



Patient Perceptions on The Role of Nurses in Discharge Planning for Post-Neurosurgery Patients: A Qualitative Study

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ABSTRACT

Nurses play a vital role and bear primary responsibility in discharge planning due to their constant interaction with patients and families. Research on discharge planning in Indonesia, particularly for post-neurosurgery patients, is still limited and rarely explored in depth, especially using a qualitative approach. Through a qualitative approach, this study was able to reveal the perceptions, challenges, and strategies of nurses that are often not seen in quantitative data. This study aims to analyse the role of nurses in discharge planning for families of patients who have undergone neurosurgery. This study employed a descriptive qualitative approach using phenomenological methods. The number of participants or informants based on saturation data or redundancy concepts can generally be achieved using purposive techniques. In-depth interviews were used in data collection. The data analysis process in this study used Colaizzi's approach. This study produced nine themes based on the Modified Concept of Meleis' Transitional Nursing Theory and Roy's Adaptive Nursing Model Theory. including medical education, clarity of information, involving the family, addressing concerns, support for access to follow-up services, follow up support, patient/family readiness, post-discharge challenges, recommendations for services. The impact of discharge planning carried out by nurses prior to discharge home results in patients and their families being prepared to carry out nursing actions at home. Nurses should always be mindful of their role in the discharge planning process because quality discharge planning is not merely an administrative procedure before discharge but rather a strategic investment.

Keyword: Patient Discharge Planning, Neurosurgery Procedure, Nursing Role



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1. Introduction

Nurses play a vital role and bear primary responsibility in discharge planning due to their constant interaction with patients and families (Sulistiyowati, 2022; Wakhdi et al., 2021). However, the high workload can be an obstacle, leading to incomplete planning and minimal patient knowledge about home care, which ultimately risks increasing recurrence (Cesilia & Kosasih, 2024). As educators, nurses are expected to improve patient compliance with check-ups through health education. However, this role has not been optimised because nurses are still accustomed to only conveying information about check-up schedules and medication verbally without using learning media such as leaflets or booklets. This can cause confusion and reduce patient

motivation, thereby preventing health education from achieving its full potential in improving understanding and self-care skills (Djibu et al., 2021; Pitriani et al., 2021; Mangembulude et al., 2020).

Previous studies have also found that the majority of nurses have sufficient knowledge about discharge planning, but only a small proportion implement discharge planning properly. In line with previous studies, a correlation was found between the knowledge of nurses and the implementation of patient discharge planning, as well as a significant correlation between the role of educators in patient discharge planning and the compliance rate of patients with follow-up appointments (Pitriani et al., 2021).

Discharge planning is the process of transitioning care from hospital to home, which ideally begins as soon as the patient is admitted. However, its implementation is often suboptimal. The common practice is to provide new information when the patient is about to be discharged, resulting in limited information that does not meet standards. This has an impact on the failure to achieve behavioural change in patients/families and the low effectiveness of discharge planning, which, based on research, is only categorized as adequate (83.24%) (Agustinaawati et al., 2022; Alulu et al., 2022). Discharge planning is a routine activity in the healthcare system that has been implemented by many countries with the aim of reducing the length of hospital stays and readmissions, as well as improving the coordination of services for patients after they are discharged from hospital, thereby bridging the gap between hospitals and community healthcare facilities (Ådnanes et al., 2020).

Based on the results of the study, discharge planning can significantly reduce the number of patients returning to hospital or making repeat visits. Discharge planning should be carried out immediately after the patient arrives at the medical service. However, based on the results of the study, discharge planning was only carried out when the patient was discharged and only consisted of home care instructions and follow-up appointments. Suboptimal implementation of discharge planning will result in disadvantages for patients, such as increased readmissions, longer hospital stays, and increased readmissions to hospital (Putri et al., 2021).

Postoperative care refers to the aftermath of surgery and the provision of medical care to cure or rehabilitate the injured organs or tissues, commencing when the patient is transferred to the operating theatre and concluding in the recovery room (Hidayatulloh et al., 2020). Neurosurgery is a highly serious operation that requires good cooperation between the patient, family and healthcare professionals. This operation therefore requires significant family support, especially in dealing with the risks of surgery. Good communication and a solid care team are therefore needed to coordinate and carry out care and treatment procedures (Yefimova et al., 2020). Neurosurgery involves risks that need to be discussed with patients and their families prior to surgery. Surgery requires support from family members and healthcare professionals. In addition, patients and their families need mental and emotional patience for long-term care and recovery. Family support can be provided in the form of physical, emotional and financial support (Yefimova et al., 2020).

