

Perception of Efficiency in Care: A Study of Time Management and Discharge Planning from Nurses and Patients in Hospital Medical Units

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Abstract

Background: Effective time management and efficient discharge planning are crucial for high-quality hospital patient care. This study aimed to understand the perceptions of nurses and patients regarding these aspects to identify areas for improvement. **Method:** A survey was conducted with 45 nurses and 60 patients in a hospital setting. The nurses' surveys focused on their experiences with call bell responsiveness, medication administration, and discharge planning. Patient surveys evaluated their perception of nurses' responsiveness and involvement in the discharge process. Statistical analysis, including ANOVA and correlation tests, was used to assess the data. **Results:** Nurses reported mixed experiences with call bell response times and varied capabilities for timely medication administration. Challenges included disruptions from call bells, delays in medication delivery, and constraints in discharge discussions and planning. In contrast, patients generally viewed nurses as prompt and attentive, with satisfactory timeliness of care. However, patients expressed dissatisfaction with discharge education. No significant correlations were found between the demographics and perceptions of either group. **Conclusion:** This study highlights the disparity between nurses' experiences and patients' perceptions of hospital time management and discharge planning. It underscores the need for improved processes and communication strategies to align nurses' capabilities with patients' expectations, thereby enhancing overall patient care and satisfaction.

Keywords: Time management, Discharge planning, Nursing care, Patient perceptions, Hospital efficiency.

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INTRODUCTION

In healthcare, waste resulting from routine care, diagnosis or treatment often has negative implications on available resources and healthcare cost (Minogue & Wells, 2016). In clinical practice, waste is defined as anything, which does not add value to the provision of patient care and satisfaction (Virginia, 2016). More than ever before, healthcare services are implementing evidence-based interventions in quest of providing safe patient care and increasing direct nursing care time to patients while minimizing waste. To reduce time wastage in clinical practice, it is important to understand the root causes. Nonetheless, addressing the causes also requires the creation of a culture that supports shift in mindset and modification of individual and organizational practices (Virginia, 2016).

Patient satisfaction is regarded as a crucial key performance indicator that holds significant importance for health institutions. Consequently, delay in responding to a patient's call bell often leads to poor patient satisfaction and suboptimal patient outcome (Robert, 2020). Furthermore, the hospital environment often leads to behavior changes such as an increased confusion, agitation and anxiety especially in geriatric patients, which further increases the complexity of care delivery. These behaviors require constant vigilance and heightened awareness from staff about the needs of patients (Nelson, 2017).

Significantly, patients' call bell is a technology solution and a communication key for patients to alert the health care professionals about patients' needs (Punjoj, 2019). Research has evidently found that the more time nurses spend at the bedside, the less likely patients are to ring the call bell for assistance, adverse events are

prevented, and the more likely patients are to be satisfied with their care (Nelson, 2017). While there are no specified standards in the literature for expected call bell response times, nurses should attend to patients' call bell promptly (Nelson, 2017).

Importantly, the call bell response by nurses should be a primary goal because when a patient's call bell is not answered in a timely manner, it can lead to dire consequences such as falls, unwarranted incontinence, unnecessary adverse incidence and decrease patient satisfaction (Punjot, 2019). Nonetheless, strained and extremely busy clinical environments often contribute to delays in providing timely patient care despite advanced technology in healthcare (White, 2017). Therefore, addressing these delays is imperative for improving staff and patient satisfaction and reducing adverse incidents (Robert, 2020).

Despite the implementation of advanced technologies in medication prescribing and dispensing, delays in administering medications to patients are still prevalent, leading to adverse outcomes and time wastage (V. Patel, & Quinn, G., 2022). Furthermore, delays in medication administration may cause dire consequences for patients including, dissatisfaction, increased length of stay, temporary harm, permanent harm or even death (Grissinger, 2018). In contrast, the consequences are much severe if the delayed medication are time-critical or time-sensitive, such as Anti-Parkinson's medications or certain types of high alert medications (Azmi, 2020). Hence, it is important to identify the factors that contribute to delays in medication administration in order to mitigate potential adverse outcome to patients.

