Literature Review: The Relationship Between Discharge Planning and Post-Hospitalization Patient Control Compliance

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Abstract

Discharge planning is an important component of nursing care aimed at ensuring continuity of patient care after hospital discharge. One of the success indicators of discharge planning is patient adherence to follow-up visits after hospitalization. This study aims to analyze the relationship between discharge planning and patient adherence to follow-up visits after hospital discharge based on a literature review. The method used is a literature review of five scientific articles published between 2022–2025. The articles were selected based on inclusion criteria consisting of cross-sectional, quasi-experimental, and descriptive studies discussing discharge planning and patient adherence to follow-up care. Data analysis was conducted descriptively by synthesizing the results of each article. The results showed that discharge planning is associated with and has an influence on patient adherence to follow-up visits after hospital discharge. The most influential factors include health education, the role of nurses, and education provided at discharge. The conclusion of this study is that optimal discharge planning can improve patient adherence to follow-up visits after hospital discharge. Therefore, strengthening the role of healthcare providers, especially nurses, in discharge planning is essential to improve healthcare quality and prevent rehospitalization.

Introduction

Discharge planning is one of the important components in nursing services that aims to ensure the sustainability of patient care after discharge from the hospital. Discharge planning includes a structured process of planning the discharge of patients, including health education, re-control arrangements, and coordination with families and health workers. One of the indicators of discharge planning success is patient compliance in carrying out post-hospital re-control. Compliance with these controls is essential to prevent recurrence, complications, and rehospitalization (NICE, 2021; Ministry of Health of the Republic of Indonesia, 2023).

Globally, patient non-compliance in post-hospital re-control is still a frequent problem in the healthcare system. Many patients do not return for scheduled follow-up after discharge, increasing the risk of worsening health conditions and increasing readmission rates. The World Health Organization (WHO) states that the success of health services is not only determined by the treatment process in the hospital, but also by the continuity of care after the patient discharges, including adherence to medical follow-up (WHO, 2023).

In Indonesia, patient compliance to carry out post-hospital re-control is still relatively low in some health care facilities. Data from the Ministry of Health of the Republic of Indonesia shows that there are still patients who do not make repeat visits after being discharged, thus contributing to the high rate of rehospitalizations. One of the factors that plays a role in increasing control compliance is the optimization of discharge planning carried out by health workers, especially nurses (Ministry of Health of the Republic of Indonesia, 2022).

Discharge planning that is carried out properly and in a structured manner can improve the patient's understanding of their health conditions, control schedules, and the importance of treatment follow-up. The education provided by the nurse when the patient is about to go home has been proven to play a role in increasing the patient's compliance to return to control. On the other hand, suboptimal discharge planning can cause patients to lack understanding of

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follow-up care instructions so that they are at risk of not complying with the control schedule (Juwita et al., 2024).

In addition, the role of nurses in the implementation of discharge planning is also an important factor in the success of patient compliance. Nurses act as educators, counselors, and coordinators in ensuring patients and families understand the treatment plan after discharge. Research shows that the better the role of nurses in discharge planning, the higher the level of patient compliance in re-controlling (Rahman & Samiasih, 2022).

Other factors that also affect patient control compliance include health education provided, family support, and the patient's understanding of their health conditions. Patients who receive good education tend to have higher awareness to re-control on schedule. This shows that educational interventions in discharge planning have an important role in improving post-hospital patient compliance (Juwita et al., 2024; Salvadori et al., 2020).

Based on this description, it can be seen that discharge planning is an important aspect in improving post-inpatient patient control compliance. Non-compliance with controls is still a problem that can have an impact on the quality of health services and the risk of disease recurrence. Therefore, a literature review is needed to analyze the relationship between discharge planning and post-inpatient control compliance based on various previous research results.

This study aims to analyze the relationship between discharge planning and post-hospitalization patient control compliance based on the results of previous research. The results of this study are expected to provide an overview of the importance of optimizing discharge planning by nurses in improving patient control compliance, as well as being the basis for the development of nursing interventions to improve service quality and prevent rehospitalization.

Methods

This study is a narrative literature review that aims to describe the relationship between discharge planning and post-inpatient follow-up adherence based on the results of previous research without intervening in the variables studied. The literature analyzed came from 5 scientific articles that discussed discharge planning and post-inpatient follow-up adherence, including the role of nurses, health education, discharge planning education, and factors affecting patient adherence to follow-up visits.

Article searches were conducted through several scientific databases, namely Google Scholar, PubMed, and GARUDA (Garba Reference Digital). Keywords used in the search included “discharge planning,” “follow-up adherence,” “post hospital discharge,” “nurse role in discharge planning,” as well as combinations of keywords such as “discharge planning AND adherence to follow-up visits,” “patient adherence AND follow-up visit,” and “education in discharge planning AND patient adherence.”

The initial search identified 33 articles relevant to discharge planning and follow-up adherence after hospitalization. After screening based on titles and abstracts, 22 articles were excluded because they did not align with the research topic, did not specifically discuss follow-up adherence, or focused only on disease clinical aspects without addressing discharge planning. From the remaining 11 articles, full-text screening was conducted, and 6 articles were excluded because they did not meet inclusion criteria, lacked complete data, or were not available in full text. Ultimately, 5 articles met the criteria and were included in the final analysis.