Most research related to discharge planning focuses on general medicine or general surgery, while the role of nurses in the context of neurosurgery is still rarely explored in depth, especially with a qualitative approach. Previous studies have discussed more the technical medical aspects than the more holistic aspects of discharge planning by nurses. Research on discharge planning in Indonesia, particularly for post-neurosurgery patients, is still limited. The existing literature tends to emphasise clinical aspects such as vital sign monitoring and wound management, but lacks discussion of the role of nurses in family education, psychological support, and inter-professional coordination for neurosurgery patients who often require long-term care. There has been no in-depth exploration of how discharge planning by nurses affects patient compliance rates, readmission rates, or the quality of life of patients after neurosurgery.

This study is novel because it focuses on the role of nurses in discharge planning for patients undergoing neurosurgery, a field that has rarely been studied in Indonesia. Discharge planning in neurosurgery cases presents unique challenges, including the risk of neurological complications, the need for long-term rehabilitation, and the patient's dependence on family support. This study not only highlights administrative aspects but also explores the role of nurses as educators, coordinators, and advocates involved in the dynamics of multidisciplinary collaboration.

Through a qualitative approach, this study was able to reveal the perceptions, challenges, and strategies of nurses that are often overlooked in quantitative data. Another novelty lies in the holistic approach, which views discharge planning not merely as the end of hospital care, but as a continuous transition process involving family education, medical team coordination, and emotional support for patients and families in dealing with anxiety before and after neurosurgery. The findings of this study are expected to form the basis

for the development of a specific discharge planning model for neurosurgery in Indonesia, taking into account cultural aspects, resources, and patient needs.

This study aims to analyse the role of nurses in discharge planning for families of post-neurosurgery patients by analysing the role of nurses in discharge planning for post-neurosurgery patients at private hospital in Medan, identifying the roles of nurses as educators, coordinators, and advocate in the discharge planning process, describing how nurses provide emotional support to patients and families during the transition from hospital to home care, and providing recommendations for the development of a specific neurosurgery discharge planning model that is appropriate to the context of healthcare in Indonesia.

2. Methods

This study uses a descriptive qualitative approach with a phenomenological method, which aims to explore the experiences and perceptions of post-neurosurgery patients regarding the role of nurses in discharge planning. The study will be conducted at private hospital in Medan on inpatients who have undergone neurosurgery. Participants in this research activity are patients/families with a total of 10 participants. The inclusion criteria in this study were patients aged ≥ 18 years who had undergone neurosurgery (patients post-operative haemorrhagic stroke, patients post-operative brain tumour, and patients post-operative severe head trauma) and were allowed to go home, were conscious and able to communicate verbally, and were willing to be respondents and fill out the informed consent form. The exclusion criteria in this study were individuals who could not speak Indonesian well and were unwilling to be interviewed. The participant selection technique used in this study was purposive based on predetermined criteria and assessed as capable of providing in-depth information regarding discharge planning experiences.

The data collection method used in this study was in-depth interviews conducted by the researcher, lasting 50-60 minutes. The interview topics covered patients' understanding of discharge planning, their experiences during the preparation for discharge, their views on the role of nurses in accompanying and providing education, and their impressions of the care provided after discharge. The research instruments or data collection tools in this study were interview guidelines, demographic data, and field notes. Data collection was carried out by the researcher himself, or referred to by the researcher as the research instrument. The researcher used himself to collect information and develop relationships between researchers and participants through interviews using interview guidelines.