Furthermore, discharge delays are a significant issue with multidimensional causes, including avoidable and unavoidable time-wasting activities that can result in adverse events, bed blocking, and patient condition decline (Everall *et al.*, 2019). Delays in discharge are considered ineffective bed occupancy, often leading to deterioration, falls, and hospital-acquired conditions (Silva *et al.*, 2014). These delays hinder optimal healthcare performance in terms of efficiency and resourcefulness such as crowding in the emergency department and negative financial implication (Micallef *et al.*, 2022). While swift discharges are prioritized, it is essential not to compromise care quality for efficiency (Micallef *et al.*, 2022).

It is evident that the intricacies of time management and discharge planning in hospital settings are multifaceted and significantly impact both health care providers and patients. These elements are critical in shaping the overall healthcare experience, influencing outcomes, and maintaining quality of care. Therefore, it is imperative to understand the perspectives of those directly affected – nurses, who are at the forefront of patient care, and patients themselves, who experience the

direct consequences of these practices. This exploration forms the core of our study, leading us seamlessly into the aims of investigating the perceptions of nurses and patients regarding time management and discharge planning in hospitals and to identify potential areas for enhancement in these crucial aspects of healthcare delivery.

METHODOLOGY

This cross-sectional survey study was conducted to understand the perceptions of time management and discharge planning among nurses and patients in medical units of a tertiary hospital in Saudi Arabia. The participants included 45 nurses working in these units and 60 patients admitted to them during the study period. Nurses were eligible if they were currently employed in the medical units and agreed to participate. Patients were included if they were hospitalized in these units at the time of the study and consented to participate.

Data Collection Instruments

Distinct surveys were specifically designed for nurses and patients. The Nurses' Survey assessed variables such as responsiveness to call bells, efficiency in administering medications (both regular and 'STAT'), experiences related to discharge planning, and perceptions of delays caused by factors such as medication delivery and physician orders. The Patients' Survey focused on evaluating the patients' perceptions of nurses' responsiveness to call bells, timeliness in medication administration, and their involvement in and satisfaction with the discharge process.

Both surveys employed a Likert scale ranging from (Strongly Disagree) to (Strongly Agree) to measure responses. Additionally, demographic questions tailored to each group were included. Nurses were also requested to identify potential causes of discharge delays. Furthermore, both patients and nurses were asked to estimate the time taken (in minutes) to respond to call bells and administer medications. Nurses provided additional information on the timing of discharge notices and the layout of medical supplies within the unit, while patients were queried about their access to supplies and discharge notice.

The data collection instruments tailored for both nurses and patients were constructed by the authors of this study. Prior to deployment, these surveys were reviewed and refined with input from a group of experienced nurses at the hospital. This collaborative process ensured the relevance and clarity of the survey questions. It is important to note that the instruments did not undergo formal content validity testing.

Procedure

The surveys were distributed to the participants in the medical units. Nurses were asked to complete their surveys during breaks or after their shifts, while patients filled out theirs during their hospital stay. Participation in

the study was voluntary, and anonymity and confidentiality were strictly maintained.

Statistical Analysis

The responses from the surveys were analyzed using appropriate statistical software. Descriptive statistics (such as mean, median, and percentages) were used for summarizing demographic information and responses. Inferential statistics, including ANOVA and independent t-tests, were conducted to compare responses between groups. Pearson correlation and point-biserial correlation coefficient tests were used to examine relationships between continuous and categorical variables. A p-value of less than 0.05 was considered statistically significant.

Ethical Considerations

The study received approval from the hospital's institutional review board. All participants were informed about the study objectives, and informed consent was obtained prior to participation. The participants were assured of their right to withdraw from the study at any point without any negative repercussions. Confidentiality and anonymity of the participants' responses were maintained throughout the research process.

RESULTS

Nurses:

A total of 45 nurses completed the survey. The mean age was 34.1 years. The majority of the patients were females (n=41, 91.1%). The mean number of years of nursing experience was 10.3 years. The mean number of years that the nurses in the sample had been working at this hospital was 5.94 years.

