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LIVED EXPERIENCES OF NURSES PERFORMING MULTIPLE DISCHARGE PLANS

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Abstract

This qualitative study explored the lived experiences of nurses performing multiple discharge plans in a government hospital in South Cotabato, where the increasing complexity of patient care demands careful coordination of discharge-related responsibilities. The study sought to understand the meaning and essence of nurses' everyday encounters as they manage numerous and varied discharges across three hospital wards. Twelve nurses participated in semi-structured interviews, and data were analyzed using Van Manen's six research activities: orienting to the phenomenon, investigating lived experience, reflecting on essential themes, phenomenological writing, maintaining strong orientation to the phenomenon, and balancing parts and whole. Three essential themes emerged: (1) The Complex Realities of Performing Multiple Discharge Plans, describes the nurses' experiences of high discharge volume, time pressure, extensive documentation, and the challenge of addressing diverse patient conditions simultaneously; (2) Adaptive Strategies in Managing Multiple Discharge Plans, reflects how nurses rely on teamwork, time management, clinical experience, and emotional resilience to ensure safe and efficient discharges; and (3) Strengthening Discharge Planning Through Improvement, highlights the nurses' recommendations for enhancing discharge processes through computerization, dedicated discharge roles or areas, improved interdepartmental coordination, and strengthened patient education practices. The study implies that managing multiple discharge plans is both challenging and meaningful for nurses. It emphasizes the importance of organizational support, process refinement, and system-based improvements to promote efficient discharges, enhance nurse performance, and ensure patient safety.

Keywords: *Multiple Discharge Plans, Nursing Workflow, Hermeneutic Phenomenology, Surallah, South Cotabato*

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Introduction

Discharge planning is a critical aspect of healthcare, ensuring the smooth transition of patients from the hospital to home or another healthcare facility. Nurses, as primary facilitators in this process, play a vital role in ensuring that discharge plans are executed effectively (Lin et al., 2024). While extensive research has examined the impact of discharge planning on patient outcomes and readmission rates (Kurniawan et al., 2023), limited attention has been given to the lived experiences of nurses who manage discharge plans across multiple wards.

Globally, discharge planning is essential for promoting continuity of care, reducing unnecessary readmissions, and enhancing patient satisfaction (Siddique et al., 2021). However, structural and organizational challenges — including fragmented communication, staffing constraints, system pressure to expedite discharge, and limited post-discharge follow-up resources — continue to undermine effective discharge planning and continuity of care (Omonaiye et al., 2024). Increasing patient volumes and the complexities of managing discharge plans across multiple wards contribute to nurse stress and burnout (Ward-Stockham et al., 2024).

In South Cotabato, including Surallah, nurses in these settings encounter high patient volumes, limited resources, and time constraints, particularly in multi-ward hospitals (Franial, 2024). Investigating the lived experiences of nurses can provide valuable insights into improving discharge planning, particularly in resource-constrained healthcare systems like the Philippines, where qualitative studies on this topic are scarce (Hayajneh et al., 2020). Accordingly, this study aims to explore

the lived experiences of nurses involved in discharge planning across multiple wards, identifying the challenges, coping mechanisms, and systemic factors that influence their practice.

Methods

This study outlines the research design and methodology used to explore nurses' lived experiences in performing multiple discharge plans, including the approach, participant selection, data collection, and data analysis.

This study will employ Van Manen's hermeneutic-phenomenological approach to uncover the essence and meaning of lived experiences through interpretation (Van Manen, 2016, 2021). It is suited to understanding nurses managing multiple discharge plans across three wards. It was conducted in a government facility in Surallah, South Cotabato, which involved 12 registered nurses who handle discharge planning across at least three wards. Participants were selected through purposive sampling (Creswell & Poth, 2018). Inclusion criteria: minimum of one year of discharge planning experience, responsible for discharge planning in at least three wards, and currently employed in a government hospital in South Cotabato. Exclusion criteria: nurses without discharge planning responsibilities, less than one year of experience, and those working in a single ward or outside the hospital setting.

Data were collected through in-depth, semi-structured interviews (Creswell & Creswell, 2009). Interviews used open-ended questions, lasted approximately 30–45 minutes, and were audio-recorded with consent. Ethical approval was obtained from the hospital's Board of Ethics and the Director of Nursing. Participants were recruited based on inclusion criteria, provided informed consent, and participated in scheduled semi-structured interviews with field notes. Interviews were transcribed verbatim, followed by member checking. Data were organized with qualitative software and pseudonyms, then analyzed using thematic analysis guided by Van Manen's framework with reflexive practices to minimize bias.

Credibility was achieved through member checking (Creswell, 2021). Transferability was supported by detailed setting descriptions (Amin et al., 2020). Dependability was maintained through documentation of each research stage (Polit & Beck, 2021). Confirmability was supported by reflexivity, peer debriefing, audit trails, and external review (Lincoln & Guba, 1985; Korstjens & Moser, 2017). The researcher designed and conducted the study, built rapport, collected data through interviews, and ensured neutrality during data collection (Creswell, 2021). The researcher transcribed and analyzed data and served as an interpreter of meaning consistent with phenomenological inquiry (Van Manen, 2023). Ethical approvals and informed consent procedures were upheld to protect participants' rights and confidentiality.

The study emphasized social value, risks and benefits, voluntary participation, and privacy/confidentiality. Participation was voluntary with the right to withdraw at any time; withdrawn participants' data were excluded and deleted. Confidentiality was maintained through anonymization, secure data storage, and adherence to the Data Privacy Act of 2012. Findings will be reported without identifying details, and raw data will be disposed of securely after study completion. The researcher maintained ongoing self-reflection and a reflexive journal to identify assumptions and keep interpretations centered on participants' accounts. Analytic decisions were documented, and member checking supported accuracy of themes, consistent with Van Manen's guidance.

Data were analyzed using Van Manen's hermeneutic-phenomenological approach following six steps: (1) turning to the nature of the lived experience, (2) investigating experience as lived using transcripts and field notes, (3) reflecting on essential themes through holistic, selective, and detailed readings, (4) describing the phenomenon through writing and rewriting, (5) maintaining a strong relation to the phenomenon, and (6) balancing parts and whole to ensure coherence and authenticity (Van Manen, 1990, 2016).

Results and Discussion

Table 1. Participants' Profile

Code	Age	Gender	Years of Nursing Experience	Study Group
N1	38	Female	3	IDI
N2	38	Female	10	IDI
N3	39	Female	17	IDI
N4	34	Female	6	IDI

N5	36	Female	2	IDI
N6	26	Female	2	IDI
N7	39	Female	3	IDI
N8	38	Male	16	IDI
N9	50	Female	13	IDI
N10	25	Female	1	IDI
N11	33	Female	1	IDI
N12	39	Female	6	IDI