The data analysis process in this study utilised Colaizzi's (1978) approach, as Colaizzi's method complements the analysis by seeking clarification from participants regarding the analysis results. The stages of Colaizzi's data analysis method are as follows: 1) reading and copying all interview descriptions disclosed by participants, 2) extracting significant statements, 3) deciphering the meaning contained in significant statements, 4) grouping the formulated meanings into thematic clusters, 5) developing a complete description of the themes, 6) identifying the structural basis of the phenomenon, and 7) validating the data analysis results with the participants. Use the COREQ guidelines when writing research reports. A checklist of items that should be included in reports of qualitative research

The process in this study began with an ethical review by the Health Research Ethics Committee (KEPK) of Prima Indonesia University with health research ethical statement letter number No. 005/KEPK/UNPRI/VII/2025. After obtaining a letter of ethical approval, the researchers then submitted a research permit application to Hospital to obtain approval to conduct the study.

3. Results

3.1 Participant Characteristics

There were ten participants in this study, consisting of six females and four males. The participants consisted of three patients and seven family members of patients. Mrs. AN, 45 years old, is the patient's wife. Mr. BR, 50 years old, is the patient. Mrs. CL, 55 years old, is the patient. Mr. DS, 60 years old, is a patient; Mrs. EN, 42 years old, is the wife of a patient; Mr. FR, 38 years old, is the child of a patient; Mrs. GH, 36 years old, is the child of a patient; Mr. HI, 50 years old, is the husband of a patient; Mrs. IR, 52 years old, is the wife of a patient; Mrs. JN, 40 years old, is the wife of a patient.

3.2 Significant Statements (SS) Description

Based on the results of in-depth interviews that have been conducted, statements were obtained from participants' answers in field notes and voice recordings during the data collection process, which will then be entered based on the meaning that is confirmed and formulated into codes (Coded Formulated Meaning (FM)).

This study produced 94 significant statements and 174 coded formulated meanings, which will then be analysed into themes.

3.3 Theme Description

The themes were formulated based on participants' responses to in-depth interview questions in field notes and audio recordings during the data collection process. This study produced nine themes that were grouped and described into seven thematic categories based on the research objectives and conceptual framework.

Table 1 Summary of Extracted Study Data

Framework	Theme	Theme Category
The role nurse as educator (patient readiness)	Medical education Clarity of information	Educator
The role nurse as coordinator (family involvement)	Involving the family	Coordinator
The role nurse as emotional support	Addressing concerns	Providing emotional support
The role nurse as advocate (access to follow-up services)	Support for access to followup services Follow-up support	Advocate
Post-operative experience of neurosurgery patients	Patient/family readiness	Mental readiness
Health services	Post-discharge challenges Recommendations for services	Difficulties in care Service suggestions

Nurses act as educators in the discharge planning process

The role of nurses as educators can be described in two themes, namely medical education and clarity of information. These themes are illustrated in the following description.

Theme 1: Medical education

The medical education provided by nurses to patients and/or their families during the discharge planning process, as described by participants, was divided into educational information related to post-operative wound care, educational information related to medications to be taken by patients, and educational information related to warning signs that may appear and need to be watched out for by patients and their families. The educational information related to post-operative wound care provided by nurses during the discharge planning process can be felt by participants as described in the following excerpt from the participant's transcript.

“Before going home, the nurse explained how to care for the surgical wound and how to change the bandage....” (P1)

“The nurse explained how to clean the surgical wound” (P2)

All participants felt that during the discharge planning process, nurses provided educational information related to post-operative wound care. In addition to providing educational information, nurses also conducted hands-on practice with patients and/or their families in the process of caring for post-operative wounds, as described in the following excerpt from a participant's transcript.

“The nurses taught me how to change bandages, and they even asked me to try it myself so that I would get used to it. Although I felt awkward at first, I felt that the practice made me more confident when I was at home. That is a clear example of the role of a good nurse: they don't just tell us what to do, they also train us” (P4)

“In addition to providing explanations, the nurse also demonstrated how to clean wounds properly. I was asked to try it myself under the nurse's supervision, so that I would feel more confident. The nurse did not just let me be a passive listener, but encouraged me to actively participate in the learning process” (P6)

Almost all participants actively participated in the wound care training provided during the discharge planning process by nurses, which was useful in preparing patients and their families for care at home. In addition to educational information related to post-operative wound care, nurses also provided educational information related to medications that must be taken after returning home from the hospital, as described in the following excerpt from the participant transcript.

