

ASSESSMENT OF NURSING-LED DISCHARGE COUNSELING ON PATIENT PREPAREDNESS FOR HOME CARE.

Mr. Shair Muhammad Hazara^{*1}, Ms. Noreen Kousar², Ms. Aqsa Quddus³,
Ms. Naela Naseer⁴, Ms. Madiha Asghar⁵, Samina Yasmeen⁶, Mr. Atif Ullah⁷,
Ms. Maryiam Shifa⁸, Mr. Touseef Ahmed⁹

^{*1}Vice Principal and Assistant Professor PAK Institute of Health Sciences Islamabad

^{2,3,4,5}BSN (PRN) Student, PAK Institute of Health Sciences, Islamabad

⁶Principal & Associate Professor, PAK Institute of Health Sciences, Islamabad

^{7,8,9}Nursing Lecturer, PAK Institute of Health Sciences, Islamabad

^{*1}hazara_27@hotmail.com

DOI: <https://doi.org/10.5281/zenodo.21915561>

Keywords

Nurses, Patient discharge counseling, Discharge planning, Cross-sectional study, Nursing education, Patient outcomes

Article History

Received: 30 January 2026

Accepted: 15 March 2026

Published: 31 March 2026

Copyright @Author

Corresponding Author: *

Mr. Shair Muhammad
Hazara

Abstract

This descriptive cross-sectional study assesses the Assessment of Nursing-Led Discharge Counseling on Patient Preparedness for Home Care at Benazir Bhutto Hospital, Rawalpindi. A random sample of 50 nurses from various units participated in the study, with data collected through a structured questionnaire designed to evaluate their knowledge and practices in discharge planning and counseling. The results revealed that half of the nurses (50%) agreed that discharge planning is an essential nursing responsibility, but only 60% felt they participated effectively in it. A significant proportion (66%) reported regularly conducting discharge needs assessments, while 48% strongly agreed that physicians were actively involved in the process. Similarly, 48% noted that families were involved in discharge planning, and 44% agreed that discharge planning usually began early during hospitalization.

However, 36% disagreed that they lacked sufficient time for discharge planning. Most nurses (57%) agreed that overall discharge planning met patient needs, 64% emphasized the importance of documenting all discharge activities, and 42% highlighted the inclusion of discharge planning in the Nursing Care Plan (NCP). Additionally, 62% agreed that new staff members were given appropriate orientation for discharge planning.

The study highlights that although nurses possess adequate knowledge about discharge counseling, inconsistencies in practice remain. Targeted educational programs and structured guidelines are recommended to enhance nursing competencies and ensure effective discharge transitions, ultimately improving patient outcomes.

CHAPTER 01

1.0 INTRODUCTION

Patient discharge counseling is a critical component of healthcare, particularly in ensuring that patients transition smoothly from the hospital to home or other care settings. Nurses are key

players in this process, offering essential guidance to patients and their families to help them understand treatment plans, medications, follow-up appointments, and lifestyle changes necessary for a successful recovery (Bakken et al., 2016). Effective discharge counseling can reduce hospital

readmissions, improve patient satisfaction, and enhance overall health outcomes (Kruk et al., 2018).

Research suggests that the quality of discharge counseling impacts patient adherence to medication regimens and self-care instructions, reducing complications and preventing unnecessary readmissions (Loomis et al., 2019). Nurses, due to their clinical expertise and close interaction with patients, are ideally positioned to provide this counseling. However, the effectiveness of discharge counseling varies, often influenced by factors such as the nurse's communication skills, training, and the complexity of the patient's condition (Parker et al., 2017).

Despite its importance, patient discharge counseling is frequently underemphasized or inadequately conducted due to time constraints and limited resources (Parker et al., 2017). This study aims to assess the role of nurses in patient discharge counseling, exploring their knowledge, practices, and communication skills in improving the discharge process. By evaluating current practices, the research intends to develop strategies for enhancing the discharge process, ensuring better patient outcomes.

This study will evaluate the effectiveness of educational interventions in enhancing nurses' knowledge and skills in patient discharge counseling. A quantitative approach will be employed, utilizing pre- and post-assessment questionnaires to measure changes in knowledge, alongside qualitative interviews to explore nurses' perceptions of the training. The anticipated outcome is improved competence and confidence in discharge counseling, which will lead to better patient care and reduced readmissions. The study aims to contribute to the improvement of nursing practices and inform future training programs and clinical guidelines for discharge counseling, ultimately enhancing patient outcomes.

1.2 Rationale

During our clinical rotation at Benazir Bhutto Hospital, Rawalpindi, we observed several important aspects of patient care that highlighted the significant Assessment of Nursing-Led

Discharge Counseling on Patient Preparedness for Home Care. The clinical setting provided a valuable opportunity to witness firsthand how discharge counseling is implemented and the challenges nurses face in ensuring patients receive adequate information and support upon discharge. The nursing staff, particularly those from the ICU and general wards, are directly involved in educating patients and their families, addressing concerns, and ensuring a smooth transition from hospital to home.

Throughout the rotation, we observed that there were instances where patients faced difficulties understanding their treatment plans, follow-up care instructions, and medication management. This gap in understanding often resulted in unnecessary readmissions or complications post-discharge. Additionally, the communication between nurses and patients during the discharge process was inconsistent, with some nurses expressing the challenge of balancing discharge counseling with their routine duties. This observation led us to select the topic of the Assessment of Nursing-Led Discharge Counseling on Patient Preparedness for Home Care for our research project.

We identified a need for improved training and structured discharge counseling protocols that could help nurses deliver more effective, comprehensive, and personalized care during this critical phase of a patient's recovery. Our research will focus on assessing the knowledge, practices, and barriers nurses face while providing discharge counseling, with the aim of enhancing the quality of patient education and post-discharge outcomes.

1.3 Need Assessment

To assess the current knowledge and understanding of patient discharge counseling among nurses at Benazir Bhutto Hospital, Rawalpindi, a questionnaire was distributed to staff in the ICU and general wards. The purpose was to identify gaps in discharge counseling practices. The data revealed significant gaps in nurses' knowledge, particularly regarding patient education, discharge instructions, and follow-up care, all of which are crucial for ensuring smooth transitions from hospital to home.

The results highlighted that many nurses were not fully aware of best practices in discharge counseling, which could contribute to inadequate discharge planning and potentially poor patient outcomes. This emphasizes the need for targeted educational interventions. Developing training programs to address these gaps will equip nurses with the necessary knowledge and skills, ultimately leading to improved patient outcomes and a reduction in readmissions.

1.4 Significance of study

Patient discharge counseling is an essential component of nursing practice that ensures patients receive the necessary guidance for a smooth transition from hospital care to home care. However, many nurses in various hospital settings, including Benazir Bhutto Hospital, Rawalpindi, face challenges in providing effective discharge counseling. Despite their crucial role in educating patients about medications, follow-up appointments, and lifestyle modifications, there are knowledge gaps that affect their ability to communicate discharge instructions clearly. This study aims to assess the level of knowledge and practice regarding patient discharge counseling among nurses, specifically focusing on the ICU and general wards. By identifying gaps in nurses' knowledge, the study will work to improve their understanding and practices through an educational intervention, ultimately ensuring better patient care, reducing readmissions, and enhancing overall patient satisfaction with the discharge process.

1.5 Problem Statement

Patient discharge counseling is an essential component of nursing practice that ensures patients receive the necessary guidance for a smooth transition from hospital care to home care. However, many nurses in various hospital settings, including Benazir Bhutto Hospital, Rawalpindi, face challenges in providing effective discharge counseling. Despite their crucial role in educating patients about medications, follow-up appointments, and lifestyle modifications, there are knowledge gaps that affect their ability to communicate discharge instructions clearly. This

study aims to assess the level of knowledge and practice regarding patient discharge counseling among nurses, specifically focusing on the ICU and general wards. By identifying gaps in nurses' knowledge, the study will work to improve their understanding and practices through an educational intervention, ultimately ensuring better patient care, reducing readmissions, and enhancing overall patient satisfaction with the discharge process.

1.6 Study/PICOT Question

Among nurses working in the ICU, general wards, medical wards, and surgical wards at Benazir Bhutto Hospital, Rawalpindi (P), does an educational intervention on patient discharge counseling

(I) compared to current discharge practices © improve their knowledge and application of discharge counseling protocols (O) over a one-month period (T)?

Population (P): Nurses working in ICU, general wards, medical wards, and surgical wards at Benazir Bhutto Hospital, Rawalpindi.

Intervention (I): Educational intervention on patient discharge counseling.