The five selected articles consisted of studies with cross-sectional, quasi-experimental, and quantitative descriptive designs published between 2022 and 2025. The first article described nurse education in discharge planning and follow-up adherence among post-inpatient diabetes mellitus patients with 87 respondents. The second article analyzed the relationship between discharge planning and post-hospital follow-up adherence in 80 respondents. The third article examined the effect of health education in discharge planning on follow-up adherence among post-inpatient patients with 93 respondents. The fourth article discussed the role of nurses in discharge planning and follow-up adherence among patients with mental disorders with 20 respondents. The fifth article analyzed the relationship between discharge planning and post-hospital follow-up adherence in 80 respondents.

The inclusion criteria in this narrative literature review included research articles discussing discharge planning and follow-up adherence after hospitalization, articles with quantitative research designs, and articles published between 2022 and 2025. Meanwhile, the exclusion criteria included articles that did not address follow-up adherence specifically, lacked complete research data, or were not accessible in full text.

The instrument used in this study was a data extraction sheet to collect relevant information from each article, including author and year of publication, research title, study design, sample size, variables studied, and main findings related to discharge planning and follow-up adherence. The extracted data were then organized into a synthesis table to facilitate analysis.

The data collection procedure involved searching for articles through predefined databases, followed by screening based on title, abstract, and content relevance to the research topic. After

that, a full-text review was conducted to extract data relevant to the study objectives. The ethical considerations in this literature review were maintained by properly citing all sources, avoiding plagiarism, and ensuring the integrity of information from each included article. All data used were obtained from publicly available scientific publications.

Data processing was conducted through several stages, including article identification, selection based on inclusion and exclusion criteria, data extraction, and presentation in a literature review summary table. Data analysis was performed descriptively by comparing findings from the five articles to identify patterns in the relationship between discharge planning and post-hospital follow-up adherence. The results indicated that most studies consistently reported a relationship between discharge planning and follow-up adherence, as well as supporting factors such as nurse education, health education, and the role of healthcare professionals in improving patient adherence to follow-up visits.

Results and Discussion

A literature review was conducted on 5 selected articles. The publications ranged from 2021 to 2025. The results of the journal analysis are presented in Table 1 as follows:

Table 1. Results of Journal Analysis

No	Research	Method	Results
1.	Hasanah et al (2022)– The Relationship between Discharge Planning and Patient Compliance for Post-Inpatient Follow-Up	Quantitative cross-sectional analysis. 80 respondents	There was a significant association between discharge planning and follow-up adherence (p = 0.002); 65% of patients were non-adherent based on preliminary data.
2.	Manzahri et al (2022) – The Relationship of Discharge Planning with Patient Follow-Up Adherence After Hospitalization	Quantitative cross-sectional analysis. 80 respondents	There was a significant association between discharge planning and follow-up adherence (p = 0.002).
3.	Jingga & Widhawati (2023)– Overview of Nurse Education in Discharge Planning and Follow-Up Adherence for Post-Treatment Diabetes Mellitus Patients at Grha Kedoya Hospital, West Jakarta	Quantitative, quota sampling method, Chi-square test. 87 respondents	Significant improvement was found before and after education. Follow-up adherence increased from 57.6% to 76.3% after the intervention.
4.	Zaman et al (2024)– The Role of Nurses in the Implementation of Discharge Planning and Follow-Up Adherence in Patients with Mental Disorders	Cross-sectional. 20 respondents	There was a significant relationship between nurse role and follow-up adherence (p = 0.007).
5.	Bintari (2024)– The Influence of Health Education in Discharge Planning on Post-Hospital Follow-Up Adherence	Quasi-experimental (one-group pretest–posttest). 93 respondents	There was a significant effect (p = 0.000); adherence increased to 89.2% after intervention.

The results of the study from the 5 articles analyzed show that discharge planning has an important role in improving post-hospital patient control compliance. In general, all studies confirm that patient control compliance is influenced by various factors, especially health education, the role of nurses, and the quality of discharge planning before patients discharge from the hospital (Almohaisen et al., 2025; Salvadori et al., 2020)

The findings of the first article show that after nurse education in discharge planning, there was an increase in the control compliance of patients with diabetes mellitus from 57.6% to 76.3% (Jingga & Widhawati, 2023). These results are in line with the findings of other studies that confirm that discharge planning-based education is able to improve the self-management of chronic disease patients through increasing health literacy (Rusmawati et al., 2024; Lestari & Suwondo, 2022). Effective education not only increases knowledge, but also strengthens the patient's self-efficacy in carrying out regular re-control (Sari et al., 2024).

Similar results were also found in the third article which showed that health education in discharge planning had a significant effect on post-hospitalization patient control compliance with a p = 0.000, and the majority of respondents (89.2%) became compliant after intervention (Bintari, 2024). This is reinforced by systematic review studies that show that structured educational interventions before patients go home can improve follow-up adherence by more than 30% compared to the control group (Yahya et al., 2025; Luker & Grimmer-Somers, 2022).