“When preparing to go home, the nurses clearly explained the things that needed to be taken care of, emphasising the importance of keeping the wound clean and taking medication on time,” (P9)

“.... Information about the medicines that must be taken was also provided clearly, including the dosage and when to take them. This explanation made me feel more confident about caring for myself at home” (P10)

All participants received educational information about the medications they must take after returning home from the hospital, including what medications to take, when to take them, the dosage, and how to take them according to the instructions, whether to take them after meals or before meals. In addition to providing information about the medications that must be taken, nurses also provided notes regarding the correct timing, dosage, and method of taking the medication to patients and their families to help them remember the medication schedule so that patients could take their medication regularly, as described in the following excerpt from a participant's transcript.

“.... The nurse made a note of the schedule and the amount of medicine I would take” (P3)

“.... We were even given notes to remind us of the medication schedule and how much medication to take” (P5)

In addition to recording the schedule of medications that patients must take after returning home from hospital, nurses also provide educational information regarding warning signs that patients and their families need to be aware of, as described in the following excerpt from a participant's transcript.

“.... , also be informed of the signs to watch out for, such as pain at the site of the wound” (P2)

“Before going home, the nurses gave a lengthy explanation, explaining how to change the bandages and recognise signs of infection, ” (P7)

In the discharge planning process carried out by nurses for post-neurosurgery patients, they not only provide educational information related to post-operative wound care, medications that must be taken, and danger signs to watch out for, but also provides educational information to the patient's family regarding the management of the patient's movement in cases where the patient's movement is restricted, in order to accelerate the patient's recovery process, as illustrated in the following excerpt from the participant's transcript.

“In addition to explanations, the nurses also provided hands-on training. They demonstrated how to position patients when getting out of bed, then asked me to imitate them. This made me feel more at ease because I was already familiar with the procedure” (P7)

“In addition, nurses involve families in hands-on practice, teaching us how to lift patients correctly, ... ”(P9)

“The nurse provides information and training to the patient's family on how to help the patient when getting out of bed.

Theme 2: Clarity of information

The clarity of information conveyed by nurses to patients and/or their families during the discharge planning process, as described by participants, included the manner of delivery, language and terminology used by nurses during the discharge planning process so that it could be easily understood by participants, as illustrated in the following excerpt from participant transcripts.

“I found the explanation easy to understand. There were some terms that I initially found difficult to understand, such as medical jargon, but the nurse immediately explained them using simpler comparisons that we could understand” (P3)

“From a linguistic point of view, the explanation is simple: nurses are not happy to repeat themselves if we are still confused” (P4)

All participants found it easy to understand the information provided by nurses during the discharge planning process because nurses used simple language. If there were medical terms that might confuse patients and/or their families, nurses immediately explained the meaning of those terms by comparing them with analogies or replacing them with simpler language that was easier to understand.

Nurses act as coordinators by involving families in the discharge planning process

Nurses act as coordinators by involving families in the discharge planning process, which can be described in one theme, namely involving family members. This theme is illustrated in the following description.

Theme 3: Involving the family

The involvement of family members in the discharge planning process can help facilitate the patient's recovery and care at home. The involvement of family members coordinated by nurses during the discharge planning process is described in the following excerpt from a participant's transcript.

“.... Fortunately, the nurse also taught my family how to help me clean my surgical wounds later on” (P2)

“.... , The explanation is not only given to the patient, but also involves the patient's family, so that everyone feels responsible” (P7)

The role of nurses in involving family members in the discharge planning process is not only to provide post-operative wound care, administer medication to patients, or identify warning signs to watch out for, but also to provide psychological support at home after discharge from hospital.

The role of nurses in providing emotional support to patients and/or their families

The role of nurses in providing emotional support during the discharge planning process can be described in one theme, namely overcoming concerns. This theme is illustrated in the following description.

Theme 4: Addressing concerns

Nurses also play a role in providing emotional support to patients and/or their families. The emotional support provided by nurses during the discharge planning process is described in the following excerpt from a participant's transcript.

“They asked about our mental readiness, then motivated us not to be afraid to try caring for patients at home. Their words were reassuring, making me feel that I was not alone in this process” (P5)

“Emotionally, I felt cared for. The nurse asked if I felt anxious, then gave me motivation and confidence that I was capable of caring for the patient at home. Her friendly and empathetic attitude really helped to calm the family down” (P6)

All participants felt the emotional support provided by nurses during the discharge planning process. Nurses provided support not only to patients but also to their families. This emotional support is very important in accelerating the psychological recovery process of patients after neurosurgery. Nurses play a very important role in providing emotional support to patients and their families.