Comparison ©: Standard discharge counseling practices.

Outcome (O): Improvement in nurses' knowledge and application of discharge counseling protocols.

Timeframe (T): Over a one-month period.

1.7 Objectives

Main Objectives of the Study:

1. Evaluate the impact of discharge counseling on nurses' knowledge regarding patient discharge procedures and their role in ensuring a smooth discharge process.
2. Assess changes in the discharge counseling practices of nurses working in the ICU and general wards following targeted training on patient discharge counseling.
3. Measure the retention of knowledge and skills related to patient discharge counseling among nurses over time after the completion of the educational intervention.

1.8. Operational definition

Knowledge: Knowledge refers to the facts, information, and skills acquired by a person through experience or education. It is the theoretical or practical understanding of a subject.

Education: Education is the process of facilitating learning, or the acquisition of knowledge, skills, values, beliefs, and habits. Educational methods include teaching, training, storytelling, discussion, and directed research.

Consent: Consent is the agreement or permission given by a person who is of sound mind and fully understands the implications and consequences of their decision. In legal and medical contexts, it refers to the voluntary agreement to participate in an activity or to accept a treatment.

Questioner: A questioner is a set of printed or written questions with a choice of questions, either for the purpose of gaining information, clarifying uncertainties, or challenging viewpoints.

Patient Discharge Counseling: This refers to the process where nurses provide patients and their families with essential information regarding the next steps in care post-discharge. This includes instructions on medication management, physical care, emotional support, and the identification of signs and symptoms that warrant medical attention.

Descriptive Cross-Sectional Study: A descriptive cross-sectional study is a research method where data is collected at a single point in time to describe the characteristics of a population.

Chapter 02 Literature Review

Effectiveness of Nurse-Led Discharge Counseling
Coleman et al. (2020), in their study "Improving Patient Discharge Outcomes with Nurse-Led Interventions," examined the effects of structured discharge planning on reducing hospital readmissions. The study revealed that nurse-led discharge counseling, focusing on medication management and post-discharge instructions, significantly improved patient adherence to care plans and reduced readmission rates. This underscores the role of nurses in ensuring continuity of care post-hospitalization.

Virtual Platforms for Follow-Up Care

Anderson et al. (2023), in "Using Digital Platforms for Post-Discharge Nursing Follow-Up," explored how technology has enabled effective virtual follow-up care. The research showed that virtual follow-ups allowed nurses to provide timely care, particularly for patients with chronic conditions like hypertension and diabetes. This approach reduced barriers to in-person visits and maintained continuity of care.

Discharge Counseling in Cardiac Rehabilitation

Smith & Lin (2022), in their study "The Role of Nurse-Led Counseling in Cardiac Patient Recovery," demonstrated that patients who received detailed discharge counseling on lifestyle changes and medication adherence from nurses had better post-discharge outcomes. The study found that nurse-led interventions helped patients navigate the recovery process, reducing complications and improving overall health.

Patient-Centered Approaches in Oncology

Rodriguez et al. (2021) in "Empowering Oncology Patients through Discharge Counseling," explored the effects of personalized discharge counseling in oncology care. The research revealed that tailored counseling helped patients manage side effects and adhere to follow-up schedules, which led to better long-term outcomes and improved emotional well-being.

Enhancing Discharge Planning for Elderly Patients

In the study "Nurse-Led Discharge Education for Elderly Patients" (2022), it was found that nurse-led education significantly improved health literacy among elderly patients, reducing the rate of readmissions by 30%. The study emphasized the importance of tailored discharge planning to address the specific needs of older adults, especially regarding medication management and follow-up appointments.

Barriers to Effective Discharge Counseling

Lee et al. (2023), in "Barriers to Effective Nursing Discharge Counseling," identified systemic barriers such as time constraints and high

workloads that hindered the efficacy of discharge counseling. The study suggested that collaborative discharge planning and policy reforms could help overcome these challenges, improving the overall effectiveness of nurse-led counseling efforts.

Chapter 03 Methodology

1.1. Study Design:

An analytical cross-sectional study design was used to assess nursing-led discharge counseling and its association with patient preparedness for home care at Benazir Bhutto Hospital. This quantitative study collected data at a single point in time using structured questionnaires to evaluate nurses' discharge counseling practices and patients' preparedness for home care. The design enabled the analysis of relationships between nursing-led discharge counseling and patient preparedness while providing evidence to support improvements in discharge planning and continuity of care.

1.2. Study Setting

The study was conducted at Benazir Bhutto Hospital, Rawalpindi, a major public-sector tertiary care teaching hospital providing comprehensive healthcare services. Data were collected from nurses working in the Intensive Care Unit (ICU), medical wards, surgical wards, and general wards. These clinical settings were selected because they frequently manage patient admissions, treatment, discharge planning, and continuity of care, making them appropriate for assessing nursing-led discharge counseling.

1.3. Study Tool

Data were collected using a structured, self-administered questionnaire developed to assess nurses' knowledge and practices regarding patient discharge counseling. The questionnaire consisted of closed-ended items organized into relevant domains and was designed to ensure consistency, reliability, and ease of data collection. It enabled the systematic assessment of nursing-led discharge counseling practices among study participants.

1.4. Study Population

The study population comprised registered nurses employed at Benazir Bhutto Hospital, Rawalpindi, including both specialized and non-specialized nurses. Participants were recruited from the Intensive Care Unit (ICU), medical wards, surgical wards, and general wards. These nurses were directly involved in patient care and discharge counseling, making them suitable for evaluating nursing-led discharge counseling practices.

1.5. Sampling Technique

A simple random sampling technique was employed to select study participants, ensuring that every eligible nurse had an equal opportunity to be included in the study. This probability-based sampling approach minimized selection bias and enhanced the representativeness of the sample, thereby improving the validity and generalizability of the study findings within the selected hospital.

1.6. Sample Size

The study included a total sample of 50 registered nurses selected through a simple random sampling technique. The sample comprised nurses from the Intensive Care Unit (ICU), medical wards, surgical wards, and general wards. This sample size was considered adequate to examine nursing-led discharge counseling practices and their association with patient preparedness for home care.

1.7. Variables

1.7.1. Independent Variable

The independent variable in this study was nursing-led discharge counseling, measured through nurses' knowledge and implementation of discharge counseling interventions. This variable represented the nursing activities performed to educate patients and families regarding medication use, home care, follow-up appointments, warning signs, and self-management after hospital discharge.

1.7.2. Dependent Variable

The dependent variable was patient preparedness for home care following hospital discharge. It

reflected patients' readiness to manage their health independently after leaving the hospital, including understanding prescribed medications, follow-up care, symptom monitoring, self-care practices, and adherence to discharge instructions provided through nursing-led counseling.

1.8. Study Duration

The study was completed over a period of three months, including the phases of research planning, ethical approval, participant recruitment, data collection, data entry, statistical analysis, and interpretation of findings. This duration allowed sufficient time to collect comprehensive data while maintaining consistency and quality throughout the research process.

3.9. Inclusion Criteria and Exclusion Criteria

3.9.1. Inclusion Criteria

The study included registered nurses working in the Intensive Care Unit (ICU), medical wards, surgical wards, and general wards at Benazir Bhutto Hospital, Rawalpindi. Eligible participants were directly involved in patient care, actively participated in discharge counseling activities, and voluntarily provided written informed consent to participate in the study.

3.9.2. Exclusion Criteria

Nurses who declined to participate, were on leave or temporarily absent during the data collection period, or were not directly involved in patient care and discharge counseling were excluded from the study. Individuals with incomplete questionnaire responses were also excluded to ensure the completeness and accuracy of the collected data.

3.10. Data Collection

Data were collected over a period of three months using a simple random sampling technique. Eligible participants were approached in their respective clinical units and informed about the study objectives and procedures. Written informed consent (Annex-I) was obtained before participation. Data were gathered through a structured, self-administered questionnaire while

maintaining participant confidentiality, anonymity, and adherence to ethical research principles.

3.9. Data Analysis:

A questionnaire (ANNEXE-II) was used to assess the knowledge and expressed practices of the nurses. The questionnaire contained three parts: the first part was informed consent, the second part included biographical data, and the third part contained information related to the study. The questionnaire was distributed among the selected participants, and they were guided for proper understanding and responding to the questions asked. Data was entered into Statistical Package for the Social Sciences (SPSS) software for storage and analysis. The results were expressed using tables, charts, graphs, and percentages with the aid of Microsoft Excel.