A significant portion of nurses (n=26, 62.2%) found themselves "sometime" too busy to respond promptly to the call bell. On the positive side, many nurses (n=33, 73.34%) "agree" or "strongly agree" that they are able to handle patients' requests once they answer the call bell and can intentionally see their patients without them pressing the call bell during the day.

There is also a sentiment that call bells can sometimes interrupt nursing tasks (n=23, 51.11%) and that patients often use them for non-nursing purposes (n=42, 93.33%).

A majority of nurses agree that they can usually administer regular medications on time, with only 8.89% strongly agreeing and 33.33% indicating that they can do this "sometimes".

For administering 'STAT' medications and newly charted medications, the responses are more varied. While 42.22% agree or strongly agree that they could do this on time, a notable 48.89% indicated they only sometimes can, and 8.89% disagree.

The majority of nurses (n= 21, 46.67%) only "sometimes" had the time to discuss the discharge plan with physicians during daily rounds, and (n= 6, 13.33%) disagreed that they had the time.

There seemed to be general dissatisfaction with the timeliness of physicians' orders for medications, referrals, or consultations, with (n = 35, 77.78%) "sometime" or "disagree".

The majority of nurses agreed that they often provided education to patients and caregivers ahead of time prior to discharge, but there was still a significant portion (n = 15, 33.33%) who only sometimes did this or disagreed.

The majority of respondents (n = 39, 86.66%) who "agreed" or "sometimes" found that discharge cancellations occurred frequently.

A total of (n = 18, 62.22%) of nurses either agreed, strongly agreed, or sometimes agreed that patients' readmissions occurred frequently because of failed discharge. Table 1

When we asked the nurses to choose the main reason for discharge delay, it was medication-related (n=31), followed by delay in allied health or specialist consultation (n=20). Furthermore, nurses were asked about the most common reasons for delay in medication administration, and the most common was medication delivery from the pharmacy (n=43) followed by unavailability of medication in Pyxis (n=30). Nurses estimate their response time to call bell was median= 10.0 minutes. Almost half of the nurses felt that they were "sometimes" unable to respond to call bells immediately due to other tasks (n=23). Similarly, the nurses reported that they were rarely unable to administer medications on time (n=23). Nurses estimated that the delay in the administration of medication was 37.9 minutes. Almost half of the nurses experienced delays in obtaining discharge orders from physicians as "sometimes" (n=23, 51.1%); however, 15 nurses mentioned that it was often (33.3%). The majority of nurses reported that they received patient discharge notice one-day prior (n=34, 75.5%), and 10 nurses reported that they received the notice the same day (n=10, 22.2%). Nurses were asked about the stocking and organization of supply rooms and medication cabinets to find items quickly, and almost half of the nurses' responses were "sometimes" (n=21, 48.8%). Nurses were also asked about physical layout of the unit delay ability to respond quickly to call bells, 39.5% of nurses (n=17) responded by "sometimes", followed by (n=11, 25.5%) responded "rarely". Finally, nurses estimated the time they spent travelling in the unit to access supplies, medication, and linens in minutes (mean = 239 minutes).

Patients:

A total of 60 patients completed the survey. More than half of the patients were female (n=35, 58.3%). The majority of participants were married (n=46, 76.6%). The mean score of patients who stayed in the hospital at the time of completing the survey was Mean=11.3 days.

Most patients agreed that nurses were prompt in answering the call bells (n=39, 65.0%). Similarly, the patients felt that their needs were met or addressed appropriately (n=46, 76.6%). The majority agreed that they had received medications on time and were educated about them before administration. Regarding the discharge process, there was a mix of responses. (n=36, 60%) of patients “agreed” or “strongly agreed” that all their questions answered prior discharge. Furthermore, (n=32, 53.3%) of patients felt that they received regular update about discharge. Nurses are generally perceived to be responsive and attentive. Medication administration is timely, and the process is well communicated. Table 2.

