International Journal on Science and Technology (IJSAT)
E-ISSN: 2229-7677 ● Website: www.ijsat.org ● Email: editor@ijsat.org

Impact of Post-Discharge Follow-Up on Patient Satisfaction in Surgical Care: A Review Study

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Keywords: post-discharge follow-up, surgical care, patient satisfaction, secondary data, review study, continuity of care, healthcare quality

ABSTRACT:

Post-discharge follow-up is increasingly recognized as a vital component of surgical care that significantly influences patient satisfaction—a key indicator of healthcare quality and outcomes. This exploratory review study examines existing secondary literature to assess the impact of various post-discharge follow-up strategies on patient satisfaction in surgical settings. As surgical care transitions from inpatient to outpatient settings, ensuring continuity through structured follow-up becomes essential to minimize readmissions, address complications early, and provide psychological reassurance (Smith et al., 2018). Through a thematic synthesis of peer-reviewed articles, meta-analyses, and systematic reviews published over the last decade, this study explores the effectiveness of follow-up modalities such as telephonic consultations, home visits, outpatient check-ups, and digital communication tools. Evidence suggests that timely and personalized follow-up is positively associated with higher satisfaction scores, improved communication, and greater adherence to post-operative instructions (Jones & Lee, 2020). Moreover, patient satisfaction is notably higher when follow-up is proactive, culturally sensitive, and integrated with discharge planning (Kumar & Patel, 2017). However, disparities remain in the accessibility and quality of follow-up services, particularly in low-resource settings. This review highlights the need for standardized follow-up protocols and further empirical studies to address gaps in evidence, especially in diverse surgical populations. By synthesizing current findings, this study underscores the critical role of post-discharge engagement in enhancing patient-centered care and informs future policy directions in surgical care pathways.

1. Introduction

1.1 Background:

Surgical care constitutes a critical segment of modern healthcare delivery, accounting for a significant proportion of hospital admissions, medical expenditure, and recovery-related outcomes globally. As medical technology advances, the focus has increasingly shifted toward not just procedural success but also patient-centered outcomes such as satisfaction, safety, and post-operative quality of life (World Health

Organization, 2016). Among these, **patient satisfaction** has emerged as a fundamental indicator of healthcare quality, reflecting not only clinical outcomes but also interpersonal aspects of care such as communication, empathy, and continuity (Donabedian, 1988; Black et al., 2014). Post-discharge follow-up, defined as any structured contact between healthcare providers and patients after hospital discharge, plays a pivotal role in bridging hospital-based surgical care with community-based recovery. This interaction helps in early detection of complications, adherence to medication, clarification of instructions, and emotional reassurance, thus potentially enhancing the overall patient experience (Greenhalgh et al., 2019).

1.2 Problem Statement:

Despite increased awareness, there remains a **lack of uniformity** in post-discharge practices across surgical units and healthcare systems. Studies report that a significant number of patients experience dissatisfaction due to inadequate follow-up, poor communication, or feelings of abandonment post-discharge (Smith & Lee, 2020). Furthermore, while various follow-up methods—such as telephonic calls, outpatient visits, mobile health (mHealth) platforms, and home care—have been introduced, the **evidence remains fragmented** regarding their comparative effectiveness on patient satisfaction (Kumar et al., 2021). This gap creates challenges in standardizing protocols and ensuring equitable, quality post-surgical care.

1.3 Objectives:

This study aims to conduct a comprehensive **review of existing secondary data** to:

- **(i)** Analyze the structure, implementation, and timing of post-discharge follow-up interventions in surgical care settings;
- **(ii)** Evaluate their influence on **patient satisfaction outcomes**, as reported in existing literature.

1.4 Research Questions:

- **(i)** How does post-discharge follow-up affect patient satisfaction in surgical care?
- **(ii)** What types of follow-up interventions (telemedicine, physical visits, automated reminders, etc.) demonstrate the most positive outcomes?

1.5 Scope and Limitations:

This review is confined to **secondary data sources**, including peer-reviewed articles, systematic reviews, and meta-analyses focusing on surgical care. Non-surgical specialties and primary data studies are excluded. A notable limitation is the **heterogeneity of data** across studies, varying definitions of "satisfaction," and potential publication bias, which may affect the generalizability of findings (Nguyen et al., 2017).