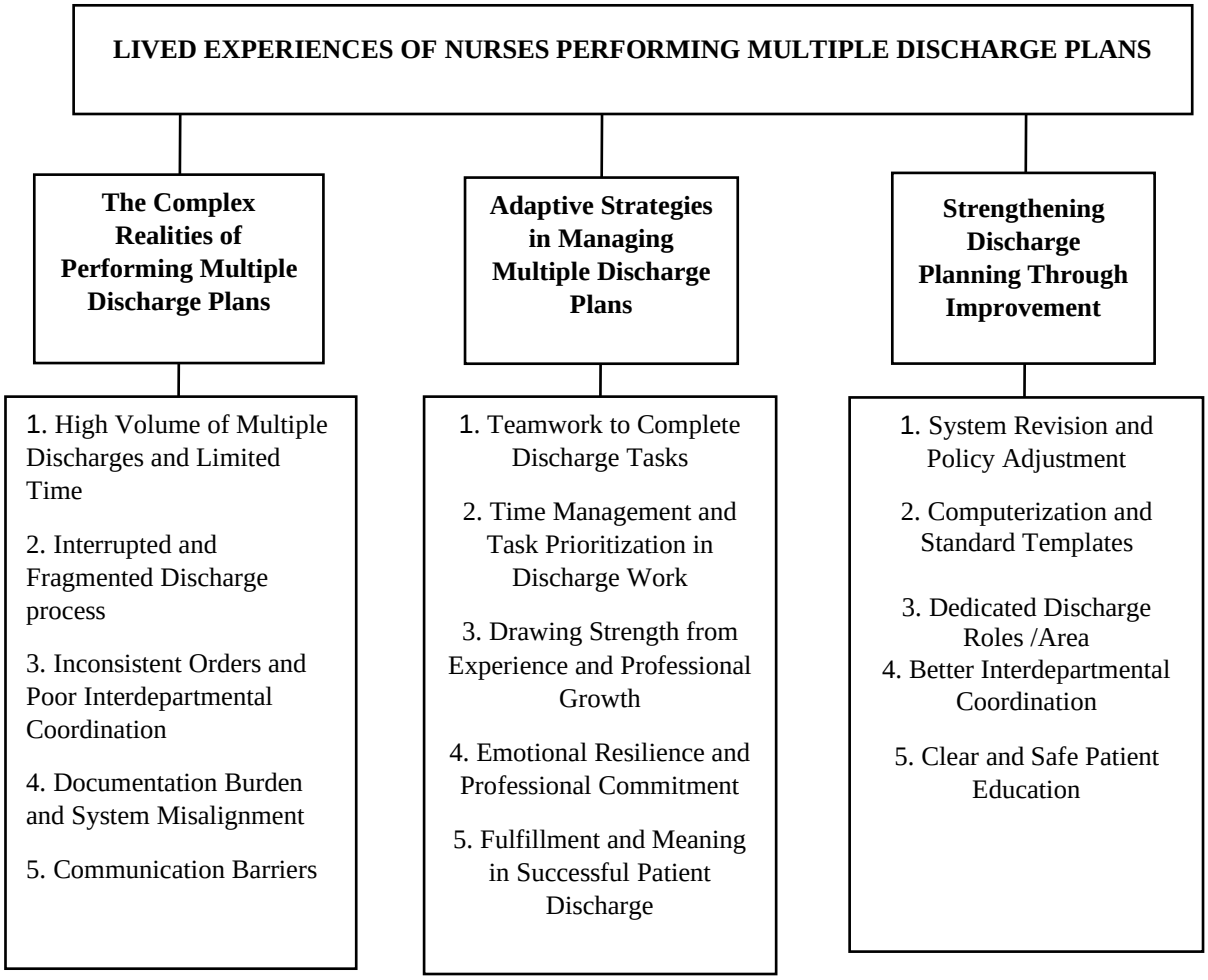

Figure 1. Thematic Map

The thematic map illustrates the relationships among complex realities, adaptive strategies, and improvement measures. It highlights how nurses' experiences, coping mechanisms, and suggestions interconnect to shape effective discharge planning in a hospital setting.

The findings reveal that performing a discharge plan is a complex, multifaceted task that challenges nurses' time management, communication, and emotional resilience. Nurses employ adaptive strategies, such as teamwork, prioritization, and leveraging professional experience to navigate these challenges.

Furthermore, participants proposed improvements in system policies, dedicated discharge roles, interdepartmental coordination, and patient education to enhance safety and efficiency.

Building upon the thematic map, the following sections provide an in-depth discussion of each theme. Each theme is presented with its associated clusters, significant statements, analyses, phenomenological reflections, and researcher

insights. This approach highlights nurses' lived experiences in managing multiple discharge plans and integrates relevant literature to contextualize the findings.

Emergent Theme 1: The Complex Realities of Performing Multiple Discharge Plans

The lived experiences of nurses who perform multiple discharge plans reflect a daily reality marked by competing demands, time pressures, and ethical responsibilities. Nurses described discharge planning as a continuous negotiation between urgent tasks, shifting priorities, and the need for accuracy. Managing multiple discharges simultaneously requires rapid coordination among departments, meticulous documentation, and patient teaching—often while simultaneously responding to admissions, emergencies, or bedside care. These interruptions mirror findings in earlier studies showing how workflow fragmentation increases nurses' cognitive load and heightens the risk of delays or errors (Shan et al., 2023).

Participants also emphasized the emotional strain that accompanies the fast pace of discharge days. Even when overwhelmed, they feel obligated to ensure that every patient receives complete and comprehensible instructions before leaving the hospital. This reflects the professional accountability nurses hold in safeguarding patient safety, consistent with the literature, which shows that high discharge volume can compromise communication quality and lead to preventable complications or readmissions if not managed carefully (Khumalo et al., 2024). Despite the pressure, nurses strive to maintain clarity and thoroughness in their explanations, knowing that inadequate understanding can place families at risk.

Another dimension of this theme involves the diversity of patients' educational and cultural backgrounds, which adds complexity to discharge teaching. Nurses often encounter patients with limited health literacy or those who require explanations in local languages or dialects. This aligns with findings that emphasize the importance of personalized communication and culturally sensitive instruction in discharge processes to prevent misunderstanding and ensure continuity of care at home (Bengtsson et al., 2022). For nurses, this means adjusting teaching strategies, repeating instructions, and demonstrating care techniques even when time is limited.

Overall, the complex realities described by nurses reveal discharge planning as a multidimensional and demanding process rather than a simple final step in hospitalization. Their accounts highlight the need for constant adaptation, clinical judgment, and strong communication skills as they balance workflow interruptions, documentation requirements, and patient readiness. Through these experiences, nurses demonstrate resilience and commitment to safe patient transitions despite systemic pressures.

Cluster Theme 1.1: High Volume of Multiple Discharges and Limited Time

Nurses' experiences reveal that handling multiple discharge plans is primarily shaped by the overwhelming volume of patients needing to go home within tight timeframes. Their narratives highlight a work environment where discharges accumulate rapidly, responsibilities overlap, and nurses must keep moving despite physical and mental fatigue. This constant influx creates a demanding pace that profoundly shapes discharge planning

The participants expressed this cluster in the following statements:

> *"As a charge nurse, I have to prepare the discharge plans that are being ordered by the doctors. I had experienced 15 to 20 discharges per day, handling four wards; I need to prepare everything from the discharge instructions. You barely sit down because after the doctor issues discharge orders, we have to process the paperwork, verify medications, coordinate with billing, and educate patients, all while the list keeps growing." (Line 5-6, Participant N9)*

> *"For me, it's stressful because in multiple discharges, you are not only handling one type of patient. Sometimes it's more than 18; it's usually more than that. So, for each discharge, you really need to add time, like 5 minutes or 10 minutes, because the doctor doesn't just prescribe one medication. And after that, you still have to explain everything to the patient and you still have to endorse to the billing. And the billing has a limit time, so you have to chase it too. Also, when you know patients are ready to go home, but the paperwork slows everything down." (Lines 47-53, Participant N7)*

> *"In a day, we are discharging a lot of patients actually sometimes reaching 20. And that 20 does not only focus on one specific type of condition such as OB but we are also discharging pedia patients, surgical patients, gyne patients, and OB patients. Managing different types of discharges is very difficult, especially when after receiving the doctor's orders; we must process medications, update records, and ensure billing is completed within limited time." (Lines 5-8, Participant N12)*

> *"Typical day, the discharges, they pile up more than 20 plus." (Line 5, Participant N10)*
> *"The greatest challenge when discharging patients is this one incident during my shift. I was the charge nurse so I had to discharge 31 patients in just one shift. Sometimes the discharges pile up so fast that before you finish one, five more are already lined up Fortunately, we managed to do it, but we finished late." (Lines 94-97, Participant N8)*

> *"and if we have lack time then we shorten everything and then during discharge we might miss something" (Lines 27-28, Participant N9)*

The nurses' accounts show how the daily routine of preparing discharge plans becomes a continuous cycle of urgency. With patient discharges often exceeding 20 per shift, they are pulled into a rhythm in which documentation, patient teaching, coordination with billing, and medication preparation must be completed almost simultaneously. The inability to pause, even momentarily, reflects the intensity of the workload and the persistent pressure to keep pace with hospital turnover.

This lived reality aligns with findings that high patient turnover significantly increases task-switching demands among nurses, resulting in heavier cognitive load and operational strain (Shan et al., 2023). The participants describe moving from OB to pediatric, surgical, and gynecology patients within the same shift, each requiring different sets of instructions and safety considerations. Such transitions disrupt workflow and place nurses at risk of error, especially when discharge orders arrive all at once or when several wards request attention simultaneously.

Time pressure also affects the quality of patient teaching, a core responsibility in discharge planning. Many nurses report needing to compress essential instructions to meet billing deadlines or complete other pending discharge requirements. This mirrors prior research showing that limited time during discharge compromises nurses' ability to provide thorough education, thereby affecting patients' readiness for home care (Trivedi et al., 2023). Despite their best intentions, nurses are often caught between maintaining safety and meeting administrative demands.