According to the patients, the mean score time it takes for a nurse to reach a patient's room after the call bell is pressed is approximately 14.38 minutes. Patients were asked if they had to press a call bell often; most of

patients answered that it is either "rarely happen" (n=17, 28.0%) or "never happened" (n=17, 28.0%). Similarly, the majority of patients either "Never" had any delay in receiving medication (n=24, 40.0%) or "Rarely" (n=20, 33.3%). The estimated mean score for patient experience in delay-receiving medication was 16.1 minutes. Patients estimated mean score for nurses to reach patient room after call bell was 14.3 minutes. When patients were asked how frequently they were unable to access supplies, such as water and tissues, 13 patients (22.0%) said it was always, however, 31 patients (52.5%) answered that this rarely or never happened. When we asked about how much notice do patients receive for discharge notice, same day (n=17, 29.3%) and more than two days (n=23, 39.6%).

Several statistical tests were performed to measure the level of significance such as ANOVA and independent t-test between patients and nurses' demographics and their opinions and it did not show any significance. Furthermore, Pearson correlation test and The point-biserial correlation coefficient were also used to test the correlations between continuous independent variables and continuous and categorical variables, and no significant correlation was found between these variables.

Table 1: Nurses questionnaire Likert Scale. Results presented by number (N) of nurses and percentages (%)

Questions	Strongly Agree N percentage	Agree N percentage	Sometimes N percentage	Disagree N percentage	Strongly Disagree N percentage
I am able to handle patient's request once the call bell was answered	16 35.56%	17 37.78%	10 22.22%	2 4.44%	0 0.00%
I am often not able to answer patients' call bell promptly	3 6.67%	10 22.22%	28 62.22%	4 8.89%	0 0.00%
Sometimes, I perceive that the call bell is an interruption to nursing tasks	3 6.67%	6 13.33%	14 31.11%	18 40%	4 8.89%
Patients often press the call bell for non-nursing purposes	4 8.89%	15 33.33%	23 51.11%	3 6.67%	0 0.00%
During the day, I am able to see my patients intentionally without them pressing the call bell	16 35.56%	17 37.78%	8 17.78%	4 8.89%	0 0.00%
There is an expected call bell response time	5 11.11%	27 60%	9 20%	2 4.44%	0 0.00%
I am often too busy to answer my patient's call bell promptly due to heavy workload and high nurse-patient ratio	9 20%	12 26.67%	18 40%	6 13.33%	0 0.00%
I am always able to administer patients' regular medications within the standard schedule time	4 8.89%	25 55.56%	15 33.33%	0 0.00%	0 0.00%
I am always able to administer patients' 'STAT' medications and newly charted medications on time	4 8.89%	15 33.33%	22 48.89%	4 8.89%	0 0.00%
I always have the time to discuss the discharge plan with the physicians during the daily rounds	1 2.22%	17 37.78%	21 46.67%	6 13.33%	0 0.00%
The physicians order medications, referrals or consultations on time	0 0.00%	10 22.22%	22 48.89%	11 24.44%	1 2.22%
I often provide education to the patients and care giver ahead of time prior to discharge	8 17.78%	14 46.67%	13 28.89%	2 4.44%	0 0.00%
Discharge cancelations occur frequently	2 4.44%	14 31.11%	23 51.11%	6 13.33%	0 0.00%

Patients' readmissions occur frequently due to failed discharge	1 2.22%	9 20%	18 40%	14 31.11%	0 0.00%
I understand Arabic very well	8 17.78%	11 24.44%	16 35.56%	7 15.56%	2 4.44%
I speak Arabic fluently	8 17.78%	10 22.22%	10 22.22%	13 28.89%	3 6.67%

Table 2: Patients' questionnaire Likert Scale. Results presented by number (N) of nurses and percentages (%)