In addition, therapeutic communication approaches in discharge planning have been shown to improve patients' understanding of medical instructions (Almohaisen et al., 2025; Hazizah et al., 2025).

In the second article with a sample of 80 respondents, it was found that there was a significant relationship between discharge planning and patient control compliance (p = 0.002) (Hasanah et al., 2022). These findings show that optimal discharge planning can improve patient compliance in making repeat visits. On the other hand, ineffective discharge planning can cause patients to lack understanding of follow-up care instructions and risk not being controlled. This is in line with the AHRQ report (2022) which states that communication failures during treatment transitions are one of the main causes of post-inpatient patient non-compliance. Other studies have also shown that the quality of discharge instruction is strongly related to the rate of rehospitalization (Bhandari et al., 2022; Elasari et al., 2026).

The findings of the fourth article show that there is a relationship between the role of nurses in discharge planning and compliance with re-control of patients with mental disorders (p = 0.007), with the majority of respondents being in the compliance category (55%) (Zaman et al., 2024). These results confirm that the role of nurses as educators, advocates, and coordinators is crucial in the success of continuity of care (Kusuma & Wulandari, 2024). Other research has also shown that active involvement of nurses in transitional care can reduce non-compliance rates by up to 25% (Andriana et al., 2025; Baker et al., 2020; Hazizah et al., 2025).

Meanwhile, the fifth article also showed consistent results that there was a significant relationship between discharge planning and post-hospitalization patient control compliance (p = 0.002) (Hasanah et al., 2022). This reinforces the evidence that discharge planning is one of the main factors determining patient compliance in re-controlling after discharge from the hospital. A study based on the health system also shows that the implementation of standardized discharge planning is able to improve the quality of services and reduce the rate of readmission (Cahyaningrum et al., 2022).

Analyzed as a whole, the five articles show that discharge planning is a key factor in improving post-hospital patient control compliance. The most consistent factors are health education, the role of nurses, and the quality of communication between health workers and patients. The better the implementation of discharge planning, the higher the level of patient compliance in carrying out re-control. In addition, the integration of technologies such as digital reminders and telehealth follow-ups has also been shown to significantly improve patient compliance (Salvadori et al., 2020).

Theoretically, patient control adherence can be explained through the concept of the Health Belief Model (HBM), which states that health behaviors are influenced by an individual's perception of the benefits of the action, the threat of disease, as well as perceived barriers (Rosenstock, 1974; Glanz et al., 2020). In this context, patients who understand the benefits of re-control to prevent complications will be more likely to be compliant in conducting follow-up visits. Recent studies have also shown that perceived severity and perceived benefit are the main predictors of follow-up adherence in chronic patients (Bhandari et al., 2022; Hazizah et al., 2025).

In addition, clinically non-compliance with post-hospitalization patient control can have an impact on an increased risk of complications, disease recurrence, and high rehospitalization rates. The World Health Organization states that continuity of care after patients discharge is an important part of the success of the health care system (WHO, 2023). Therefore, discharge planning is an important strategy in ensuring continuity of care. Global research also shows that 20–30% of rehospitalizations can be prevented through effective discharge planning (Almohaisen et al., 2025).

Furthermore, the implementation of good discharge planning does not only focus on providing information, but also involves the patient's family as the main support system. Family involvement is very important in helping to remind control schedules and provide emotional support to patients after returning from the hospital (Ministry of Health of the Republic of Indonesia, 2023). Another study showed that family involvement increased patient adherence by up to twice compared to without family support. This shows that the family-centered care approach is an important component in the success of modern discharge planning.

In addition to individual and family factors, system factors also have a significant influence, such as nurse workload, the availability of SOP discharge planning, and coordination between health workers. Research shows that the implementation of discharge planning is often constrained by a lack of time and nurses, which has an impact on the low quality of education (Sari et al., 2024). Therefore, it is necessary to strengthen the service system and standardize discharge planning based on evidence-based practice (NICE, 2021; CDC, 2021).

Based on the overall results of the study, it can be concluded that post-inpatient patient control compliance is influenced by the main factors in the form of effective discharge planning, health education, and the active role of health workers, especially nurses. Therefore, efforts to improve control compliance need to be carried out comprehensively through optimizing discharge planning, improving the quality of patient education, integrating health

technology, and strengthening the role of families and health service systems to improve the quality of health services and prevent rehospitalization.

Conclusion

Based on the results of the literature review of 5 articles analyzed, it can be concluded that discharge planning has a very important role in improving compliance with post-inpatient patient control. All articles show the relationship and influence between the implementation of discharge planning and patient compliance in conducting follow-up visits, both through health education, the active role of nurses, and health education provided before the patient goes home. The more optimal the implementation of discharge planning, the higher the level of patient compliance to carry out control according to the predetermined schedule. In addition, the involvement of health workers, especially nurses, as well as family support are also important supporting factors in the success of patient control compliance. Therefore, the optimization of discharge planning needs to continue to be improved as an effort to prevent complications, reduce the rate of rehospitalizations, and improve the quality of health services in a sustainable manner.

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