Theoretical Foundation Health Belief Model (HBM)

The Health Belief Model (HBM), created by Irwin Rosenstock in the 1950s, suggests that individuals are more likely to engage in health behaviors if they believe they are at risk (perceived susceptibility), the issue is serious (perceived severity), taking action will reduce their risk (perceived benefits), and the benefits outweigh the costs (perceived barriers).

In nurse-led discharge counseling, HBM helps explain how nurses can influence patient behaviors: **Perceived Susceptibility**: Nurses inform patients about risks of non-compliance, such as readmission. **Perceived Severity**: Nurses stress the seriousness of not following medical advice. **Perceived Benefits**: Nurses highlight how following discharge instructions improves recovery.

Perceived Barriers: Nurses address obstacles like cost or transportation and offer solutions.

Application of the Theory in the study

The Health Belief Model will guide your study by:

1. Analyzing how nurses' discharge counseling affects patients' perceived susceptibility to health risks after discharge
2. Understanding the factors that

help patients overcome barriers to following discharge instructions.

3. Fostering better nurse-patient interactions to improve health outcomes after hospital discharge.

4.

Chapter 04 Results and Analysis

As data was collected, it was further analyzed using

Table 1

Summarizes the socio-demographic characteristics of the research participants. The results show that most of the participants (66.6%) were between the age of 25-34. 24.0% participants were male and 76.0% were female. 50.0% of participants had their highest education in Diploma of Nursing and BSN. 32.0% of the participants had more than 10 years of working experience.

Socio-demographic Characteristics of the Research Participants (n =50)

Characteristics	<i>f</i>	%
Age		
25-34	33	66.0
35-44	14	28.0
45-54	2	4.0
> 55	1	2.0
Gender		
Male	12	24.0
Female	38	76.0
Nursing Education		
GN Diploma	25	50.0
BSN (04 Years)	25	50.0
Nursing Experience in Years		
< 1	3	6.0
1-3	12	24.0
4-6	8	16.0
7-10	11	22.0
> 10	16	32.0

Note. *f* = Frequency; % = Percentage; BSN = Bachelor of Science in Nursing

SPSS 16.0 Version. To present the collected data and their results, graphs were created, and the findings were displayed visually.

Total Participants: 50

Total Questions: 11

The results were represented through tables, charts, and graphs to effectively communicate the findings and trends identified during the study.

