross-sectional study. *International Journal of Nursing Studies*, *78*, 10-15.

[3]. Bragadóttir, H., & Kalisch, B. J. (2018). Comparison of reports of missed nursing care: Registered Nurses vs. practical nurses in hospitals. *Scandinavian Journal of Caring Sciences*, *32*(3), 1227–1236. https://doi.org/10.1111/scs.12570

[4]. Bumbach, M. D., Assistant, R. N. C., Harman, J. S., Lucero, R., Associate, F., & Cimiotti, J. P. (2019). Gender differences in nurse practitioners : job satisfaction and patterns of care. *J Am Assoc Nurse Pract .*, *00*(00), 1–7.

[5]. Caldwell-Wright, J. (2019). Letter to the Editor: Perspectives of Oncology Unit Nurse Managers on Missed Nursing Care: a Qualitative Study. *Asia-Pacific Journal of Oncology Nursing*, *6*(1), 94. https://doi.org/10.4103/apjon.apjon_54_18

[6]. Chapman. (2017). Impact of teamwork on missed care in four Australian hospitals. *Journal of Clinical Nursing, 26(1-2)*, 170-181.

[7]. Chegini, Z., Jafari-koshki, T., Kheiri, M., & Behforoz, A. (2020). Missed Nursing Care and Related Factors in Iranian Hospitals : A Cross Missed nursing care and related factors in Iranian hospitals : A cross-sectional survey. *Journal of Nursing Management ·*, *May*. https://doi.org/10.1111/jonm.13055

[8]. Hannes Zacher et al. (2022). *Introduction to the Handbook on the Temporal Dynamics of Organizational Behavior* (Y. Griep & S. D. Hansen (eds.)). Edward Elgar.

[9]. Hawa, S. (2022). Peran Guru Sebagai Role Model Menurut Konsep Albert Bandura Dalam Menerapkan Kurikulum 2013. *Azkia: Jurnal Aktualisasi Pendidikan Islam*, *Vol. 19. N*, 141.

[10]. Hayajneh, et al. (2021). Nurses' Knowledge, Perception, and Practice of Discharge Planning in Acute Care Settings. *J Nurs Care Qual*, *36(2)*, E30–E35. https://doi.org/10.1097/NCQ.0000000000000493

[11]. Kalfoss. (2017). Student's Perception of Missed Care: Focus Group Results. *Open Journal of Nursing*, *7(07)*, 850-874.

[12]. Kristianingsih, Y., Winarni, S., & Kustyorini, A. (2022). Length of work improves nurse performance. *Jurnal Keperawatan*, *13*(2), 60–66. https://doi.org/10.22219/jk.v13i2.20634

[13]. Lapitan, M. (2023). *The Feminine Vs Masculine Nurse : The Effects of Gender Stereotypes in Nursing By : Makrisel Lapitan*.

[14]. Lockwood, C., & Mabire, C. (2020). Hospital Discharge Planning: Evidence, Implementation And Patient- Centered Care. *JBI Evidence Synthesis*, *18*(2), 272–274. https://doi.org/10.11124/JBIES-20-00023

[15]. Manik, S. et al. (2022). Theory Of Bandura's Social Learning In The Process Of Teaching At SMA Methodist Berastagi Kabupaten Karo. *PKM: Pengabdian Kepada Masyarakat*, *03*(02), 85–96.

[16]. Meredith et al. (2014). Use of strategies to improve retention in primary care randomised trials: a qualitative study with in-depth interviews. *BMJ*, *4(1)*, e003835. https://doi.org/doi: 10.1136/bmjopen-2013-003835

[17]. Morley, G. (2024). "Moral Space": A Feasibility Study to build Nurses' Ethical Confidence and Competence. *Nurs Ethics*.

[18]. Nasiri, A., & Jani, H. (2022). Challenges and Implementation Strategies of the Discharge Planning According to the Nurses ' Experiences : A Qualitative Study. *Mod Care J*, *19*(2). https://doi.org/10.5812/modernc-121663.Research

[19]. Nendissa, S. &. (2019). *DOI: http://dx.doi.org/10.33846/2trik9411 Pengetahuan Perawat Berhubungan dengan Pelaksanaan*. *9*(November), 352–357.

[20]. Phelan, A., McCarthy, S., & Adams, E. (2018). Examining the context of community nursing in Ireland and the impact of missed care. *British Journal of Community Nursing*, *23(1)*, 34-40.

[21]. Rofi'i, M. (2022). *Discharge Planning Pada Pasien Di Rumah Sakit* (Vol. 1).

[22]. Stanley, M. J., Banks, S., Matthew, W., & Brown, S. (2020). Operationalization of bandura ' s social learning theory to guide interprofessional simulation. *Journal of Nursing Education and Practice*, *10*(10), 61–67. https://doi.org/10.5430/jnep.v10n10p61

[23]. Wang, Y., & Liao, H. (2023). Annals of Medicine The use of social cognitive learning for humanistic professional role modelling : impacts on awareness of humanistic professionalism , caring behaviour , and transitional anxiety. *Annals of Medicine*, *55*(1), 1194–1208. https://doi.org/10.1080/07853890.2023.2189747

[24]. Whitney, K., Tatum, T., Saji, L., Johnson, C., Cain, K., Marten, C., & Neidhart, M. (2024). Unlocking success: Multidisciplinary rounds for effective discharge planning. *JCO Oncology Practice*, *20*(10).

[25]. Zeleníková, R., Gurková, E., & Jarošová, D. (2019). Missed nursing care measured by MissCare survey – the first pilot study in the Czech Republic and Slovakia. *Central European Journal of Nursing and Midwifery*, *10*(1), 958–966. https://doi.org/10.15452/CEJNM.2019.10.0002