The emotional weight of this fast-paced environment is also evident. Nurses recount the exhaustion of finishing late, the frustration of seeing discharges pile up faster than they can complete them, and the constant pressure to avoid delays. This echoes recent studies indicating that high-volume discharge processes contribute to emotional strain, particularly when nurses are expected to manage multiple tasks without adequate support (Catania et al., 2024). However, despite these pressures, the nurses remain committed to ensuring that patients transition home safely, demonstrating professionalism and resilience amid daily overload.

Overall, their experiences reveal that performing multiple discharge plans is not merely a procedural requirement but a demanding and emotionally layered part of nursing practice, shaped by systemic constraints, rapid turnover, and the constant tension between time and quality.

Researcher Reflection:

> "On days when more than twenty patients are ready to go home, the pressure can be overwhelming. I often find myself racing against the clock to complete documentation, verify medications, and educate families while new discharge orders keep arriving. The constant need to multitask forces me to prioritize each step to avoid mistakes mentally. Even though it's exhausting, I've realized that careful pacing is essential to maintain safety. These experiences remind me that managing high discharge volumes is a test of both skill and endurance."

Cluster Theme 1.2: Interrupted and Fragmented Discharge Process

In daily hospital practice, discharge planning often begins with hope for a smooth transition home — but this hope can collapse in an instant when a new emergency or admission disrupts the flow. Nurses describe moments when they must abandon pending discharges to respond to urgent clinical needs; in such times, all the planned work—preparing medication orders, paperwork, patient teaching—stops, forcing them to restart from the beginning once the emergency resolves. These interruptions reveal discharge planning not as a linear procedure, but as a fragile process constantly vulnerable to unpredictability and competing clinical demands.

The participants expressed this cluster through these statements:

> *"Even if you plan your discharge flow, one emergency or admission can break your whole momentum. You have to put down discharged patients if your patients are arrested. If there is really an emergency, you really have to let go of everything and focus on that thing." (Lines 92-94, Participant N12)*

> *"Just when I start getting a patient ready to go home. Something urgent comes up, and everything stops because once the doctor has seen them and the doctor advises that they can already go home, of course we still have to carry out the discharge orders, review their meds, and prepare their charts for billing. It's like starting all over again." (Lines 11-13, Participant N2)*

> *"I'm constantly switching between teaching patients about their home care, filling out discharge forms, and helping other patient who was intubated. My time was consumed by that particular patient and my discharges were delayed. It's exhausting, and it makes finishing a discharge feel impossible." (Lines 8-12, Participant N6)*

> *"Sometimes I feel like I'm being pulled in a hundred directions at once — coordinating with billing, checking meds, documenting, and answering patient calls especially you are handling multiple discharges. All while trying to safely send patients home." (Lines 14-18, Participant N1)*

Participants shared that even with careful planning, discharge workflows are often interrupted by urgent patient needs. One nurse described how emergent situations demand immediate attention, leading them to abandon prepared discharges and focus entirely on the emergency. Others reported feeling as though they were "being pulled in a hundred directions," having to coordinate with billing, check medications, update records, and respond to patient inquiries simultaneously, all while ensuring the safe discharge of multiple patients.

These experiences align with recent literature highlighting the impact of workflow interruptions on nursing performance and patient safety. Shan et al. (2023) found that frequent interruptions during clinical tasks increase cognitive load, potentially leading to delays and errors in patient care. Nicosia et al. (2018) noted that unplanned events such as emergency admissions or sudden patient deterioration can disrupt planned discharges, forcing nurses to reallocate time and resources rapidly. Marsall et al. (2024) further highlighted that fragmented discharge processes are exacerbated by systemic inefficiencies, requiring nurses to adapt continuously to unpredictable circumstances while maintaining care quality.

The narratives demonstrate that managing multiple discharges under such conditions demands constant vigilance and adaptability. Nurses must balance urgent care needs with the requirement to complete accurate discharge documentation, verify medications, and ensure patients understand post-hospital care instructions. Despite the stress and repeated interruptions, these professionals persist in safeguarding patient readiness for home care, illustrating resilience and a commitment to patient-centered practice. The lived experience of repeatedly starting over, as described by participants, reflects the dynamic complexity of multiple discharge planning and underscores the essential role of nurse judgment and flexibility.

Researcher Reflection:

> *"Reflecting on these accounts, I recognize similar challenges in my own practice. There have been numerous occasions when carefully scheduled discharges had to be paused due to emergencies, requiring me to reassess priorities on the spot. These interruptions can be mentally exhausting and*

sometimes frustrating. However, they emphasize the importance of adaptability, quick decision-making, and maintaining focus on patient safety. Experiencing the fragmented nature of discharge planning firsthand strengthens my understanding of the cognitive and emotional demands nurses face daily. It also reinforces my belief in the necessity of clear protocols, effective teamwork, and structured support systems to enhance safe and timely discharges."

Cluster Theme 1.3: Inconsistent Orders and Poor Interdepartmental Coordination

Discharge planning often depends on a chain of interlinked steps —physician orders, billing clearance, pharmacy or ancillary service processing, and final chart completion. When any of these links break, such as delayed physician orders or slow processing by billing, patients who are otherwise ready to go home remain stuck in the hospital. For nurses, this breakdown in coordination turns discharge from a planned transition into an uncertain waiting game. The hospital bed remains occupied, the patient waits, and discharge planning becomes a source of frustration and inefficiency rather than a smooth handover.

The participants expressed this cluster in the following statements:

"Sometimes a patient is ready to go home, but the doctor's orders aren't done yet. You just have to wait, and it feels like everything is stuck." (Lines 51-52, Participant N1)

"The billing hasn't finished processing. We have to keep following up, even though the patient is already waiting to leave." (Lines 89-90, Participant N4)

"One of the challenges was when the doctor did rounds late and had patients for discharge, and we need to carry out all the doctor's orders before 3pm so the chart could go to the billing. But, since we have multiple discharges, we were not able to catch up with 1 discharge chart, so the patient had to stay for another night." (Lines 76-79, Participant N2)

The experiences of the nurses in this study reveal a recurring pattern: readiness for discharge does not guarantee discharge. One nurse shared that even when a patient is ready to leave, the doctor's orders are not completed, leaving everything stuck. Another described how billing processes lag even though the patient is ready to go, resulting in repeated follow-ups. In yet another case, late physician rounds resulted in delayed completion of discharge orders; since the hospital had a 3 pm deadline for sending charts to billing, the patient had to stay another night despite being medically cleared.

These lived realities mirror findings from recent research, which show that discharge delays are often rooted not in clinical instability but in administrative and coordination failures. Fragmented collaboration and unclear communication among multidisciplinary teams are significant barriers to timely discharge, and staff often experience delays due to poor interdepartmental coordination and disconnected workflows (Ibrahim et al., 2022). Inefficient patient flow, caused by delays in ancillary services, inconsistent orders, and a lack of standardized discharge protocols, significantly prolongs hospital stays and increases non-medical days of hospitalization (Hunter et al., 2024). Similarly, risk factors, costs, and complications associated with delayed hospital discharge indicate that structural inefficiencies, including incomplete physician orders and delayed billing, adversely affect patient outcomes (Bai et al., 2019).

From the nurses' perspective, these structural delays force them into a constant loop of chasing orders, verifying task completion, coordinating among departments, and sometimes re-educating patients and families about postponed discharge. The discharge plan, once seemingly complete, becomes vulnerable to any single bottleneck beyond their control, making discharge a fragile, unstable process rather than a predictable endpoint. This unpredictability adds emotional and cognitive burden, requiring vigilance, patience, and resilience beyond standard clinical duties.

Moreover, such delays affect not only individual patients but the overall functioning of the ward: beds remain occupied unnecessarily, new admissions are blocked, and nurse workload accumulates. The institutional inefficiency reverberates through the hospital system, underscoring that discharge planning is not simply a nursing task but a systemic process that requires coordinated effort.

Ultimately, these narratives show that discharge planning in acute care settings is

precarious when institutional systems are not aligned. For nurses, being the link between medical orders, billing, pharmacy, and patient care makes discharge a negotiation. It demands constant vigilance, a role that extends well beyond clinical care into patient coordination and advocacy.

Researcher Reflection:

> *"Many times, I have a patient ready to leave, only to wait for delayed or billing clearances. This hold-up can be frustrating because the patient is prepared and eager to go home, yet the system stalls. I have learned that proactive communication with physicians, the pharmacy, and billing helps reduce delays. Patience and persistence are essential to avoid compromising patient care. These experiences highlight how dependent nursing discharge work is on timely collaboration."*

Cluster Theme 1.4: Documentation Burden and System Misalignment

Managing discharge in a hospital setting requires meticulous attention to documentation. Nurses face the challenge of ensuring all charts, prescriptions, orders, and discharge instructions are complete before a patient leaves. In situations where multiple discharges occur simultaneously, errors can arise from missing information, delayed physician documentation, or misaligned discharge instructions. These documentation demands create additional workload for nurses, making the discharge process more complex, time-consuming, and
error-prone.