Figure 1.1

Age of the Participants

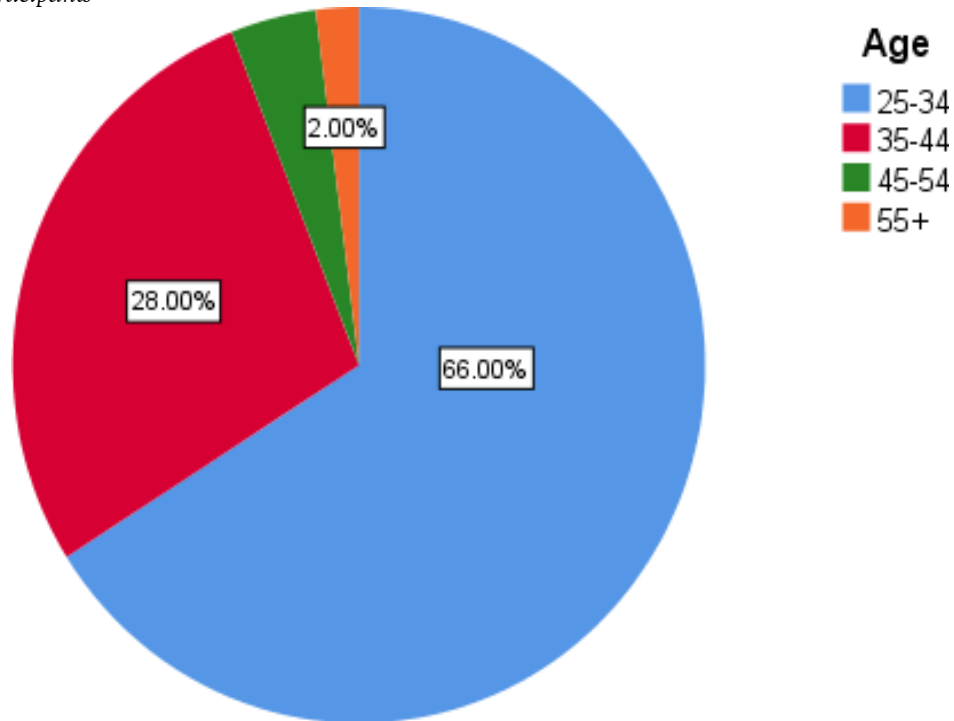


Figure 1.2

Gender of the Participants

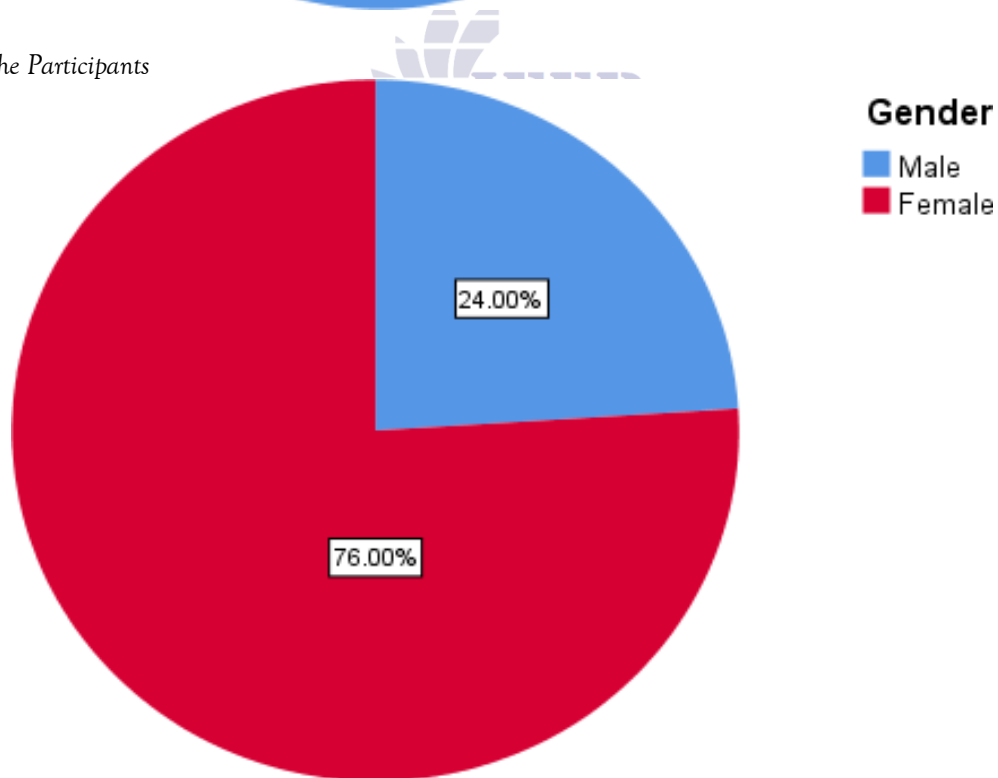


Figure 1.3

Education of the Participants

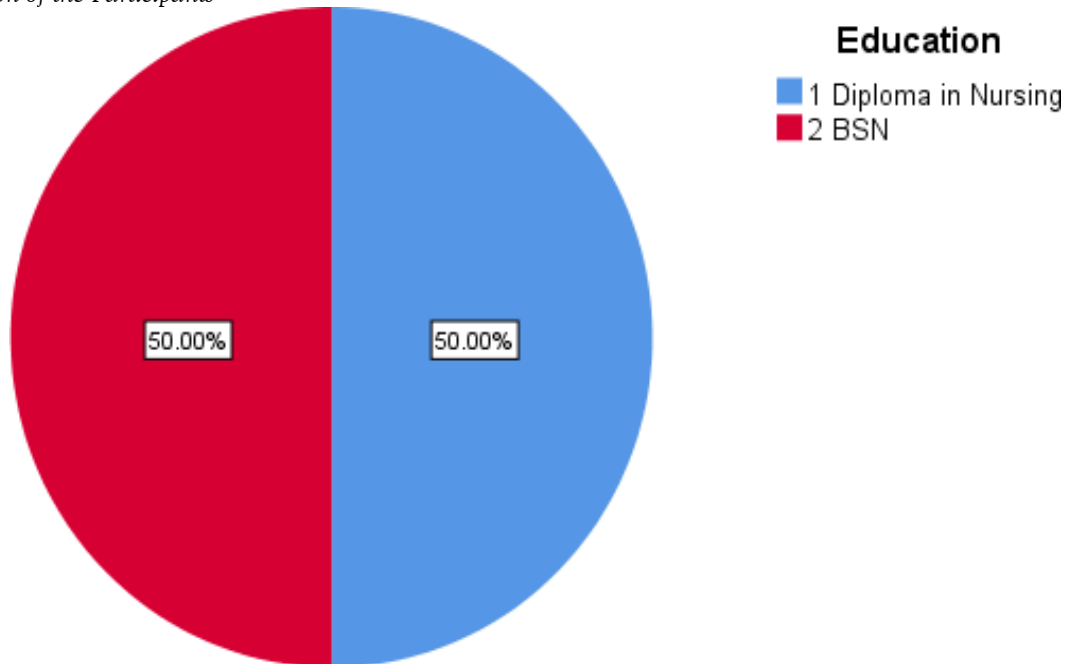


Figure 1.4

Work Experience of the Participants

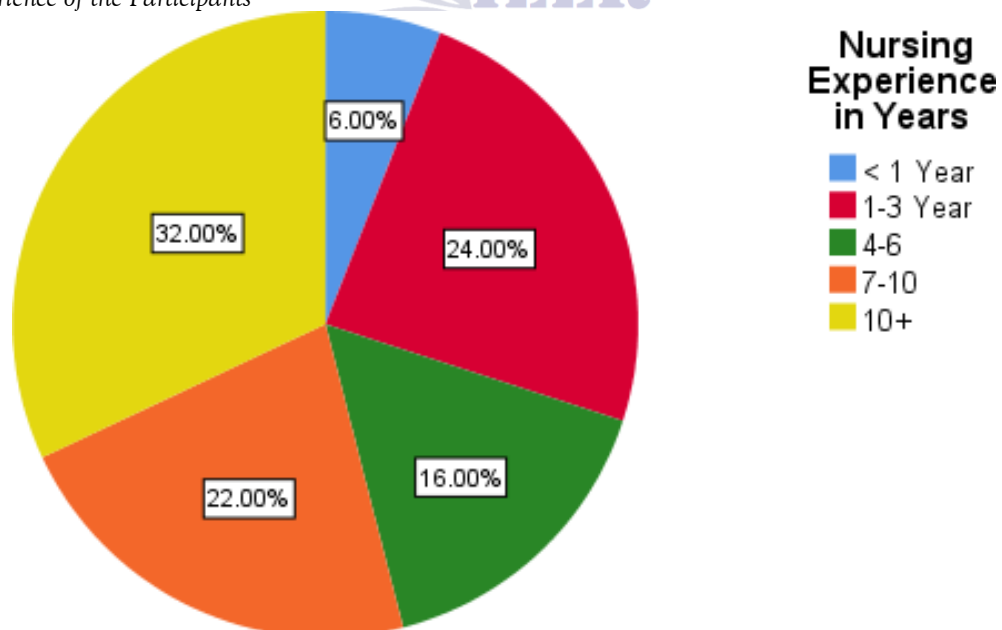


Table 2

Assessing Nurses Knowledge, Practices, and Challenges in Patient Discharge Counselling

Scale					
Statements	Strongly Agree <i>f</i> (%)	Agree <i>f</i> (%)	Neutral <i>f</i> (%)	Disagree <i>f</i> (%)	Strongly Disagree <i>f</i> (%)
Discharge planning is an important role of nurses.	20 (40.0)	25 (50.0)	3 (6.0)	1 (2.0)	1 (2.0)
Staff nurses in your unit effectively participate in discharge planning.	11 (22.0)	30 (60.0)	6 (12.0)	2 (4.0)	1 (2.0)
Nurses in your unit regularly carry out the needs assessment for discharge planning.	10 (20.0)	33 (66.0)	5 (10.0)	1 (2.0)	1 (2.0)
Physicians in your unit are actively involved in discharge planning.	24 (48.0)	21 (42.0)	4 (8.0)	0 (0.0)	1 (2.0)
Families are involved in the discharge planning process for their relatives in your unit.	10 (20.0)	24 (48.0)	12 (24.0)	3 (6.0)	1 (2.0)
Discharge planning begins early in the hospital stay for most patients.	4 (8.0)	22 (44.0)	12 (24.0)	12 (24.0)	0 (0.0)
As a nurse, I don't have enough time to plan discharge for my patients.	4 (8.0)	12 (24.0)	12 (24.0)	18 (36.0)	4 (8.0)
Overall, discharge planning in this hospital is carried out appropriately to meet patient needs.	14 (28.0)	27 (54.0)	7 (14.0)	2 (4.0)	0 (0.0)
Documentation of all discharge activities must be done on a regular basis.	14 (28.0)	32 (64.0)	4 (8.0)	0 (0.0)	0 (0.0)
Discharge planning is an essential part of the patient's Nursing Care Plan (NCP).	17 (34.0)	21 (42.0)	11 (22.0)	1 (2.0)	0 (0.0)
An appropriate orientation to discharge planning is provided for new staff members.	12 (24.0)	31 (62.0)	5 (10.0)	2 (2.0)	0 (0.0)

Note. *f* = Frequency; % Percentage

Table 2 Access the nurse's role in patient discharge counselling. Most of the nurses (50.0%) agreed that discharge planning is an important role of nursing. However, only (60%) agreed that they effectively participate in discharge planning. While (66.0%) agreed that they regularly carry out the needs assessment for discharge planning in their unit. Most (48.0%) strongly agreed that physicians were actively involved in discharge planning. Nearly one-half (48.0%) of the nurses agreed that families were involved in the discharge planning process. Most of the nurses (44.0%) agreed that discharge planning began early in the hospital stay for most patients. However, (36.0%)

of the nurses disagreed that they don't have enough time for patient discharge planning. Most (57.0%) agreed that on overall base, discharge planning in this hospital were carried out appropriately to meet patient needs. Majority of the nurses (64.0%) agreed that the documentation of all discharge activities must be done on a regular basis. (42.0%) of the nurses agreed that according to the Nursing Care Plan (NCP) discharge planning was an essential part. Furthermore, (62.0%) of the nurses agreed that an appropriate orientation to discharge planning were provided for new staff members. Figure 2.1