The role of nurses as advocates in patient access to follow-up services

Nurses play an advocacy role in patients' access to follow-up services, which can be described in two themes: support towards access to follow-up services and follow-up support. These themes are described in the following description.

Theme 5: Support for access to follow-up services

Nurses play a role in providing support for access to follow-up services at the hospital after the main procedure. Following neurosurgery, support for access to follow-up services is provided by nurses during the discharge planning process, as described in the following excerpt from a participant's transcript.

“.... The nurse reassured us by saying that routine checks would be carried out and gave us a contact number in addition to the doctor's number we already had” (P1)

“The nurse gave us a contact number we could call if we had any questions, whether about medication or if we were confused about the wound” (P2)

“All participants received support in accessing follow-up services provided by nurses during the discharge planning process. In addition to support in accessing follow-up services, patients also received ongoing support.”

Theme 6: Follow-up support

The ongoing support provided by nurses to patients and/or their families during the discharge planning process, as described by participants, is illustrated in the following excerpt from participant transcripts.

“Follow-up through the check-up schedule are also very helpful and make me feel more at ease” (P6)

“The follow-up schedule determined by the hospital after we return home to see the doctor at the clinic” (P7)

Follow-up support provided to all participants in the form of regular check-ups after patients are discharged from hospital to monitor their recovery process.

The mental readiness of patients or their families to carry out nursing procedures at home

The readiness of patients or their families to perform nursing procedures at home is a measure of the success of the discharge planning process carried out by nurses before patients are discharged. Readiness to perform nursing procedures at home can be described in one theme, namely patient/family readiness. This

theme is illustrated in the following description.

Theme 7: Readiness of patients/patients' families

The readiness of patients or their families to perform nursing procedures at home after the discharge planning process described by participants, as illustrated in the following excerpt from participant transcripts.

"In addition to explanations, the nurses also provided hands-on training. They demonstrated how to position patients when getting out of bed, then asked me to imitate them. This made me feel more at ease because I was already familiar with the procedure" (P7)

"Not only did the nurse explain, she also demonstrated how to change the bandage, and I was asked to try changing the bandage under their guidance. At first I was hesitant, but the nurse patiently guided me until I felt confident, which made me feel confident when I got home" (P8)

In addition to providing educational information to patients and their families, nurses demonstrate and train patients and/or their families to perform nursing procedures so that they are better prepared to perform nursing procedures at home.

Difficulties in home care

The greatest difficulties faced by patients or their families in performing nursing care at home are factors that can hinder the recovery process and must be anticipated by nurses. The greatest difficulties faced after returning home from hospital can be described under one theme, namely post-discharge challenges. This theme is illustrated in the following description.

Theme 8: Post-discharge challenges

The challenges faced by participants in home care, as described by participants, are illustrated in the following excerpt from participant transcripts.

"After returning home, I still found it difficult to clean the wound myself. Fortunately, the nurse also taught my family how to help me clean the surgical wound later on" (P2)

"After returning home, the main difficulty was limiting my activities, even though I wanted to be able to move around more quickly" (P3)

The most common challenges faced by participants in home care are in terms of daily activities and medical care, especially when danger signs appear, such as pain around the wound.

Suggestions provided by participants for hospitals

The discharge planning process carried out by nurses cannot be separated from the support and influence of hospital facilities and service quality. The expectations expressed by participants for hospitals can be summarised in one theme, namely expectations of hospitals. This theme is described in the following description.

Theme 9: Recommendations for services

Suggestions given to hospitals by participants based on their experiences during treatment or receiving services at the floating hospital, as described by participants in the following excerpts from participant transcripts.

"Recommendation to the hospital to continue maintaining the quality of service that has been provided to us patients" (P1)

"The suggestion for hospitals is to maintain what is good and improve what needs improvement, such as nurses teaching hands-on practices for wound care" (P2)

All participants expect hospitals to maintain good quality services for all patients.

4. Discussion

Discharge planning is a process of preparing patients to receive continuity of care and maintain their health until they feel ready to return to their family environment. This process begins from the moment patients arrive at a healthcare facility until they are scheduled to be discharged (Aisyah et al., 2023).