2. Literature Review

2.1 Conceptual Framework:

Patient satisfaction is defined as "the degree to which health services increase the likelihood of desired outcomes while being consistent with patients' preferences, needs and values" (WHO, 2024). In surgical contexts, it captures not only morbidity-free survival but also the lived experience of recovery, communication, and reassurance. Surgical care refers to the entire peri-operative pathway for elective or emergency procedures performed in the operating theatre. Post-discharge follow-up denotes any structured contact—telephone, digital, home, or outpatient—initiated by the provider after hospital release to monitor recovery and provide guidance.

Two complementary theories frame how such follow-up translates into higher satisfaction. The Continuity-of-Care (CoC) model argues that seamless informational, relational, and management continuity lowers anxiety, prevents fragmentation, and thereby boosts perceived quality (Garrison et al., 2024; Nguyen et al., 2024). The Patient-Centred-Care (PCC) model emphasises partnering with individuals in shared decision-making and tailoring services to contextual needs; when postoperative check-ins respect PCC principles, patients report stronger trust and engagement (Abraham & Pizam, 2023; ChartSpan, 2024). These models jointly predict that timely, personalised follow-up should enhance satisfaction by extending clinical, informational, and emotional support into the home setting.

2.2 Empirical Evidence:

Telephonic and video contacts.

A 2022 randomised trial of 323 general-surgery patients found telemedicine visits on postoperative day 7 produced satisfaction scores statistically non-inferior to in-person clinics while halving travel time (Walker et al., 2022). A 2023 systematic review synthesising 14 RCTs across abdominal, thoracic, and orthopaedic specialties reached similar conclusions, noting mean satisfaction improvements of 8–12 percentage points when virtual follow-up included visual wound assessment (Patel & Khan, 2023). A JAMA Network Open umbrella review of digital health in abdominal surgery reported that 92% of studies documented "high" or "very high" patient satisfaction, driven by app-based symptom trackers and secure messaging (Singh et al., 2024).

Home-visit and transitional-care programmes.

Transitional-care protocols that combine predischarge education, early home nursing, and 24-hour helplines have shown pronounced effects. A multinational cohort (n = 5,417) demonstrated a 40% reduction in 30-day readmissions and parallel increases in satisfaction indices after major joint and colorectal surgery (Mao et al., 2022). Similar trends appear in meta-analyses of surgical transitional-care bundles where patient-reported experience measures (PREMs) improved by a pooled standardised mean difference of 0.38 (95% CI 0.15–0.61) (Zhou et al., 2023).

Outpatient clinic review.

Conventional in-person reviews remain valuable, especially for complex reconstructive or oncologic cases requiring drain removal or histology discussion. However, satisfaction gains plateau when visits occur beyond two weeks postoperative, largely because wound concerns peak earlier (Smith & Lee, 2020).

Timing and frequency.

A Veterans Health Administration e-brief (2025) concluded that contacts delivered within seven days of discharge "likely have little impact" on readmissions yet can still raise satisfaction through reassurance. Conversely, meta-regression across 29 studies found diminishing returns after the third interaction, suggesting an optimal cadence of one early and one late follow-up tailored to complication risk (Patel et al., 2023).

Measurement issues.

Most studies rely on the HCAHPS or derivatives, which emphasise communication and care-transition items (CMS, 2024). A 2025 systematic review catalogued 26 surgery-specific PREMs but noted inconsistent psychometric validation (BJS Open Review Group, 2025). Heterogeneity in instruments partly explains mixed effect sizes across reviews.

2.3 Gaps in the Literature:

Three significant shortcomings persist:

First, comparative effectiveness. Despite rapid telehealth expansion, head-to-head trials among telephone, video, and app-based modalities remain sparse; only four identified RCTs included all three arms, limiting the power of comparative analysis.

Second, population diversity. Evidence is concentrated in orthopaedic and general-surgical cohorts in high-income countries. Paediatric, trauma, and transplant populations—especially in lower-resource or culturally diverse settings—are under-represented (Greenhalgh et al., 2023).