Discharge planning is an important role of nurses

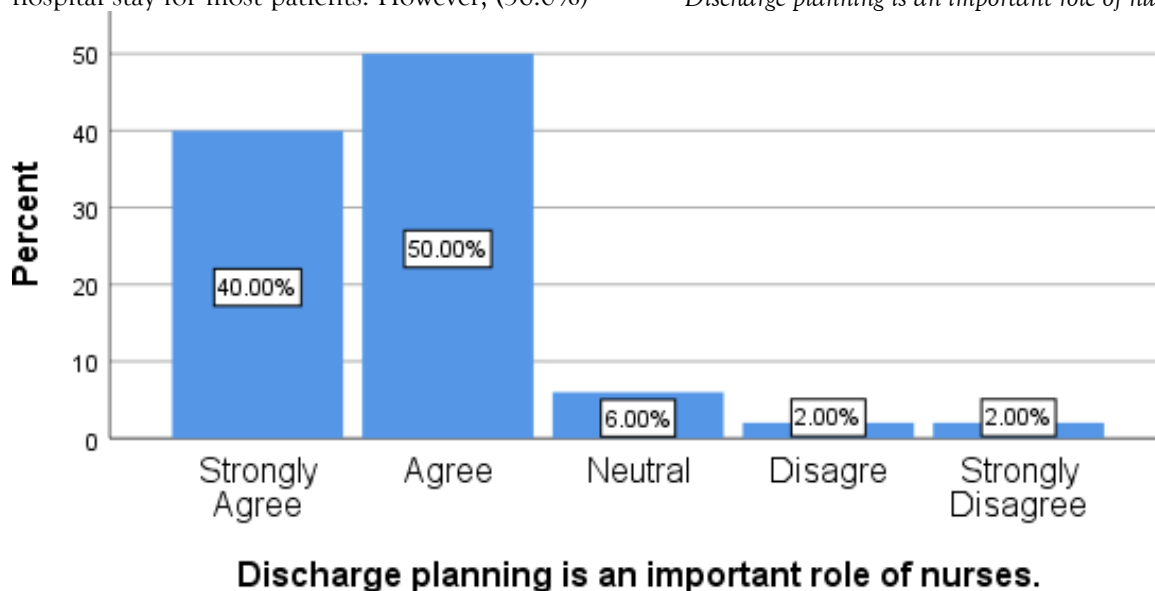
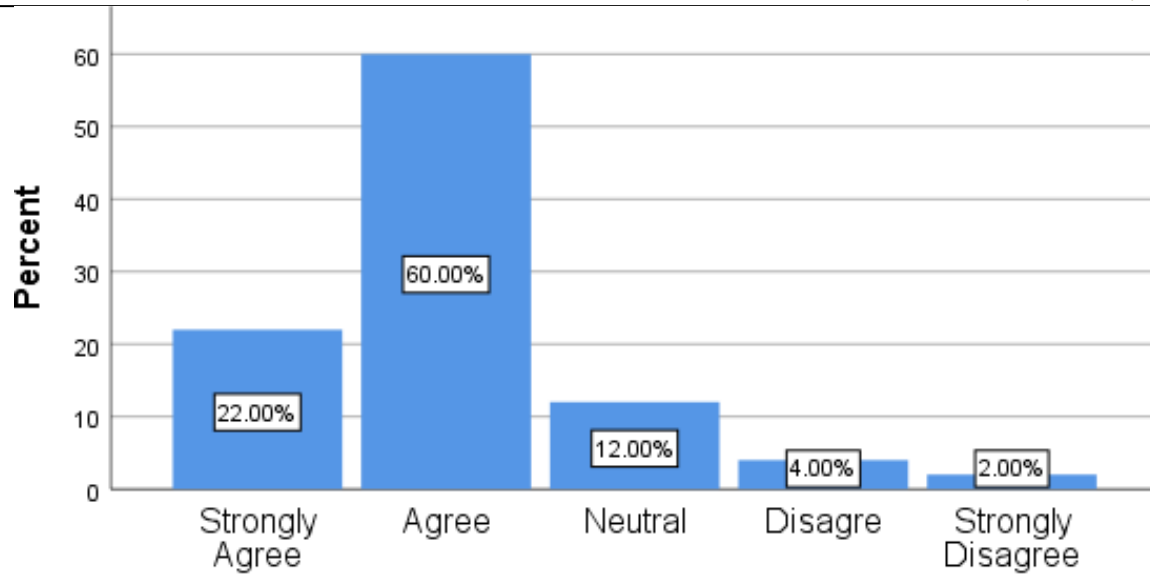


Figure 2.2

Staff nurses in your unit effectively participate in discharge planning.

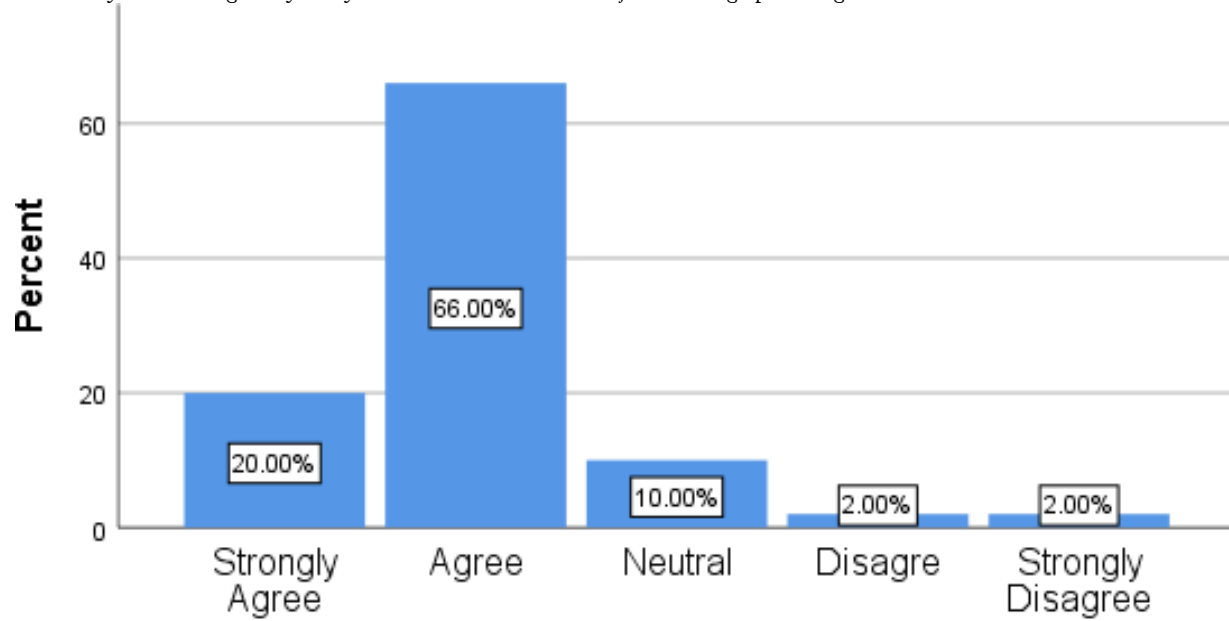


Staff nurses in your unit effectively participate in discharge planning.



Figure 2.3

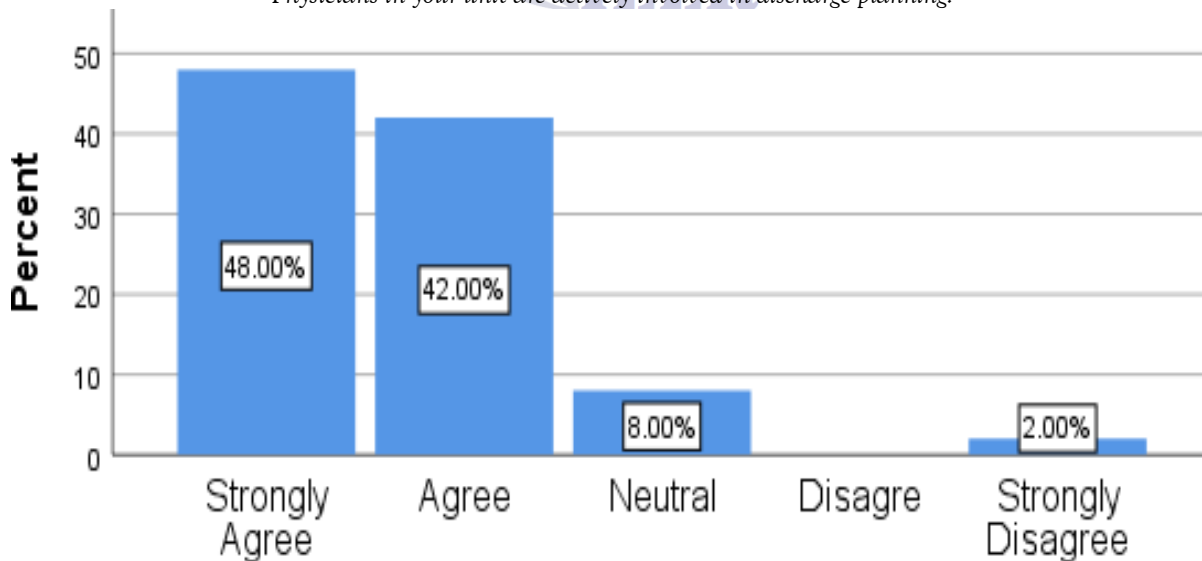
Nurses in your unit regularly carry out the needs assessment for discharge planning.



Nurses in your unit regularly carry out the needs assessment for discharge planning.