The participants expressed this cluster through these statements:

> *"Before discharge, we have to double-check the charts for missing documents, final diagnoses, and all orders before discharge. Sometimes doctors forgot to write final diagnosis on the chart. Things like that take more time again, making the work double. It's exhausting but it saves us from chasing the doctors later and prevents errors." (Line 148-150, Participant N11)*

> *"When doctors are late on rounds to order for discharge or enter the wrong times, it's the nurse who has to carry out the discharge and deal with any issues that come up." (Lines 77-78, Participant N1)*

> *"Sometimes during follow-up, they return to the station and the discharge plans are attached... oh discharge summary instructions that are not for their patient." (Lines 17-18, Participant N4)*

> *"When there are many simultaneous multiple discharges, and they all returned to the station at the same time, sometimes there is a possibility that the instructions got interchanged. Sometimes someone comes back during their follow up and the attached discharge summary instructions belong to another patient." (Lines 17-20, Participant N4)*

The lived experiences of the nurses in this study highlight how documentation responsibilities intersect with the realities of multiple discharge planning. Nurses described the constant need to double-check charts for missing final diagnoses, incomplete orders, or overlooked details. In many cases, doctors were late in completing their rounds or entered incorrect times, requiring nurses to intervene to ensure the discharge process was executed correctly. Nurses also recounted incidents in which discharge instructions were mixed up among patients during follow-up, particularly during simultaneous discharges. These moments illustrate the fragility of discharge workflows and the critical role nurses play as the final safeguard before patients leave the hospital.

Recent studies corroborate these experiences, emphasizing that documentation burdens significantly affect the quality and safety of discharge processes. Incomplete or inaccurate discharge summaries and misaligned instructions are major contributors to post-discharge complications and readmissions (Banker et al., 2020). Additionally, inefficiencies in charting and documentation increase nurses' workload, heightening stress and the risk of errors, particularly during periods of high patient turnover (De Groot et al., 2022). Moreover, studies on system misalignment reveal that when discharge workflows lack standardized processes or effective coordination between departments, the potential for mistakes, patient confusion, and delays escalates (Micallef et al., 2020).

The narratives of the participants underscore the emotional and cognitive burden these documentation challenges place on nurses. Every chart requires vigilance; every instruction must be verified to prevent harm. The risk of patient confusion or mismanagement of care is absolute, particularly when instructions are misattributed or misfiled. Nurses develop strategies to cope with these challenges, but their experiences reveal the systemic pressures and misalignments that make discharge planning more demanding than it appears on the surface.

Researcher Reflection:

> *"Reflecting on my own experience, I realize that accountability is at the heart of effective discharge planning. I feel a strong ethical responsibility to ensure that every patient leaves with accurate instructions and complete documentation, knowing that errors could harm them. Even during busy shifts with multiple discharges, I make it a point to verify each chart and cross-check all instructions. These experiences reinforce my understanding that nursing is not only a technical role but also a moral one, where patient safety and professional integrity are inseparable. Embracing this responsibility strengthens my commitment to advocate for improved discharge processes and systematic safeguards in the hospital."*

Cluster Theme 1.5: Communication Barriers

Effective discharge planning is not only about completing medical orders and documentation but also about ensuring that patients and their families clearly understand home care instructions. Nurses often encounter challenges when patients have limited English proficiency, speak indigenous languages, or have varying levels of health literacy. These communication barriers complicate the teaching process and require nurses to adapt their approach to ensure safe and effective transitions from hospital to home care.

The participants expressed this cluster through these statements:

> *"But one thing we really cannot avoid is there are patients and watchers who, when you teach them about their home medications, they cannot understand. Before sending patients home, they really need to understand what they need to do at home." (Lines 42-25, Participant N2)*

> *"Usually with patients who are indigenous, sometimes it is really hard to explain to them the discharge instructions in our mode because it's in English form. So, you really have to make them understand and you really have to translate it to them." (Lines 49-50, Participant N4)*

> *"Every day you are handling multiple discharges with different languages. When giving home instructions its challenging when patients cannot understand the basic English or you have to explain to them according to their knowledge and their understanding because mostly of our patients cannot understand the basic English." (Lines 1-7, Participant N3)*

> *"So as Ilonggo, we have difficulty of explaining to our indigenous patient, if they really understand the home instructions we giving them." (Lines 24-25, Participant N8)*

The experiences of nurses in this study reveal that communication barriers significantly impact the discharge process. Participants reported that patients and family members frequently struggled to understand medication instructions and post-discharge care plans, particularly when the information was in English or medical jargon. Indigenous patients required translation and simplification of instructions, while others needed explanations tailored to their comprehension level. Nurses described the additional cognitive and emotional effort needed to ensure patients and caregivers fully understood the care plan, highlighting that discharge planning extends beyond administrative and clinical tasks into patient education and advocacy.

These findings are supported by research indicating that communication difficulties during discharge increase the risk of medication errors, readmissions, and non-compliance with post-hospital care (Park et al., 2024). Nurses play a crucial role in bridging these gaps by employing

culturally sensitive, patient-centered communication strategies to ensure instructions are actionable and understood (Becker et al., 2021). Furthermore, studies emphasize that language barriers and varying literacy levels require nurses to continuously adapt their teaching methods, demonstrating the ethical responsibility and professional commitment involved in patient education (Choe et al., 2021).

Thus, effective discharge planning is contingent not only on the timely completion of medical and administrative tasks but also on the nurse's ability to communicate clearly, educate thoroughly, and ensure patient understanding, safeguarding patient safety and promoting continuity of care.

Researcher Reflection:

> *"Reflecting on my own nursing experience, I have witnessed firsthand the challenges of explaining discharge instructions to patients who do not fully understand English or medical terms. I remember spending extra time translating and simplifying instructions to ensure they were comprehensible, which often required creativity and patience. These situations reinforced my ethical responsibility as a nurse to protect patient safety and ensure proper care at home. I also realized that communication is a vital part of discharge planning that directly affects patient outcomes. These experiences strengthened my commitment to developing clear, culturally sensitive communication strategies that empower patients and families during the discharge process."*

Emergent Theme 2: Adaptive Strategies in Managing Multiple Discharge Plans

Nurses in this study described using adaptive strategies to manage multiple discharges efficiently while ensuring patient safety. teamwork was essential, with nurses dividing tasks such as processing paperwork, educating patients, and reviewing medications to prevent delays and streamline workflow. This aligns with findings that collaborative nursing practices improve efficiency, reduce errors, and support staff satisfaction (Baek et al., 2023).

Time management and task prioritization were also key strategies. Nurses reported organizing discharges by urgency and complexity, completing simpler cases first to allow adequate time for more complex patients. Such strategic prioritization reduces bottlenecks and improves patient outcomes (Vizeshfar et al., 2022).

Experience further shaped their adaptability. Senior nurses relied on prior knowledge to anticipate delays, mentor junior staff, and proactively plan discharges, reflecting the literature linking experience with increased competence and resilience (Han et al., 2022). Emotional resilience and professional commitment underpinned all strategies, as nurses maintained composure despite heavy workloads. Finally, the sense of fulfillment from safely sending patients home reinforced motivation, showing that adaptive strategies are not only practical but also meaningful.

Overall, theme 2 reveals that adaptation is not optional-it is a daily reality embedded in the nurses' lived experiences. Whether through workflow adjustments, flexible patient teaching, or collective teamwork, nurses continually adapt to maintain patient safety and uphold the quality of discharge care despite overwhelming demands.

Cluster Theme 2.1: Teamwork to Complete Discharge Tasks

Nurses described teamwork as an essential adaptive strategy that allows them to manage the demanding workload of multiple discharge plans. Working together helps them divide responsibilities, maintain accuracy, and ensure timely patient transitions despite limited staffing and high discharge volume.