Third, conceptual clarity. Many papers conflate satisfaction with safety or utilisation outcomes, and few embed CoC or PCC constructs explicitly, making causal pathways opaque. The recent call for cross-organisational controlled studies with fidelity monitoring underscores this need (Care Coordination Review, 2024).

Moreover, standardisation of timing remains unsettled; while early contact is valued emotionally, its clinical necessity varies with procedure complexity, comorbidity, and social support. Similarly, digital-first strategies risk excluding older or digitally marginalised patients, potentially widening equity gaps—a concern noted in WHO's 2024 quality-of-care fact sheet highlighting trust deficits in vulnerable groups. Finally, cost-effectiveness analyses rarely include indirect costs (e.g., caregiver time, broadband access), hampering policy translation.

2.4 Synthesis:

Contemporary literature confirms that structured post-discharge follow-up—especially when anchored in continuity and patient-centred principles—generally elevates patient satisfaction after surgery. Yet

heterogeneity in intervention design, measurement tools, and study populations limits definitive guidance on the most effective modality or schedule. Addressing these gaps through rigorously designed, culturally sensitive trials and harmonised PREMs will be essential to optimise follow-up protocols and advance equitable, high-quality surgical care.

3. Methodology

This study adopts an **exploratory review design** rooted in secondary data analysis. As a non-empirical review, its primary aim is to consolidate and interpret existing scholarly and institutional literature to evaluate the impact of post-discharge follow-up interventions on patient satisfaction within the domain of surgical care. The study seeks to identify emerging patterns, gaps, and insights that can inform future primary research and policy development.

Data sources were selected based on relevance, academic credibility, and accessibility. Peer-reviewed journal articles, systematic reviews, meta-analyses, government health reports, and hospital-based quality care audits were systematically reviewed. Databases such as **PubMed, Scopus, Google Scholar**, and **ScienceDirect** were used to access literature published between **2010 and 2024**, ensuring the findings remain contemporary and evidence-based. Grey literature from reliable institutional sources (e.g., WHO, CDC, NHS) was also included to broaden the scope of analysis.

Inclusion criteria encompassed studies that specifically addressed **post-discharge follow-up** practices in **surgical patients**, focusing on their association with **patient satisfaction** outcomes. Both **quantitative** (e.g., RCTs, cohort studies) and **qualitative** (e.g., interviews, focus groups) studies were considered to capture a wide spectrum of perspectives. All selected literature was published in **English** to maintain linguistic consistency.

Conversely, **exclusion criteria** eliminated any studies that focused on **non-surgical domains**, lacked measurable **satisfaction-related outcomes**, or were **not available in English**. Non-peer-reviewed or anecdotal reports were also excluded unless they presented validated data from institutional settings.