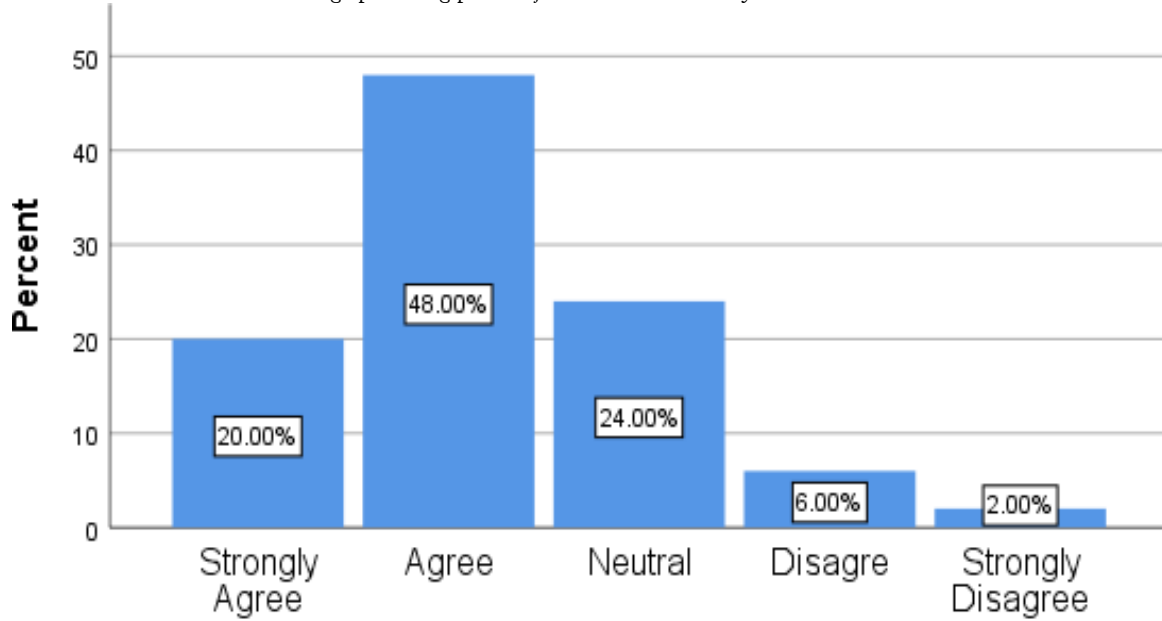
Figure 2.4

Physicians in your unit are actively involved in discharge planning.



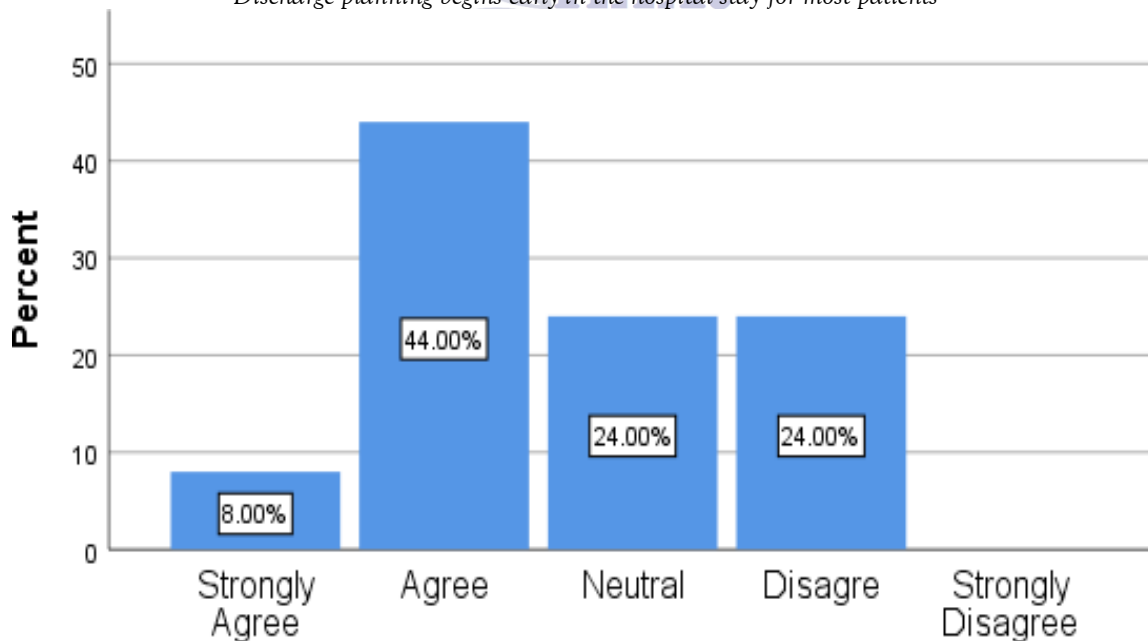
Physicians in your unit are actively involved in discharge planning.

Figure 2.5

Families are involved in the discharge planning process for their relatives in your unit

Families are involved in the discharge planning process for their relatives in your unit.

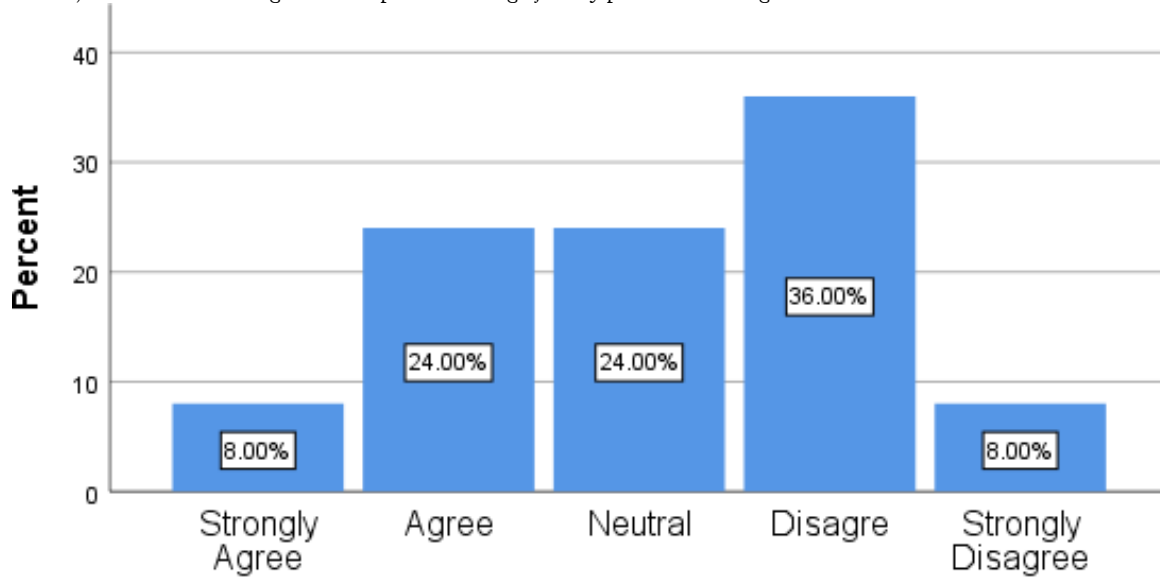
Figure 2.6

Discharge planning begins early in the hospital stay for most patients

Discharge planning begins early in the hospital stay for most patients.

Figure 2.7

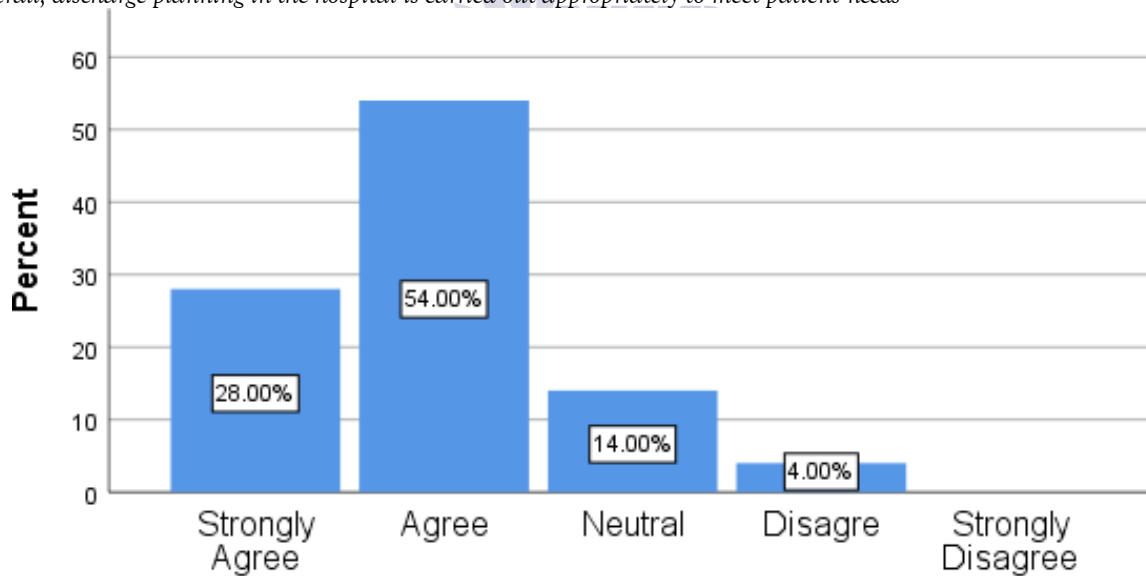
As a nurse, I don't have enough time to plan discharge for my patient discharge.



As a nurse, I don't have enough time to plan discharge for my patients.

Figure 2.8

Overall, discharge planning in the hospital is carried out appropriately to meet patient needs



Overall, discharge planning in this hospital is carried out appropriately to meet patient needs.