4.1 The role of nurses as educators in the discharge planning process

The role of nurses as educators is central to the success of discharge planning for patients undergoing neurosurgery. The complexity of post-operative conditions involving high risks such as infection, cerebrospinal fluid leakage, and increased intracranial pressure requires comprehensive understanding from patients and their families. Nurses act as a bridge of knowledge between the complex medical team and the

patient's need for simple and practical understanding. Without adequate education, patients are at high risk of complications that can lead to readmission, increased treatment costs, and reduced quality of life (Haddad et al., 2025).

Education regarding surgical wound care is a top priority. Nurses are responsible for demonstrating sterile wound cleaning techniques, changing dressings, and recognising early signs of infection such as redness, swelling, warmth, pain, or the presence of pus. In neurosurgical patients, special attention is also given to teaching how to recognise cerebrospinal fluid leakage, which can be indicated by the discharge of clear fluid from the wound or nose (Jama & Alam, 2022). Research by Lv et al. (2025) shows that structured educational programmes involving demonstrations and the teach-back method significantly reduce the incidence of surgical site infections and improve families' ability to care for wounds at home (Harun et al., 2024).

In addition to wound care, medication management education is critical. Post-neurosurgery patients often receive multiple medications, including anticonvulsants, analgesics, and sometimes corticosteroids. Nurses must explain the name, dosage, time of administration, side effects to watch out for, and the consequences if the medication is not taken as prescribed. The use of aids such as medication calendars or dosette boxes is highly recommended. According to the study Yang et al., (2022), educational interventions by nurses emphasising medication management have been shown to increase patient compliance by up to 35% and reduce the incidence of post-operative seizures.

Equally important is education about 'red flags' that require immediate medical attention. Nurses should provide a clear and specific list, such as sudden severe headache, loss of consciousness, weakness in limbs, seizures, high fever, or double vision. The language used should be easy to understand, avoiding complex medical terminology, and tailored to the patient's educational and cultural background. The teach-back method, where patients or family members are asked to repeat and explain the instructions given, is a highly effective strategy for validating understanding (Zare-Kaseb et al., 2024; Eloi, 2021; Cutilli, 2020).

4.2 The role of nurses as coordinators involving patients' families in the discharge planning process

Family involvement begins early in the discharge planning process. Nurses identify the primary caregiver in the family and begin involving them in education and training sessions. This involvement includes how to safely mobilise patients, feeding techniques, monitoring intake and output, and recognising changes in behaviour or neurological status. A study by Grootel et al. (2025) concluded that families who were intensively involved in discharge planning from the hospitalisation phase reported higher levels of confidence and lower levels of anxiety when caring for patients at home.

Nurses also coordinate meetings (family conferences) or multidisciplinary discussions to align care goals and communicate the prognosis and follow-up plan to the family. In these meetings, nurses often act as interpreters, explaining complex medical terms in language that the family can understand, while ensuring that all of the family's questions are answered. This coordination ensures that families do not receive conflicting information from different sources, thereby reducing confusion and increasing compliance (Kawashima et al., 2020).

4.3 The role of nurses in providing emotional support to patients and their families

The discharge planning process for patients following neurosurgery does not only focus on physical and technical aspects, but is also crucial in addressing the significant psychological and emotional burden experienced by patients and their families. After surgery, patients often face fears of dependence, changes in body image, and anxiety related to potential long-term neurological disabilities. Meanwhile, families, who act as primary caregivers, are overwhelmed by anxiety about their unpreparedness to provide care, financial burdens, and fears of complications at home. Nurses, who are on the front lines, play a central role in providing ongoing emotional support to alleviate this distress and facilitate healthy adaptation (Karger et al., 2025).

The emotional support provided by nurses begins with establishing a therapeutic relationship based on empathy, trust, and open communication. Nurses create a safe environment for patients and families to express their feelings of fear, frustration, and uncertainty without judgement. Through active listening and emotional validation techniques, nurses acknowledge that these feelings are natural and commonly experienced. This acknowledgement itself has a powerful therapeutic effect, as it makes patients and families feel that they are not alone in facing their challenges. A study by Bonacaro et al. (2024) shows that nursing interventions focused on empathetic communication significantly reduce anxiety scores and increase feelings of readiness to go home among families of patients.