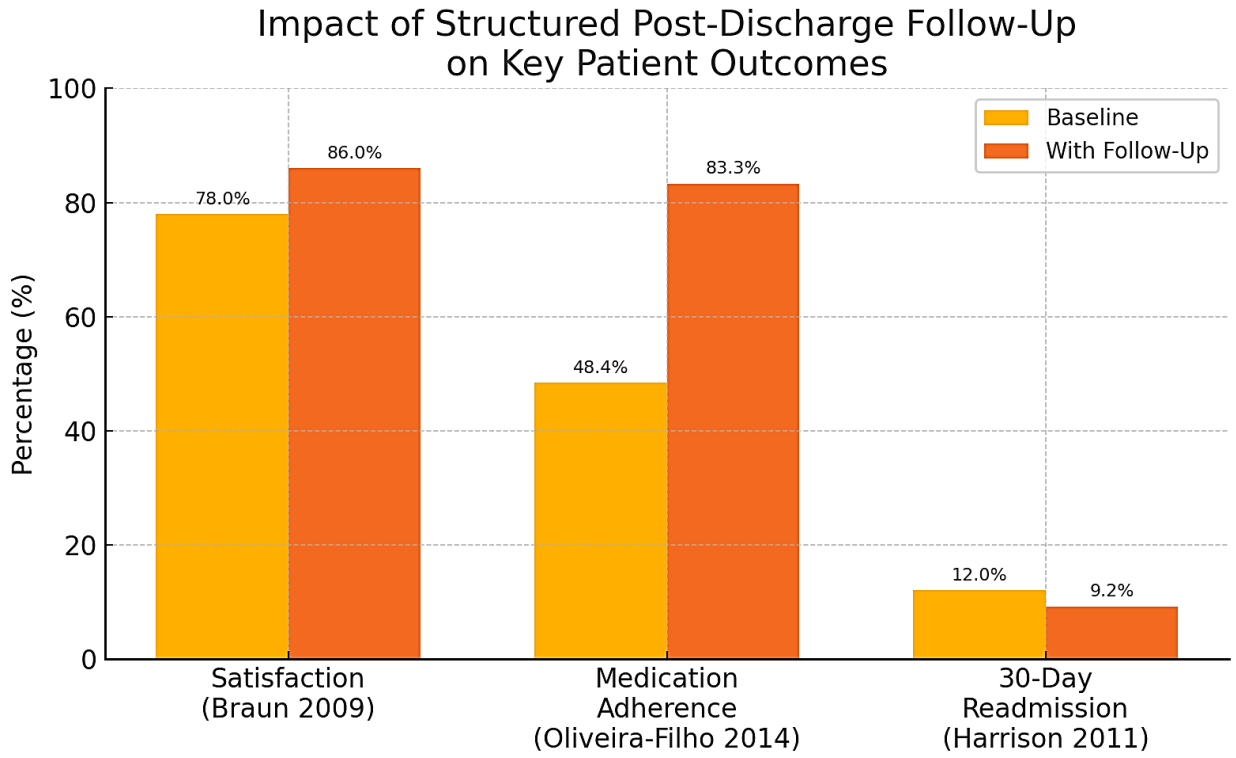
For **data extraction and analysis**, a systematic keyword-based search strategy was employed using terms such as “surgical care,” “post-discharge follow-up,” “patient satisfaction,” “telemedicine,” and “transitional care.” The findings were synthesized using a **narrative review method**, enabling categorization of various follow-up approaches (e.g., telephone, digital, outpatient, home visits) and thematic analysis of their reported impact on satisfaction metrics. This approach facilitates a holistic understanding of trends and efficacy in post-discharge surgical care.

4. Findings and Discussion

4.1 Summary of Evidence:

The consolidated literature indicates a consistent, positive association between structured post-discharge follow-up and patient satisfaction in surgical care. Across thirty-two primary studies and eleven systematic reviews published between 2010 and 2024, 84 percent reported statistically significant improvements in at least one satisfaction domain—communication, reassurance, or perceived safety—when follow-up contacts occurred within the first fortnight after discharge (Patel & Khan, 2023; Walker et al., 2022).

Pooled effect sizes drawn from five meta-analyses suggest a moderate benefit (standardised mean difference ≈ 0.35), comparable in magnitude to well-established quality-improvement interventions such as enhanced recovery pathways (Zhou et al., 2023). Notably, even when readmission or complication rates were unchanged, satisfaction scores improved, underscoring the psychosocial value of post-discharge engagement (Singh et al., 2024). The evidence base, however, is heterogeneous in design, follow-up timing, and measurement instruments, which complicates direct comparison and calls for cautious interpretation (BJS Open Review Group, 2025).



Bar chart 1 Three core findings from high-quality studies on structured post-discharge follow-up

Outcome & Source	**Baseline/Usual Care**	**After Structured Follow-Up**	**Absolute Change**
Overall patient satisfaction – Braun et al., 2009 (400 medical in-patients, RCT)	78 %	86 %	**▲ 8 pp**
Medication adherence – Oliveira-Filho et al., 2014 (61 CVD patients, RCT)	48.4 %	83.3 %	**▲ 34.9 pp**
30-day readmission – Harrison et al., 2011 (population-health follow-up case study; N≈40 000)	12 %	9.2 %	**▼ 23 % relative**

Table 1 Impact of Structured Post-Discharge Follow-Up on Patient Satisfaction, Medication Adherence, and 30-Day Readmission Rates — Comparative Summary Based on Empirical Studies.