The participants expressed this cluster through these statements:

> *"Since there are only two nurses in the ward, we really work together to finish all discharge requirements on time. During heavy discharge days, we divide the tasks —the charge nurse is the one process the papers and educates the patient, while the medicating nurse reviews medications." (Lines 28-30, Participant N3)*

> *"When discharges pile up, teamwork helps us make sure no patient is delayed. If one nurse is overwhelmed with discharge teaching, another steps in to complete the rest of the discharge*

steps." (Lines 107-110, Participant N11)

"We constantly update each other about who is next in line for discharge so the workflow becomes faster. One of us carry out discharge orders and the other one explain the discharge instructions to the patient. When there is teamwork, the workflow of discharges becomes easier." (Lines 141-145, Participant N7)

"Even when we're exhausted, for me teamwork is the best remedy to get all the discharges done properly." (Lines 103-104, Participant N8)

The lived experiences of nurses reveal that teamwork becomes a lifeline during high-volume discharge days. With only two nurses often staffing a ward, collaboration allows them to divide tasks such as processing documents, educating patients, verifying medications, and completing discharge orders. This shared approach enhances workflow efficiency and minimizes delays, consistent with studies showing that coordinated team efforts significantly improve the speed and quality of discharge processes in hospital settings (Gledhill et al., 2023).

Nurses also described how teamwork reduces the emotional and cognitive burden of discharge planning. When one nurse becomes overwhelmed with repetitive teaching or follow-up tasks, another steps in to maintain continuity of care, preventing errors and maintaining patient safety. This aligns with the literature, which indicates that collaborative environments not only enhance task completion but also reduce stress and prevent burnout among nursing staff (Zaheer et al., 2021).

Furthermore, continuous communication among team members—such as updating each other on patients next in line for discharge—creates a smoother workflow. Nurses emphasized that this shared awareness helps avoid missed steps, duplicated work, or patient delays. Research similarly highlights that clear communication and task-sharing within nursing teams improve discharge accuracy and patient preparedness for home care (Haverfield et al., 2024). Through teamwork, nurses transform a potentially overwhelming process into an organized, manageable, and safe patient transition.

Researcher Reflection:

"When discharge tasks pile up, I rely heavily on teamwork with my colleagues. We divide responsibilities—some manage paperwork, others teach patients, while someone ensures medications are correct. This collaboration allows us to maintain patient safety and reduce delays. Over time, I have learned that clear communication, mutual support, and trust are essential to handling multiple discharges effectively. Working as a team not only improves workflow but also strengthens professional relationships and morale."

Cluster Theme 2.2: Time Management and Task Prioritization in Discharge Work

Nurses emphasized that managing multiple discharges requires strong time management and strategic prioritization. With patients eager to go home and discharge orders arriving simultaneously, nurses must constantly reorganize their workflow to prevent delays, ensure accuracy, and maintain patient safety.

The participants expressed this cluster through these statements:

"Time management is crucial because discharge tasks must be finished before the shift ends. Once the doctor tells the patients they are for discharge, they are always in a hurry. Each one of them thinks they should be first to be discharged. For us nurses, we just prioritize discharges based on urgency and things that really need to be done first, especially when patients are already waiting at the door." (Lines 47-50, Participant N8)

"I believe all of them are already in an improved condition. So, in discharge planning, I prioritized based on the doctor's order, on the time that the order was made. So, I have to say, I do it or I prioritize the first ones with the earliest discharge orders because I'm particular about our turnaround time." (Lines 62-65, Participant N9)

> *"Usually if I am the charge nurse, I go through them one by one. I reorganize our workflow depending on how many discharge orders come in at once. I finish simple discharges first so I have more time for complicated cases that need longer teaching and if its pediatric, I handle all pediatric discharges first then to adult medicine discharges, and so on. I really separate the discharge instructions of pedia from adult so that when it's time to give the instruction, I won't mix up." (Lines 30-33, Participant N4)*

> *"When multiple discharges come together, prioritizing helps prevent delays for the patients. Early in the shift, I review possible discharges so I can plan the tasks ahead because most of the time it's tiring especially when there are many doing doctors rounds. I carried out the chart right away so the discharge patients won't pile up, and so I can forward them immediately to billing." (Lines 33-36, Participant N2)*

> *"Of course, you have to manage what needs to be done first. Some discharge orders need focus on discharge plans that must be completed immediately. You need strong mental organization to keep track of which discharge step is already done." (Lines 32-34, Participant N11)*

> *"We have to manage the discharge patients in the hospital. Discharge planning often feels like a race against time, so scheduling tasks properly is very important and it depends on the strategies of each nurse how to handle multiple discharges at the same time. For me, without prioritization, the entire discharge process becomes chaotic, and patients end up waiting too long."*
> *Lines 39-42, Participant N5*

The nurses' narratives reveal that discharge planning often unfolds as a race against time. Patients who are informed they are "for discharge" often expect immediate processing, placing pressure on nurses to complete multiple tasks quickly and efficiently. To cope with this, nurses prioritize discharges based on urgency, the sequence of physician orders, and the complexity of each case. This aligns with findings showing that prioritization is a critical clinical skill that enables nurses to maintain patient flow and avoid bottlenecks during peak workloads (Bassi et al., 2025).

Nurses also described reorganizing their workflow in response to the arrival of discharge orders, separating pediatric from adult cases, and completing simpler tasks first to allocate more time to complex discharges. Such mental organization reflects the cognitive demands associated with high-stakes multitasking in fast-paced hospital environments. The literature supports the idea that structured time management and task grouping enhance efficiency, reduce delays, and support safer transitions from hospital to home (S. Y. Kim & Ko, 2023).

Several nurses shared that early identification of potential discharges allows them to plan and prevent a buildup of pending charts. Reviewing orders early in the shift helps them identify tasks that need immediate completion, reducing the risk of last-minute rush and errors. Research likewise emphasizes that proactive planning, rather than reactive task management, leads to smoother discharge workflows and minimizes patient waiting times (Kurniawan et al., 2023). Collectively, these experiences demonstrate that time management and prioritization are not just strategies but essential forms of clinical judgment required to navigate the complex, fast-moving nature of multiple discharge planning.

Researcher Reflection:

> *"Reflecting on these experiences, I realized how deeply time management shapes the daily reality of nurses handling multiple discharges. I have personally felt the pressure of having several charts at once, all needing immediate attention, and the challenge of balancing what must be done "now" versus what can wait. These stories reminded me that prioritization is not simply about completing tasks but about protecting patient safety and ensuring fairness in how we attend to each patient's needs. I also learned that strategic planning early in the shift greatly reduces stress and prevents*

unnecessary delays. This theme strengthened my belief that effective discharge planning depends not only on systems and protocols but on the nurse's ability to think critically, stay organized, and remain calm under pressure."

Cluster Theme 2.3: Drawing Strength from Experience and Professional Growth

Nurses emphasized that professional experience significantly enhances their ability to manage multiple discharge plans efficiently. Through repeated exposure, they develop familiarity with discharge workflows, anticipate potential challenges, and guide less experienced staff, translating experience into improved patient care.

The participants expressed this cluster through these statements:

"As a senior nurse, I can manage multiple discharge plans because I already know the flow. My experience usually helps me predict which discharges will take longer, so I can plan ahead." (Lines 70-71, Participant N11)

"Well, I have been in nursing profession for years and this years of practice taught me how to stay composed when many discharge orders come at once. Maybe because of familiarity, I already know which parts of the discharge process usually cause delay, and managing discharge documentation becomes faster and more accurate." (Lines 63-65, Participant N9)

"Experience gives me confidence, especially in teaching patients their home-care instructions. Every day is a struggle but I learned how to anticipate problems before they disrupt the discharge schedule and I learned how to strategize multiple discharges with different cases to prepare discharges ahead of time and plan what you can do as a nurse." (Lines 161-165, Participant N1)

"Before, I panicked when multiple discharges came in; now I already know how to pace myself. Senior nurses guide new staff on the step-by-step process of completing safe discharges." (Lines 82-83, participant N6)

The narratives reveal that accumulated experience provides nurses with confidence, composure, and strategic insight when handling multiple discharges simultaneously. One senior nurse described anticipating which discharges would take longer, enabling proactive planning. At the same time, another highlighted familiarity with common points of delay, enabling faster, more accurate completion of discharge documentation. These lived experiences demonstrate how experience transforms complex discharge tasks from stressful events into manageable workflows.

Research supports that professional experience improves nurses' clinical judgment and decision-making, particularly in high-pressure contexts, by allowing them to anticipate challenges and implement effective strategies (Benner, 2019). Furthermore, experience fosters reflective practice, enabling nurses to learn from previous discharges and develop adaptive strategies that enhance efficiency and patient safety (Lucas, 2023). Skilled nurses also act as mentors to newer staff, passing on strategies for safe and efficient discharge management, thereby contributing to overall team competency (Tuomikoski et al., 2019).