Figure 2.9

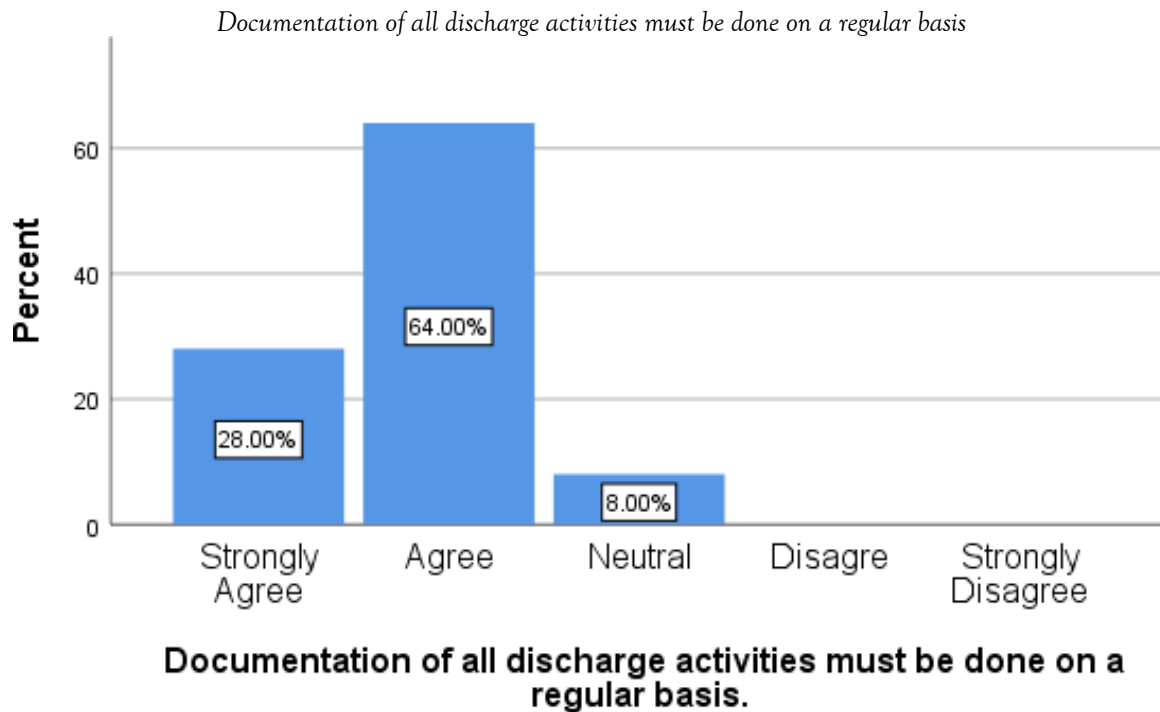


Figure 2.10

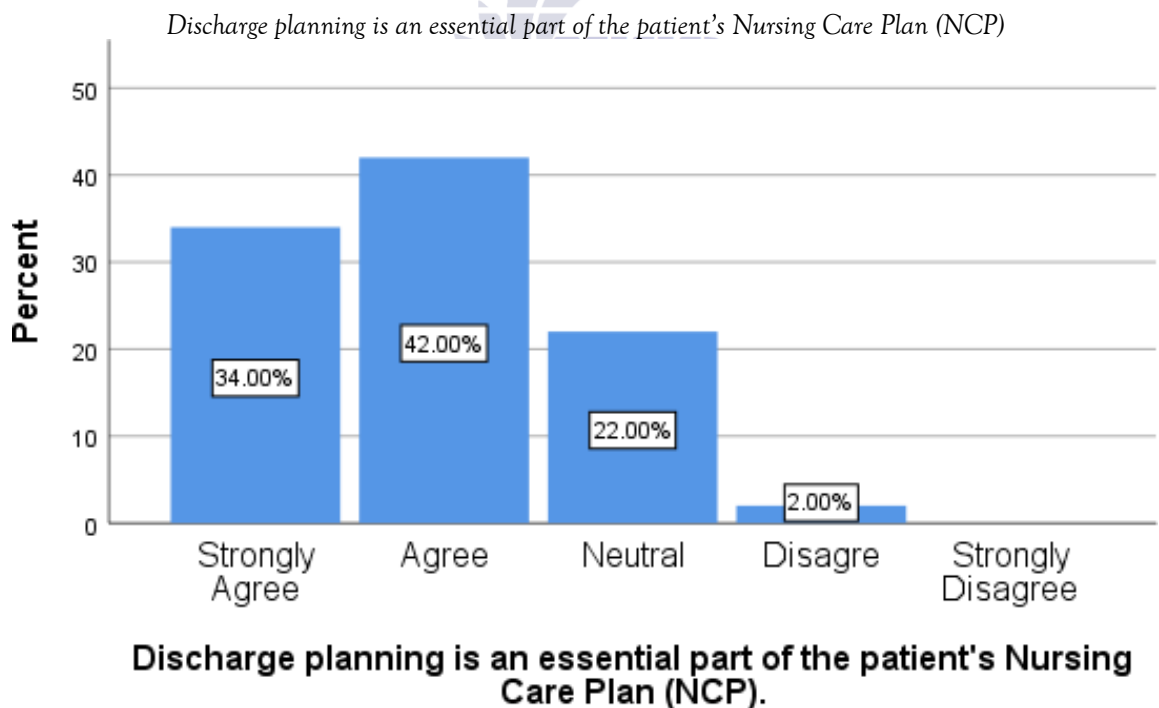
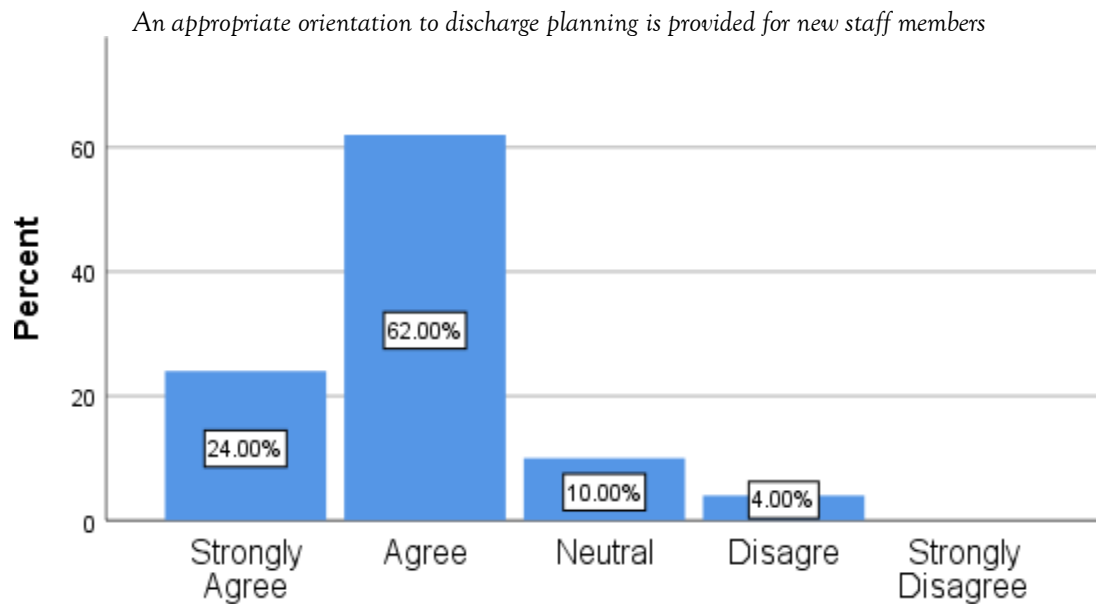


Figure 2.11



An appropriate orientation to discharge planning is provided for new staff members.

Research Project Chart

S. NO	Activities Date	1 st Week (04-02-2026)	2 nd Week (18-02-2026)	3 rd Week (01-03-2026)	4 TH Week (15-03-2026)	5 th Week (15-04-2026)
1.	Development of questionnaire Data Collection for need assessment					
2.	Enter Data in SPSS and analyze , prioritize the problem					
3.	Project Final Draft					
4.	Project Presentation					
5.	Report Writing					

Chapter 05**Discussion**

The study further demonstrated the importance of multidisciplinary collaboration in the discharge planning process. Nearly half of the participants (48%) strongly agreed that physicians play a vital role in discharge planning, while an equal proportion (48%) agreed that family involvement is essential for successful patient recovery at home. These findings emphasize that effective discharge counseling requires coordinated efforts among nurses, physicians, patients, and family caregivers. Active communication and collaboration among healthcare professionals can ensure that discharge instructions are comprehensive, individualized, and responsive to patients' physical, psychological, and social needs.