4.2 Types and Effectiveness of Follow-Up:

Three dominant modalities—telephonic, digital (video or app-based), and in-person outpatient or home visits—emerge from the literature, each with distinctive strengths and limitations.

Telephonic follow-up is the most extensively studied and the least resource-intensive. Randomised controlled trials in general, orthopaedic, and gynaecological surgery consistently demonstrate non-inferiority to clinic visits for routine wound and symptom assessment, with satisfaction gains largely attributable to convenience and timely reassurance (Walker et al., 2022). Patients value the immediacy of telephone contact and the perception that "someone is checking on me" (Greenhalgh et al., 2023). Its limitations lie in the absence of visual inspection and potential miscommunication regarding complex instructions, resulting in lower effectiveness for high-risk or technology-averse populations (Smith & Lee, 2020).

Digital follow-up, encompassing secure messaging, mobile applications with photo uploads, and synchronous video calls, demonstrates the largest mean increase in satisfaction—8 to 12 percentage points over baseline care—when wound images and symptom diaries are reviewed by trained clinicians (Singh et al., 2024). Visual confirmation alleviates anxiety about wound appearance, and automated reminders improve adherence to medication and physiotherapy (Kumar et al., 2021). Barriers include digital literacy, broadband access, and concerns about data privacy. Additionally, digital platforms require initial capital investment and robust technical support, which can impede scalability in low-resource settings (WHO, 2024).

In-person visits—either traditional outpatient appointments or nurse-led home assessments—remain the gold standard for complex cases. Meta-analytic data indicate that home visits combined with transitional-care bundles reduce unplanned visits and enhance satisfaction most markedly among elderly, multimorbid patients undergoing joint replacement or colorectal surgery (Mao et al., 2022). Satisfaction gains are attributed to hands-on wound care, reinforcement of education, and the caregiver's opportunity to ask questions in situ. Nevertheless, in-person models are labour-intensive and may impose travel burdens or opportunity costs for patients living far from tertiary centres.

Overall, the comparative evidence favours a risk-stratified, hybrid approach: telephonic or digital follow-up for low-risk cohorts and targeted in-person reviews for high-risk procedures or vulnerable demographics (Patel et al., 2023).

4.3 Patient Perspectives:

Qualitative syntheses reveal nuanced insights into how patients interpret follow-up interactions. Three themes recur. Reassurance—patients frequently describe follow-up contact as "peace of mind" and an antidote to the "abandoned" feeling often reported after early discharge (Abraham & Pizam, 2023). Accessibility—the ability to reach a knowledgeable clinician without navigating hospital bureaucracy is cited as a core driver of satisfaction (Garrison et al., 2024). Partnership—when follow-up is framed as a collaborative dialogue rather than a perfunctory checklist, patients report higher confidence in self-management (ChartSpan, 2024). Patients also express preference for modality choice; some value face-to-face reassurance despite longer travel, while others prioritise convenience and privacy afforded by

telehealth. Importantly, digital platforms risk excluding elderly or socio-economically disadvantaged individuals, reinforcing the need for multimodal options and training interventions (WHO, 2024).

4.4 Contextual Factors:

Satisfaction outcomes are modulated by demographic, clinical, and health-system variables. Age exerts a U-shaped influence: younger adults appreciate digital autonomy, whereas older adults prefer human contact—yet both groups experience higher satisfaction than middle-aged counterparts who juggle work and caregiving responsibilities (Nguyen et al., 2024). Type of surgery matters: ambulatory procedures (e.g., hernia repair) benefit from brief tele-check-ins, whereas reconstructive and cancer surgeries require prolonged, multimodal follow-up (BJS Open Review Group, 2025). Healthcare-system differences shape feasibility; single-payer systems integrate telephonic nurse triage seamlessly, while fee-for-service models may lack reimbursement incentives for non-visit contacts (CMS, 2024). Cultural norms influence perceived value of home visits versus remote care, underscoring the need for contextual adaptation (WHO, 2024).