Overall, these statements underscore that experience is not only a personal asset but a professional tool that supports resilience, planning, and leadership in discharge planning. Experienced nurses translate knowledge into practice, ensuring that multiple discharges are handled effectively while maintaining patient safety and care quality.

Researcher Reflection

"Experience has made a tremendous difference in how I handle multiple discharges. I can anticipate which cases will require more time and adjust my approach accordingly. Years of practice have helped me stay composed during hectic shifts, and mentoring new nurses reinforces my own workflow. I have seen how confidence gained through experience improves patient teaching, reduces errors, and eases stress. Managing multiple discharges has become both a professional skill and a personal growth journey."

Cluster Theme 2.4: Emotional Resilience and Professional Commitment

Nurses highlighted that managing multiple discharge plans demands not only technical skills but also emotional resilience and a strong sense of professional responsibility. Despite fatigue and a high workload, they remain committed to ensuring that patients are discharged safely and well-informed.

The participants expressed this cluster through these statements:

> *"You have to endure because completing safe discharges is part of our job and profession." (Line 13, Participant N8)*

> *"Despite the many discharges every day, we need to stay calm and composed so we can explain discharge instructions clearly." (Lines 78-79, Participant N11)*

> *"For me, even when we're exhausted, I have to do it because it's our responsibility as a nurse to manage multiple discharges at the same time and patients rely on us before they go home." (Line 30-31, Participant N12)*

> *"Sometimes I feel drained from back-to-back discharges, but I still have to stay strong and do our work properly for our patient's safety." (Lines 68-69, Participant N5)*

The experiences shared by nurses demonstrate that emotional resilience is crucial when performing multiple discharge tasks. Participants expressed the need to endure long shifts, remain calm, and maintain composure while explaining discharge instructions, even under physically and mentally exhausting conditions. One nurse emphasized that patient safety and responsibility compel them to continue working diligently despite fatigue. At the same time, another described managing back-to-back discharges as draining but necessary for quality care.

These accounts align with literature highlighting the importance of resilience and professional commitment in nursing. Resilient nurses are better able to cope with stress, maintain patient-centered care, and prevent burnout in high-demand environments (Jackson et al., 2020). Furthermore, professional commitment strengthens nurses' motivation to persevere through challenging workloads, ensuring continuity of care and adherence to clinical standards (Huang et al., 2022). Evidence also suggests that emotional resilience is associated with improved patient outcomes, as nurses who remain composed and focused are more effective in performing complex care tasks, including discharge planning (Hassan & Elsayed, 2025).

Overall, these narratives reveal that emotional resilience and professional commitment are not optional but essential components of managing multiple discharges safely and efficiently. Nurses rely on their inner strength and ethical responsibility to uphold patient care standards despite demanding circumstances.

Researcher Reflection:

> *"Reflecting on my experience, I understand the emotional and physical demands of managing multiple discharges. I have felt the fatigue of back-to-back patient transitions, yet I recognize that my composure directly affects patient safety and the understanding of care instructions. These experiences reinforced the importance of resilience, self-discipline, and professional accountability. I also realize that sustaining commitment requires reflection, support from colleagues, and prioritizing patient-centered care above personal fatigue. Ultimately, these challenges have strengthened my capacity to manage multiple responsibilities while maintaining quality care."*

Cluster Theme 2.5: Fulfillment and Meaning in Successful Patient Discharge

Nurses in this study expressed deep satisfaction and fulfillment when patients were successfully discharged. Beyond completing procedural tasks, the act of safely transitioning patients from hospital to home offers emotional rewards and professional meaning. The successful discharge process not only signals the culmination of clinical and administrative efforts but also reinforces the nurse's role in ensuring patient safety and continuity of care.

The participants expressed this cluster through these statements:

> *"It feels rewarding to see an empty bed because it means the patient safely went home. Even after a busy shift, completing all discharges makes me happy with my work." (Line 155-156, Participant 12)*

> *"When patients thank you for your discharge teaching, the exhaustion feels worth it and I think I feel happy and relieved seeing our patients in the hospital have gone home especially when those who were once in critical condition are now okay for discharge makes the workload bearable." (Lines 58-61, Participant N2)*

> *"Finishing a proper discharge feels like achieving something meaningful. The satisfaction comes from knowing the patient went home with correct instructions And you see the happiness on their faces after being discharged." (Line 49-51, Participant N10)*

> *"Maybe it's my passion for the work. Many times I encounter difficult situations in multiple discharges but a smooth discharge process feels like a small victory for the whole team.It's fulfilling to know you helped the patient transition safely back home. And also the joy comes from knowing your effort contributed to the patient's healing beyond the hospital." (*Lines 225-230*, Participant N1)*

Participants noted that seeing patients go home safely evokes a sense of achievement and relief. One nurse shared that witnessing an empty bed at the end of a busy shift symbolized a job well done, reinforcing the significance of their work. Another noted that gratitude from patients during discharge teaching made the exhaustion worthwhile, particularly when patients had recovered from critical conditions. Similarly, completing a proper discharge, with all instructions correctly conveyed, was described as a meaningful accomplishment that brought satisfaction and a sense of contribution to the patient's recovery and well-being.

These experiences align with the existing literature, which emphasizes that nurses derive professional fulfillment from patient-centered outcomes. Research indicates that witnessing positive patient outcomes, such as successful discharge, strengthens nurses' motivation, job satisfaction, and commitment to care (Falguera et al., 2023). Moreover, effective patient education and safe discharge practices have been shown to enhance nurses' perceived professional efficacy, thereby contributing to a meaningful work experience (Hermansson et al., 2024). Positive interactions with patients, including their appreciation and trust, reinforce the emotional rewards of nursing work and foster a sense of purpose beyond technical responsibilities (Salmond et al., 2018).

Thus, successful discharge is more than completing paperwork or teaching; it represents a tangible outcome of professional effort, collaboration, and clinical expertise. Nurses' reflections illustrate that the fulfillment derived from these moments strengthens both personal resilience and team cohesion, making the high demands of multiple discharge tasks more meaningful.

Researcher Reflection:

> *"Seeing a patient leave confidently and safely is the most rewarding part of my work. Gratitude from patients and families makes the long hours worthwhile and validates my effort. Each successful discharge, no matter how challenging, reinforces the importance of teamwork, planning, and dedication. I have learned that the satisfaction comes not just from completing paperwork but from knowing I contributed to a patient's recovery and well-being. These moments remind me why discharge planning is a meaningful and essential aspect of nursing care."*

Emergent Theme 3: Strengthening Discharge Planning Through Improvement

This theme reflects how nurses continuously seek ways to enhance discharge planning through clearer systems, improved communication, and safer patient education. Their lived experiences show that improvement is not a technical task but a practice of reflection, coordination, and patient-centered action. Amid multiple discharges, nurses recognize that strengthening the process requires both institutional support and individual vigilance.

Nurses emphasized that discharge planning becomes safer and more efficient when interdepartmental coordination is strong. They described how collaboration with physicians, billing staff, and administrators reduces bottlenecks and prevents delays—highlighting that discharge is a shared responsibility. This aligns with studies showing that coordinated discharge systems improve workflow continuity and reduce nurse burden (Emmanouilidou et al., 2025). Their narratives also reflect the need for responsive leadership support, particularly in providing tools and platforms that streamline documentation and education—consistent with evidence that organizational alignment enhances discharge quality (Hesselink et al., 2019).

At the clinical level, nurses identified clear and safe patient education as central to improving discharge. They stated that handling multiple discharges increases the risk of errors, making accurate medication instructions, patient verification, and careful demonstration essential. Their experiences reveal a strong commitment to ensuring that patients and caregivers fully understand home care instructions, especially when literacy or cultural barriers are present. This resonates with findings that effective discharge teaching significantly reduces post-discharge complications and readmissions (Oh et al., 2022).

Nurses also described adapting their communication styles, using the patient's dialect, spending extra time with Indigenous patients, and confirming comprehension beyond mere verbal agreement. These actions demonstrate the reflective and patient-centered nature of their practice—an approach echoed in research emphasizing teach-back and demonstration as safety interventions (Mahajan et al., 2020).

Cluster Theme 3.1: System Revision and Policy Adjustment

Nurses' experiences indicate that rigid hospital policies, particularly fixed discharge cut-off times, significantly impact the quality and safety of patient discharges. Participants emphasized that inflexible policies often force rushed discharges, compromising patient education and overall safety. They suggested that policy adjustments, including flexible cut-off times and consideration of doctors' schedules, could facilitate a safer, more organized discharge process. In addition, structural adjustments, such as separating wards by patient type or condition, were proposed to reduce simultaneous discharges and improve workflow efficiency.