Despite recognizing the value of discharge counseling, several barriers were identified. Time constraints were reported by 36% of nurses as a major challenge affecting the delivery of effective discharge planning. Heavy workloads, staff shortages, and competing clinical responsibilities may limit the time available for individualized patient education and counseling. Addressing these organizational barriers through adequate staffing, workload management, and dedicated discharge counseling time may substantially improve the quality of discharge services.

The study also found encouraging evidence regarding institutional practices. More than half of the participants (57%) agreed that the hospital's discharge planning generally met patients' needs, while 64% emphasized the importance of maintaining regular and accurate documentation throughout the discharge process. Proper documentation facilitates communication among healthcare providers, ensures continuity of care, and serves as an important legal and professional record. Furthermore, 62% of nurses agreed that orientation and structured training programs for newly appointed staff significantly strengthen discharge planning practices by improving knowledge, confidence, and consistency in patient education.

Overall, the findings demonstrate that nurses possess a positive perception of discharge counseling and acknowledge its importance in

improving patient outcomes. However, the study also highlights the need for continuous professional development, regular in-service training, standardized discharge counseling protocols, and strengthened multidisciplinary collaboration to enhance the effectiveness of discharge planning. Implementing evidence-based discharge counseling guidelines, providing ongoing educational opportunities, and addressing organizational barriers such as workload and time limitations can improve the quality of nursing practice and enhance patient preparedness for home care. Such interventions have the potential to improve patient satisfaction, promote treatment adherence, reduce avoidable hospital readmissions, and contribute to better overall healthcare outcomes.

Strengths:

- ▢ The study provided valuable insights into nurses' knowledge, perceptions, and practices regarding patient discharge counseling, identifying important gaps that require improvement.
- ▢ It emphasized the significant roles of physicians and family members in discharge planning, reinforcing the importance of a multidisciplinary approach to continuity of care.
- ▢ The study proposed practical, evidence-based recommendations, including standardized discharge counseling protocols, regular staff training, and quality improvement strategies to strengthen clinical practice and enhance patient outcomes.

Limitations:

- ▢ The relatively small sample size of 50 nurses limits the generalizability of the findings to larger nursing populations and diverse healthcare settings.
- ▢ As the study was conducted at a single tertiary care hospital, the results may not accurately represent discharge counseling practices in other hospitals or regions.
- ▢ The three-month study duration restricted the assessment of long-term knowledge retention and sustained improvements in nursing practice.

▮ Limited financial and institutional resources may have constrained the scope and comprehensiveness of data collection.

▮ The inclusion of nurses from selected clinical units only may reduce the applicability of the findings to other specialties and healthcare environments.

Sustainability

To ensure the long-term impact of this study on Nursing-Led Discharge Counseling on Patient Preparedness for Home Care, several sustainable strategies are recommended. Educational resources, including standardized discharge counseling guidelines, patient information leaflets, checklists, and presentation materials, should be developed and regularly updated to support evidence-based nursing practice. Integrating nursing-led discharge counseling protocols into routine clinical workflows will promote consistency and improve patients' preparedness for safe home care following hospital discharge. Continuous professional development programs, in-service training sessions, and orientation programs for newly recruited nurses should be conducted to strengthen knowledge, communication skills, and discharge counseling competencies. Regular clinical audits, performance evaluations, and constructive feedback mechanisms should be implemented to monitor adherence to discharge counseling standards and identify areas requiring improvement. Furthermore, fostering effective multidisciplinary collaboration among nurses, physicians, and allied health professionals, while actively involving patients and their families in evaluating discharge counseling services, will enhance continuity of care, improve patient preparedness for home care, and ensure the long-term sustainability and effectiveness of nursing-led discharge counseling practices.

Conclusion

The present study on Nursing-Led Discharge Counseling on Patient Preparedness for Home Care highlights the significant contribution of nursing-led discharge counseling in promoting patients' readiness for safe and effective home care

following hospital discharge. The findings demonstrate that comprehensive discharge counseling, effective communication, early discharge planning, and multidisciplinary collaboration among nurses, physicians, patients, and family members are essential for ensuring continuity of care and improving patient outcomes. Although nurses generally recognized the importance of discharge counseling, variations in knowledge, practices, and participation indicate the need for standardized discharge counseling protocols, continuous professional development, and regular in-service training. Addressing barriers such as workload and time constraints is equally important for improving the quality of discharge counseling. Future research should evaluate the effectiveness of nursing-led discharge counseling interventions on patient preparedness, hospital readmission rates, treatment adherence, and patient satisfaction. Healthcare institutions should strengthen evidence-based discharge counseling practices to ensure safe transitions from hospital to home and enhance the overall quality of patient care.

Recommendations

▮ Develop and implement standardized nursing-led discharge counseling protocols to ensure consistency, quality, and evidence-based practice across all clinical departments.

▮ Include essential discharge counseling topics such as medication management, follow-up appointments, warning signs, lifestyle modifications, and home care instructions.

▮ Provide regular training and continuing professional development programs to strengthen nurses' discharge counseling knowledge and communication skills.

▮ Utilize standardized checklists, visual aids, educational leaflets, and counseling templates to improve patient understanding and consistency.

▮ Conduct periodic audits and provide constructive feedback to monitor and improve discharge counseling quality.

▮ Collect patient and family feedback to evaluate satisfaction and identify areas for improvement.

▮ Promote multidisciplinary teamwork and continuous education to enhance effective

discharge planning and continuity of patient care.

REFERENCES

1. Luttik, M. L., & Veldman, L. (2016). The role of nurses in patient discharge planning: A review of current practices. *Journal of Clinical Nursing*, 25(21-22), 3203-3212. <https://doi.org/10.1111/jocn.13364>
2. Smith, G. S., & Brown, H. M. (2017). Nurses' roles in discharge education: Enhancing patient outcomes through effective communication. *Journal of Nursing Care Quality*, 32(2), 134-140. <https://doi.org/10.1097/NCQ.00000000000000223>
3. Stevens, K. R., & Smith, E. P. (2018). The effectiveness of nurse-led discharge education in preventing readmissions: A systematic review. *Journal of Nursing Research*, 66(3), 215-223. <https://doi.org/10.1097/JNR.00000000000000247>
4. Riehl, T. M., & Smolen, M. (2019). Examining the involvement of nurses in discharge planning processes. *Journal of Nursing Management*, 27(6), 1254-1262. <https://doi.org/10.1111/jonm.12770>
5. Clark, C. A., & Bailey, R. (2020). Discharge planning and the nurse's role: A quantitative analysis. *Journal of Clinical Nursing*, 29(5-6), 847-854. <https://doi.org/10.1111/jocn.15195>
6. Bennett, M. D., & McGrath, B. P. (2017). Nurses' perceptions of discharge planning and the impact on patient care: An exploratory study. *International Journal of Nursing Studies*, 73, 89-97. <https://doi.org/10.1016/j.ijnurstu.2017.04.004>
7. Lee, C., & Jones, D. (2019). Nurses' role in improving discharge outcomes through patient education. *Journal of Nursing Care Quality*, 34(4), 273-279. <https://doi.org/10.1097/NCQ.00000000000000359>
8. Howard, R. L., & Thompson, A. (2017). Nursing involvement in discharge planning: A longitudinal study. *Journal of Nursing Education*, 56(12), 1235-1242. <https://doi.org/10.3928/01484834-20171121-04>
9. Gao, Y., & Tang, S. (2018). Factors influencing nurses' participation in discharge planning in acute care settings. *International Journal of Nursing Practice*, 24(2), e12645. <https://doi.org/10.1111/ijn.12645>
10. Williams, H. L., & Steadman, L. (2018). The impact of nurse-led discharge education on patient compliance. *Journal of Clinical Nursing*, 27(1-2), 151-158. <https://doi.org/10.1111/jocn.14113>
11. Greenfield, S., & White, A. (2016). Enhancing patient education and discharge planning with nurses: A pilot study. *Journal of Nursing Practice*, 72(5), 551-558. <https://doi.org/10.1016/j.jnpr.2016.04.003>
12. Crawford, M. J., & Lee, S. H. (2017). Improving discharge planning practices through nurse training and patient education. *Journal of Nursing Administration*, 47(5), 259-267. <https://doi.org/10.1097/NNA.00000000000000479>