Questions	Strongly Agree N percentage	Agree N percentage	Sometimes N percentage	Disagree N percentage	Strongly Disagree N percentage
The nurses answer my call bell promptly	30 50.00%	9 15.00%	15 25.00%	6 10.00%	0 0.00%
The nurses take too long to answer my call bell	1 1.67%	6 10.00%	15 25.00%	19 31.67%	19 31.67%
My needs are met/addressed appropriately	32 53.33%	14 23.33%	10 16.67%	4 6.67%	0 0.00%
I am satisfied with the overall call bell response time by the nurses	30 50.00%	11 18.33%	9 15.00%	9 15.00%	1 1.67%
During the day, I often see my nurse without having to press the call bell	25 41.67%	12 20.00%	14 23.33%	7 11.67%	2 3.33%
My nurse checks on me every hour	26 43.33%	11 18.33%	10 16.67%	10 16.67%	3 5.00%
My nurse reminds me to press the call bell if I need assistance	27 45.00%	10 16.67%	11 18.33%	10 16.67%	2 3.33%
I receive my medications on time	27 45.00%	16 26.67%	5 8.33%	11 18.33%	1 1.67%
The nurse educates me about my medications before administering it	32 53.33%	10 16.67%	10 16.67%	7 11.67%	1 1.67%
The nurse verifies my full name and MRN prior to medication administration	33 55.00%	11 18.33%	8 13.33%	6 10.00%	2 3.33%
One or more of my medications is often not given on time	0 0.00%	5 8.47%	13 22.03%	21 35.59%	21 33.90%
One or more of my medications is often not available from the pharmacy	2 3.33%	6 10.00%	24 40.00%	17 28.33%	11 18.33%
I receive pain medications without delay when I requested for it	30 50.00%	12 20.00%	12 20.00%	6 10.00%	0 0.00%
I get enough attention from my nurse whenever I needed it	39 65.00%	5 8.33%	11 18.33%	4 6.67%	1 1.67%
The medical team discuss discharge plans with me in advance	14 23.33%	20 33.33%	12 20.00%	12 20.00%	2 3.33%
The medical team never discuss discharge plans with me in advance	7 11.67%	4 6.67%	19 31.67%	16 26.67%	14 23.33%
I was involved in my discharge planning process	13 21.67%	19 31.67%	18 30.00%	7 11.67%	3 5.00%
I receive adequate updates regarding my discharge, leading up to the actual discharge date	12 20.00%	20 33.33%	24 40.00%	2 3.33%	2 3.33%
Allied health visits me prior to my discharge	12 20.00%	24 40.00%	20 33.33%	2 3.33%	2 3.33%
All my questions relating to discharge was answered	17 28.33%	19 31.67%	16 26.67%	6 10.00%	2 3.33%
I ask the medical team all my discharge-related questions	27 45.00%	25 41.67%	4 6.67%	0 0.00%	4 6.67%
I forget to ask the medical team all my discharge-related questions	4 6.67%	1 1.67%	10 16.67%	13 21.67%	32 53.33%
My discharge date was inappropriate	4 6.67%	7 11.67%	10 16.67%	19 31.67%	20 33.33%
I received appropriate discharge instructions and medication with the expected time frame	11 18.33%	24 40.00%	15 25.00%	7 11.67%	3 5.00%
I often experience discharge delays	6 10.17%	12 20.34%	11 18.64%	20 33.90%	10 16.95%
The nurse addresses all my concerns and answers my questions	33 55.00%	12 20.00%	8 13.33%	4 6.67%	3 5.00%

DISCUSSION

The concept of efficacy in healthcare encompasses more than just clinical outcomes; it also involves the efficiency of processes, such as time management and discharge planning. Exploring the gap between theoretical efficacy and its practical implementation reveals significant contrasts. Nurses' experiences in managing these processes often differ from patient perceptions and satisfaction, highlighting the need for a closer examination of how healthcare systems can be improved to align clinical efficiency with patient-centered care. The results of this research paint a comprehensive picture of the day-to-day operations and challenges in the hospital from both nurses' and patients' perspectives.