Furthermore, nurses empower patients and families by focusing on aspects of control and realistic expectations. After neurological surgery, patients may feel a loss of control over their bodies and lives. Nurses help shift the focus from limitations to small achievements in the recovery process, such as being able to sit longer or take medication without assistance. Providing honest yet hopeful information about the prognosis and common recovery pathways can reduce feelings of uncertainty. This emotional support is closely linked to education; by understanding what to expect, anxiety can be reduced (Changsuphan et al., 2024).

4.4 The role of nurses as advocates by providing support to gain access to further services and ongoing support

The role of nursing advocacy in the discharge planning of neurosurgical patients is to ensure that the rights, needs, and best interests of patients are met, even after they leave the hospital. Nurses act as a voice for patients, especially when patients experience temporary cognitive or physical disabilities that hinder their ability to voice their own needs. This advocacy includes ensuring access to follow-up care, adequate resources, and the necessary social support (Rath et al., 2020).

The main advocacy support is ensuring that patients have access to timely and appropriate follow-up care. Nurses actively communicate with the medical team to schedule follow-up appointments, ensuring that medical records and discharge summaries are sent to the designated primary care facility or specialist. This is to prevent care fragmentation. Study by Coppa et al. (2021) found that nursing advocacy interventions in facilitating the first follow-up appointment contributed significantly to a reduction in the rate of unplanned readmissions within 30 days after discharge.

Nurses also advocate for other ongoing support needs, which often go beyond purely medical needs. This includes connecting patients and families with social services for financial assistance or counselling, community programmes for people with disabilities, or support groups for families with similar conditions. By understanding the psychosocial and economic burdens borne by families, nurses can identify hidden needs and advocate for them to receive appropriate assistance (Hudson, 2021).

4.5 The mental readiness of patients and their families to carry out care measures at home

Patient and family readiness is the primary outcome and indicator of success for the entire discharge planning process carried out by nurses. This readiness is not merely a matter of knowledge, but also includes confidence, practical skills, and emotional stability to take on the role of caregiver at home. In post-neurosurgery patients, unpreparedness can be fatal, so measuring and ensuring readiness is a critical final step (Putri, A & Nurhayati, 2023; Meng et al., 2020).

Key factors influencing readiness are the levels of anxiety and stress experienced by families. Comprehensive and participatory discharge planning has been shown to reduce this anxiety. When families feel listened to, trained and supported, they develop greater confidence. Emotional support from nurses, in the form of validating feelings of concern and providing encouragement, is just as important a component as technical support in building readiness (Bitek & Erol, 2023).

5. Conclusion

Based on the results of the discussion outlined above, it can be concluded that discharge planning for post-neurosurgery patients is a complex, multidisciplinary, and ongoing process. In this process, nurses play an irreplaceable and multidimensional role in ensuring a smooth transition for patients from hospital to home and preventing complications and readmissions. The role of nurses as educators has proven to be a key foundation. By providing comprehensive, structured education using easy-to-understand language on wound care, medication management, and warning signs, nurses significantly improve the knowledge and confidence of patients and their families. In their role as coordinators, nurses serve as central liaisons who integrate services from various health professions and, most importantly, actively involve family members as partners in care, creating a strong support network. Nurses' role as advocates ensures that patients' rights and needs are met, both by facilitating access to further care and by connecting families with the necessary support resources in the community. Fourth, equally vital is the role of nurses as providers of emotional support. By building therapeutic relationships based on empathy and open communication, nurses successfully alleviate the anxiety, fear, and psychological distress of patients and families, enabling them to face the recovery period with greater resilience.

As a recommendation from this study, a standard discharge planning protocol specifically for neurosurgery patients should be developed and implemented, explicitly integrating the four roles of nurses (educator, coordinator, advocate, emotional support provider). Ongoing training or workshops should be

organised for nurses on therapeutic communication techniques, basic counselling, and anxiety management to improve their competence in providing effective emotional support. Hospitals may consider developing digital educational materials such as wound care demonstration videos, medication reminder applications, and utilising telemedicine for follow-up consultations to improve accessibility and continuity of care.

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