The participants expressed this cluster through these statements:

"I hope the hospital could adjust the discharge cut-off times. If policies were flexible, patients could be discharged safely without rushing. (Line 156, Participant N4)

"It's stressful when the policy is rigid. A little adjustment would help both nurses and patients." (Line 200, Participant N1)

"There were so many patients for discharge, we had to carry out all the doctors order before the cut off time and rigid cut-off times often force unsafe rushing, which compromises patient teaching, I hope the billing will give consideration if the chart is submitted late to them." (Lines 78-80, Participant N2)

"Doctors' schedules vary; policies need to accommodate that variability, so the time limit for discharges should be extended." (Lines 158-159, Participant N4)

"The solution for this is just to separate the wards, like OB and Gyne and Surgery wards so that there will be no multiple discharges for multiple conditions for the patients." (Line 119-121, Participant N12)

The lived experiences of nurses highlight the critical role of system-level adjustments in ensuring safe and effective discharge planning. Rigid policies create pressure to complete multiple discharge tasks within strict timelines, often causing nurses to rush patient education or skip steps, which may affect patient outcomes. Flexibility in cut-off times would allow nurses to deliver thorough discharge instructions, verify documentation, and ensure patients and families understand home-care plans, which aligns with evidence emphasizing the importance of systemic support in nursing care (Nasiri et al., 2022).

Furthermore, optimizing discharge policies to accommodate variable physician schedules and patient volumes can reduce bottlenecks and improve workflow efficiency, as shown in studies linking policy flexibility to reduced discharge delays and improved patient satisfaction (Chung et al., 2021). Nurses' suggestions to separate wards by patient type reflect the need for structural adjustments to

manage concurrent discharges, minimize confusion, and enhance patient safety. These experiences underscore that effective discharge planning requires not only individual nurse competence but also institutional support through policy and system revisions.

Researcher Reflection:

> *"Reflecting on these findings, I recognize how rigid policies can exacerbate the already challenging task of managing multiple discharges. In my own practice, I often felt pressure to complete discharges before a fixed cut-off time, which sometimes forced me to rush patient education and documentation. Observing the stress on both nurses and patients reinforced my understanding that policy and system adjustments are essential to maintaining safe, high-quality discharge planning. The nurses' suggestions to allow flexibility and to consider structural adjustments resonate with my experience, highlighting the importance of institutional support in promoting effective care. These insights strengthen my commitment to advocate for policies that prioritize patient safety while supporting nursing staff in their multifaceted responsibilities."*

Cluster Theme 3.2: Computerization and Standard Templates

Nurses expressed an urgent need for a computerized system to manage multiple discharge plans efficiently. Handling several patients simultaneously, each with unique prescriptions, home-care instructions, and follow-up needs, can be overwhelming when done manually. Standardized templates for different patient types, such as surgical, gynecology, OB, and newborn, would help streamline discharge planning, reduce errors, and ensure that each patient receives accurate and complete instructions. A digital system could simultaneously print discharge instructions for multiple patients, improving workflow and maintaining consistency across discharges.

The participants expressed this cluster through these statements:

> *"I wanted a computerize system. The doctors will just input their discharge instruction, we will print, and then we don't have to do the paperwork photocopying everything. I want it that way." (Line 167, Participant N12)*

> *"Separate Templates for different types of patients should be available, like for surgery, Gyne, newborn, or OB cases so that we don't make mistakes when editing or typing the discharge instructions." (Line 135, Participant N10)*

> *"Improve the computer system, so we have IT, wherein maybe they can make a program that can automatically print prescriptions, home instructions, and home medications. I believe to hasten or to make discharge process faster, we have to have an efficient computer system to generate the discharge plan." (Line 205,209, Participant N9)*

Nurses' experiences highlight the critical need for computerization and standardized templates to manage multiple discharge plans efficiently. The current manual process is time-consuming and error-prone, especially when handling multiple patients simultaneously, each with unique prescriptions, home-care instructions, and follow-up needs. Nurses said a system that allows doctors to enter discharge instructions for printing would eliminate repetitive paperwork and reduce stress. They also emphasized the importance of separate templates for different patient types, such as surgical, gynecology, OB, and newborn, to prevent errors and ensure accurate, individualized discharge instructions.

Manual management of multiple discharge plans significantly increases cognitive load and the risk of miscommunication or incomplete instructions, potentially compromising patient safety. Implementing a computerized system with standardized templates would enable nurses to manage multiple discharge plans more efficiently, reduce delays, and allocate more time to patient education. Research indicates that electronic discharge tools improve coordination among healthcare teams and reduce errors, particularly when multiple patients are discharged simultaneously (Kripalani et al., 2019). Standardized digital templates prevent inconsistent instructions across patients with similar conditions and streamline workflows, enabling nurses to manage multiple discharges accurately and safely.

Furthermore, technology integration enhances nurse satisfaction, reduces delays, and ensures that patients leave the hospital with complete, transparent, and accurate discharge plans (Zanetoni et al., 2023).

Researcher Reflection:

> *"Reflecting on my own nursing experience, I have witnessed how managing multiple discharge plans manually can be chaotic and stressful, especially when patients require individualized instructions. Errors or delays in documentation can directly affect patient safety and satisfaction. A computerized system with patient-specific templates would allow me to efficiently manage multiple discharges, ensure consistency, and focus on educating families. It would also enhance professional accountability by minimizing errors and providing a reliable reference for each patient's discharge plan. Recognizing this need reinforces my understanding that integrating digital solutions into nursing practice is essential for improving the efficiency, safety, and effectiveness of multiple discharge planning."*

Cluster Theme 3.3: Dedicated Discharge Roles/Area

Nurses revealed the importance of having specific personnel or designated spaces dedicated solely to discharge-related activities. This cluster illustrates the strain nurses face when they must balance bedside tasks with the complex responsibilities of discharge planning. Without a dedicated discharge role or area, nurses are often interrupted, multitasking becomes overwhelming, and the risk of incomplete or rushed discharge teaching increases. Participants imagined a system where trained staff focus exclusively on discharge processes—ensuring accuracy, privacy, and sufficient time for patients to ask questions. This structural change, they believe, would not only reduce nurse overload but also elevate the overall quality and consistency of discharge education.

> *It would be better if there were only one nurse assigned to discharge. That way, the focus is on discharge alone." (Line 111-112, Participant N10)*

> *"I believe it is best for us to have three nurses in the day shift or every shift, for example in the daytime wherein most of the discharges occur to help during busy discharge times and to ease workload, and especially our patients already varied." (Line 202-203, Participant N9)*

> *"Having trained staff for discharge planning and instructions to prevent overload on the nurse in charge." (Lines 211-212, Participant N3)*

> *"It's really difficult when multiple discharges happen at the same time. You really have someone with you to help organize them." (Line 92-93, Participant N11)*

> *"A specific room for giving discharge instructions to facilitate the privacy of patients, specifically the home instructions because due to multiple numbers of patients we are handling, sometimes privacy cannot be prevented or can be violated." (Lines 212-215, Participant N3)*

> *"There should be really one more who can serve as an extra hand so that the discharge process can be faster and properly done because the number of patients for discharge becomes too many, the two nurses can no longer manage it." (Lines 148-149, Participant N6)*

The experiences of the nurses indicate that managing multiple discharge plans without dedicated roles can be overwhelming, increasing the risk of errors and delayed patient education. One participant shared that having a nurse focused solely on discharge would allow for concentrated attention on each patient's discharge steps. Others noted that additional trained staff during peak discharge periods helps reduce workload and prevent the mixing of discharge instructions. Participants also suggested a dedicated room for giving discharge instructions to maintain patient privacy, particularly when handling multiple discharges at once. Research supports these strategies: structured

discharge roles improve workflow efficiency and reduce errors in hospitals managing high discharge volumes (Bechir & Bechir, 2025). Providing dedicated discharge personnel ensures that patient instructions, medications, and follow-ups are correctly communicated, which is crucial for patient safety and continuity of care (Logsdon & Little, 2020).

Moreover, a designated space for patient education enhances understanding, privacy, and adherence to discharge instructions, especially in complex discharge processes involving multiple patients (Rodriguez et al., 2022). Collectively, these findings demonstrate that the proper allocation of human and spatial resources strengthens multiple discharge planning and supports safe patient transitions from hospital to home.