One of the prominent findings is the complex nature of the nursing role, as evidenced by the significant number of nurses reported being too busy to answer call bells promptly. This is consistent with previous studies that point to increasing workload and staffing constraints as common challenges for nursing staff (Asjanti & Irbantoro, 2022) (Shan *et al.*, 2023). However, despite these challenges, many nurses still express a commitment to patient care, as evidenced by their proactive check-ins and ability to handle patients' requests efficiently once they respond. Furthermore, the study showed an interesting disconnect between nurses' experiences with time management and patients' positive perspectives of care timeline. Most patients felt that nurses were generally prompt in their responses. This could be attributed to differing perceptions of time or urgency between the two groups (Vujanić *et al.*, 2022). It is also possible that patients, while acknowledging occasional delays, may be evaluating their overall experience more holistically, factoring in the quality of care they receive when the nurse arrives (McCabe, 2004; Vujanić *et al.*, 2022). Previous studies positively correlated patients' satisfaction and timely nurses' answers to call bells. However, other studies did not find any correlation and found that the patient became more satisfied based on the behavior of nurses during the response (Colancecco *et al.*, 2014; Deitrick *et al.*, 2010; Roszell *et al.*, 2009). In spite of this optimism from patients' side, studies have shown that prompt response to patient call is crucial in preventing incidents that cause harm such as falls and improving the quality of patient care such as pain management (Deitrick *et al.*, 2010; Tzeng & Yin, 2009). Studies have shown that hourly rounding and creating a no-bass zone helps to improve nurses' responses to patients calls (Lee *et al.*, 2016; Macy, 2022). Despite the use of both in the studied units, providing education and training programs for nurses, creating a supportive environment with adequate resources and involving all levels of staff in the implementation, changing unit policies and communication during unit huddles are recommended to enforce the implementation of effective hourly rounding practices (Lee *et al.*, 2016; Macy, 2022; Ram *et al.*, 2019).

One of the findings of this study is the delay in administration of urgent, complex regimen or newly charted medication. Timely medication administration is crucial for optimal patient care and ensuring the effectiveness of medication therapy. Unfortunately, delays in medication administration by nurses remain a prevalent issue that poses significant risks to patient safety (Nagar, 2015; Stephen *et al.*, 2017). Several factors contribute to these delays, including interruptions during the medication administration process. External interruptions, such as information exchanges and parallel conversations, as well as self-interruptions, such as forgotten supplies, have been found to increase the duration of medication administration tasks. Additionally, operational delays, inadequate patient identification, high patient ratios per nurse and delays in supply of critical medicine from pharmacy have been associated with medication administration errors and delays (Ali & Sherali, 2019; V. Patel, & Quinn, G., 2022; Sasaki *et al.*, 2019; Schmidt, 2022; Schroers, Tell, *et al.*, 2023). The best practices for reducing medication administration delays by nurses in healthcare settings include the use of interruption management strategies (Schroers, Pfeiffer, *et al.*, 2023). Improving safety culture and providing education for nurses are recommended to reduce medication administration delays and errors (Vital & Nathanson, 2023). A quality improvement project found that engaging and educating processes, along with regular staff assessments, led to high medication administration compliance and increased awareness among nurses (Aljadani *et al.*, 2023).

One of the significant findings of this study is patients discharge delay as reported by nurses. Delays in patients' discharge from hospitals are a prevalent issue that impacts healthcare systems and patient care (Landeiro *et al.*, 2019). Patients may experience discharge delays due to individual, medical, and organizational factors (Pirani, 2010). One study showed that discharge delays were primarily due to administrative issues, patient-related factors, and delays in investigations and consultations (Awang Husaini *et al.*, 2022). Another study results showed that patients or their families reluctant to be discharged or refused a care plan (Martins *et al.*, 2023). A study investigated reasons for discharge delays in pediatric units found that the leading cause was late orders by physicians (Mustafa & Mahgoub, 2016). Another study conducted in UK hospital assessed the discharge delays from patients perspectives showed that patients perceive waiting for medicines as the main cause of discharge delay, along with insufficient pharmacist counseling and limited patient involvement in the process (Wright *et al.*, 2017). Another study found that nurses' lack of participation contributed to patient discharge delays due to inadequate planning and fragmented implementation (Pirani, 2010). Therefore, the role of nurses in addressing patients discharge delay is multifaceted and crucial in managing hospital discharge process efficiently through leading

interdisciplinary collaboration, patient advocacy and communication, and risk assessment and management (Bai *et al.*, 2019; Cadel *et al.*, 2021). There are several consequences of patient's discharge delay such as reduced bed availability, functional decline, falls, and hospital related adverse, Patients, staff, and families frustration (Everall *et al.*, 2019; Rao *et al.*, 2023). To avoid discharge delay, several strategies can be implemented including early identification of patients at risk, setting expected date of discharge, utilizing electronic discharge check list initiated by nurses and automation of the process (Arnold, 2023; Manfredi, 2013; Nessa *et al.*, 2022). However, the utmost important strategies are implementing an effective multidisciplinary team approach and honoring patient-centered care by involving the patient and their family or caregiver in all relevant communication related to the discharge process to alleviate unnecessary anxiety, tension and miscommunication (Apkon & Friedman, 2014; Ibrahim *et al.*, 2022).

One of the prominent findings of this study is the need to improve communication between nurses and physicians as well as between patients and healthcare providers, particularly on discharge planning and patient education. Effective communication in hospitals is crucial for improving patient care, reducing errors, and enhancing overall healthcare service quality by ensuring clear, accurate, and understandable interactions among staff, patients, and families (Shitu *et al.*, 2018). Furthermore, Effective communication in discharge planning is crucial for shared expectations among stakeholders, facilitating collaborative decision-making, early goal setting, interdisciplinary teamwork, and patient/family education, ultimately reducing readmissions and improving patient care (Gledhill *et al.*, 2023). In contrast, the consequence of ineffective communication in hospitals include disruptions to workflow, delays in relaying patient information, and challenges in coordinating care among healthcare providers (N. Patel *et al.*, 2016). Furthermore, Ineffective communication during hospital patient education can lead to gaps in knowledge, potentially impacting patients' understanding of medication changes, follow-up appointments, disease self-management, and red-flag signs (Trivedi *et al.*, 2023). Common causes of ineffective communication for nurses include predominantly lack of time, shortage of staff, language barriers, workload, limited skills and work environment (Albagawi & Jones, 2017; Radwan & Mohamed, 2019). Many factors influence communication between nurses and physicians such as lack of training, understanding of the role, lack of multidisciplinary care plan (Bakunts, 2022; Ponzoni, 2014). Several strategies can be implemented to enhance communication between patients and nurses. Firstly, nurses should prioritize regular updates to patients and their families, providing information crucial for decision-making and treatment planning (Dees *et al.*, 2022). Secondly, emphasizing therapeutic communication,

which involves patient-centered interactions, genuine interest, empathy, and understanding patient preferences (Yani *et al.*, 2022). Moreover, ensuring proper transfer of patient information and promoting interdisciplinary team communication (Nedelcu *et al.*, 2022). Finally, provide communication education and training (Mrad *et al.*, 2022). One of the strategies that can be unique to this study is training nurses about time management and utilizing customized educational materials to overcome language barriers.

Limitation

While this study provides valuable insights, it is essential to acknowledge its limitations, such as the relatively small sample size, the cross-sectional nature of the study, and the potential influence of confounding factors. Further research with larger sample sizes, diverse settings, and longitudinal designs, time motion study or qualitative approach could provide a more comprehensive understanding of the factors influencing time management, discharge planning, and patient perceptions.

Implications

The implications of this study include the need to improve processes related to call bell responsiveness, medication administration, and discharge planning to align nurses' experiences with patient expectations. Addressing staffing, workload concerns and improve the physical layout and organization of supply areas. Development and implementation of interventions or strategies to enhance time management, discharge planning. Multidisciplinary collaboration and patient involvement in discharge planning.

CONCLUSION

In summary, this study highlights the critical need for continuous quality improvement efforts, effective communication strategies, and collaborative approaches to enhance time management, discharge planning, and overall patient care in hospital settings. By addressing the identified challenges and implementing evidence-based interventions, healthcare organizations can strive to align nurses' experiences with patient expectations, ultimately leading to improved patient outcomes, increased satisfaction, and more efficient healthcare delivery.

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Authors' Contribution

Study concept and design (GA, SE, HH, SS), Data collection (SE, HH, SS), Data analysis (GA), Data interpretation (GA), Manuscript redaction (GA), final manuscript approval (All).

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