Researcher Reflection:

> *"Balancing bedside care and discharge responsibilities can be overwhelming. I have realized that having a dedicated nurse or a specific room for discharge tasks would allow focused, uninterrupted teaching. This would reduce stress and ensure patients receive thorough guidance. Allocating trained staff specifically for discharge would elevate the quality and consistency of care. From my experience, structural support significantly improves both workflow and patient safety."*

Cluster Theme 3.4: Better Interdepartmental Coordination

Nurses emphasized that effective interdepartmental coordination is essential for managing multiple discharge plans. Smooth communication and collaboration among nurses, physicians, billing, and administration help ensure that patients are discharged safely and efficiently, reducing delays and minimizing errors.

The participants expressed this cluster through these statements:

> *"Flexibility and collaboration are important to manage multiple patients safely. Hospital administration should also coordinate with the nurses regarding discharge process, and also with other departments like billing to ensure smooth and timely discharge process." (Lines 201-205, Participant N1)*

> *"It is vital for us to give feedback that our discharge plan has been effective or not effective. We will give feedback to the administration if those home instruction platforms have been given to us is effective:" (Lines 200-202, Participant N3)*

> *"Doctors and billing should understand nurses' discharge workflow to adjust their processes." (Lines 177-178, Participant N2)*

The experiences of the nurses reveal that managing multiple discharge plans is highly dependent on coordinated workflows between departments. One participant highlighted the importance of hospital administration collaborating with nurses and other departments, such as billing, to achieve timely and safe patient discharges. Another noted the need to provide feedback on the effectiveness of home instruction platforms and to ensure that discharge plans are practical and patient-centered. Additionally, participants emphasized that physicians and billing personnel should understand nurses' workflows to adjust their processes, thereby avoiding bottlenecks and interruptions in discharge activities.

Research supports these observations, indicating that coordinated discharge planning among multidisciplinary teams improves patient flow, reduces hospital length of stay, and minimizes errors in patient instructions (Kripalani et al., 2019). Interdepartmental collaboration, including feedback loops between nurses, administration, and support services, enhances the effectiveness of discharge planning and strengthens continuity of care. Furthermore, structured communication channels and shared understanding of workflow across departments have been shown to facilitate smoother, safer transitions from hospital to home, particularly when multiple patients require simultaneous discharge (Zanetoni et al., 2023). These findings underscore that improving discharge outcomes requires not only skilled nursing but also system-level coordination across all relevant hospital departments.

Researcher Reflection:

> *"Efficient discharge planning relies on smooth collaboration with doctors, billing, pharmacy, and administration. I have*

experienced delays due to miscommunication or a lack of awareness of nursing workflows. Coordinated interdepartmental teamwork allows discharges to happen on time, reducing patient frustration. From my perspective, strengthening communication and shared understanding is crucial. Discharge planning is not a solo task; it requires the whole institution to work cohesively."

Cluster Theme 3.5: Clear and Safe Patient Education

Clear and safe patient education is an essential component of effective discharge planning, particularly when managing multiple discharge plans simultaneously. Nurses must ensure that patients and their caregivers understand all discharge instructions, including medications, follow-up appointments, and home-care procedures, to prevent errors and promote safe transitions from hospital to home. This process becomes more complex when patients have limited literacy, speak a different dialect, or require individualized teaching.

The participants expressed this cluster through these statements:

"As fellow nurses we should really be aware of the discharge instructions and medications because these can cause errors when giving discharge instructions, especially since we are handling multiple discharges". (Lines 165-176, Participant N1)

"Be patient in your watcher and patients in giving home instruction, and be versatile enough to adjust according to their level of knowledge and understanding. At the same time prior to discharge, please confirm the patient if the right patient before giving the home instructions." (Lines 193-196, Participant N3)

"Watchers or caregivers must understand the instructions for safe home care. It is not enough that they simply read the instructions-we demonstrate the steps and ensure everything is clear to them and it is important that they go home fully understanding what to do." (Lines 155-175, Participant N1)

"The carrying out doctors' orders should be organized and in proper order. You must not miss any order and discharge instructions with medication must always be double-checked before discharge to avoid errors." (Line 134-135, Participant N11)

"For our Indigenous patients, we need to spend a lot of time ensuring they understand the instructions we are giving about their take home medications and whether they understand when they will come for follow-up check-up." (Lines 54-55, Participant N8)

"We provide instructions to the patient in a dialect they fully understand, ensuring that the information is clear to them. We don't just read to them but we demonstrate also the steps and explain everything thoroughly, especially to our indigent patients. This way, they can go home with a proper understanding of care they need to follow." (Lines 126-129, Participant N1)

"You have to clarify on them if they have already understood the home instructions because some of the patients just say yes, but the truth they don't understand the home instructions." (Lines 184-185, Participant N3)

"Even when we are pressed for time, we take the moment to demonstrate every step, because it's the last chance to prepare them before they go home." (Lines 73-76, Participant N3)

Nurses' experiences demonstrate that thorough patient education is crucial for preventing errors and ensuring safety during multiple discharges. Nurses emphasized the importance of verifying that patients and caregivers fully understand discharge instructions, rather than simply reading them aloud, highlighting the need for

demonstration and step-by-step guidance. This is especially significant for patients with limited literacy or for indigenous patients, for whom nurses must spend additional time translating instructions into understandable language. These practices align with research showing that structured, interactive discharge education reduces readmission rates and improves patient comprehension and adherence to home-care plans (Mahajan et al., 2020).

Participants also stressed the importance of double-checking all medications and doctors' orders before discharge. In high-volume discharge situations, errors can easily occur without careful verification and consistent teaching. Studies confirm that multiple discharge scenarios increase the risk of medication errors, and structured education interventions help mitigate these risks by ensuring patients understand their treatment and follow-up (Anderson et al., 2025). Nurses further reported the need for patience and adaptability, adjusting teaching methods to the patient's level of knowledge, which fosters safe home care and promotes confidence in following discharge instructions.

Overall, these experiences highlight that patient education is not a routine step but a critical, interactive process. For nurses managing multiple discharges, ensuring comprehension requires diligence, professional judgment, and ethical responsibility, reinforcing the centrality of patient education in safe discharge planning.

Researcher Reflection:

> *"Reflecting on these experiences, I recognize how vital thorough patient education is for safe and effective discharge, particularly when handling multiple discharges. I have observed how an incomplete understanding of instructions can lead to complications, missed follow-ups, or medication errors. Spending extra time to demonstrate care steps, verify comprehension, and adjust teaching to patient needs reinforces my belief in patient-centered care. These practices not only ensure patient safety but also enhance professional accountability and confidence in discharge planning. Implementing structured strategies for patient education in multiple discharge scenarios strengthens both patient outcomes and nursing practice."*

Implications

The findings provide an in-depth understanding of nurses' lived experiences in performing multiple discharge plans. Nurses encounter high discharge volume, interrupted workflows, inconsistent orders, documentation burden, and communication challenges, making discharge planning complex and demanding. These realities require adaptive strategies such as teamwork, time management, task prioritization, experience-based judgment, emotional resilience, and sustained commitment to safe patient transitions.

However, adaptive strategies alone may not suffice. System improvements—policy adjustments, computerized templates, dedicated discharge roles, stronger interdepartmental coordination, and clear patient education—can improve efficiency, reduce errors, and promote patient safety. Nurses' accounts show that discharge planning affects patient outcomes, adherence, satisfaction, and service delivery, highlighting the importance of culturally sensitive and patient-centered discharge instructions.

For nursing practice, structural and administrative support is needed, including mentorship, reflective practices, professional development, dedicated discharge personnel or areas, and standardized computer-generated templates. Clear patient education with verified comprehension is essential to reduce post-discharge complications and prevent readmissions.

For nursing education, preparation should include training in critical thinking, prioritization, teamwork, interdisciplinary communication, emotional resilience, and patient-centered education through simulations, case studies, supervised exposure, and mentorship.

Hospitals should implement structured support for multiple discharge planning through dedicated discharge roles or teams, computerized discharge instructions, standardized templates by patient type, flexible discharge policies, and stronger coordination among nurses, physicians, billing, and pharmacy. Designated areas for discharge instruction should be provided to support focused, private, patient-centered education.

Mentorship and peer-support should be formalized for skill transfer in prioritization, managing multiple discharges, and patient teaching. Reflective activities (debriefing, journaling) should be used to support coping and continuous improvement.

Nursing curricula should strengthen training in managing multiple discharges, prioritization, teamwork, communication, emotional resilience, and patient education using simulations, case studies, and supervised clinical practice.

Future research should examine interventions that improve discharge efficiency and nurse preparedness, including technology integration, workflow optimization, and structured institutional supports. Studies should include patient perspectives and be expanded across diverse hospital settings.

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