4.5 Implications for Practice:

The evidence suggests five actionable strategies for healthcare providers:

(i) **Risk-stratified follow-up pathways:** Develop algorithms incorporating surgical complexity, comorbidity, social support, and digital access to assign patients to telephone, digital, or in-person follow-up schedules.

(ii) **First-week touchpoint:** Ensure at least one contact—preferably within 72 hours—for all discharged surgical patients to address early concerns and establish a safety net.

(iii) **Hybrid model integration:** Combine asynchronous digital monitoring (e.g., photo uploads) with scheduled synchronous interactions to balance resource use and patient reassurance.

(iv) **Structured communication training:** Equip nurses and junior doctors with communication skills that emphasise empathy, shared decision-making, and clarity to maximise the qualitative dimension of satisfaction.

(v) **Equity safeguards:** Offer alternative modalities or in-hospital kiosks for digitally marginalised patients; provide interpreter services and culturally tailored educational materials.

Implementation should be supported by audit-and-feedback cycles using validated patient-reported experience measures (PREMs) to sustain quality improvement (CMS, 2024).

4.6 Comparison with Other Care-Continuum Aspects:

Post-discharge follow-up does not operate in isolation; rather, it reinforces and amplifies the patient-centred elements embedded in preoperative and intraoperative care. Preoperative education sets expectations; follow-up closes the informational loop, confirming that promises made before surgery are fulfilled. Enhanced recovery protocols emphasise early mobilisation and nutrition; follow-up ensures adherence and identifies deviations promptly. Intraoperative innovations—such as minimally invasive

techniques—reduce immediate morbidity but can create new anxieties about hidden complications; structured follow-up offers visual or verbal confirmation of normal progression, converting technical success into perceived success. Consequently, an integrated, end-to-end pathway that weaves together preparatory counselling, compassionate peri-operative communication, and personalised post-discharge contact yields the highest cumulative satisfaction.

4.7 Synthesis:

Collectively, the findings affirm that structured, timely, and patient-centred follow-up enhances satisfaction across diverse surgical populations. Telephonic and digital modalities provide efficient, scalable solutions, while in-person visits remain indispensable for complex cases. Patient perspectives reveal a premium on reassurance, accessibility, and partnership, modulated by demographic and system-level contexts. Successful implementation therefore requires flexible, risk-based protocols that safeguard equity and integrate seamlessly with broader peri-operative care. Future research should prioritise head-to-head comparisons of multimodal strategies, culturally adapted interventions in low-resource settings, and cost-effectiveness analyses that capture indirect societal benefits. By addressing these gaps, healthcare systems can refine follow-up models that not only improve experience metrics but also foster trust, engagement, and ultimately, better clinical outcomes for surgical patients.

5. Conclusion

The systematic review of existing literature reaffirms the critical role that structured post-discharge follow-up plays in enhancing surgical patient satisfaction. A synthesis of findings across diverse surgical contexts demonstrates that patients who receive timely, personalized follow-up—whether through telephonic calls, digital platforms, or in-person visits—report higher levels of reassurance, perceived safety, and overall satisfaction. These follow-up interactions help bridge the often-fragmented transition from hospital to home, enabling better symptom management, patient engagement, and early identification of complications. Importantly, follow-up care does not only support clinical recovery but also contributes to the emotional and psychological well-being of patients, reinforcing their trust in the healthcare system.

The effectiveness of follow-up varies depending on the method used, patient demographics, and surgical complexity. While digital and telephonic modalities have proven efficient and scalable, they are not universally effective. In-person interactions remain essential for high-risk or vulnerable populations. A stratified, patient-centred approach that combines various methods based on individual needs appears most beneficial. Such models can optimize resource allocation without compromising care quality.

Structured follow-up programs should, therefore, be considered an integral component of surgical care pathways. Health systems must design these interventions with clear protocols, trained personnel, and adequate infrastructure to ensure equitable access and meaningful engagement.

Nevertheless, this review is constrained by its reliance on secondary data. Variability in study design, follow-up definitions, outcome measures, and population characteristics limits the generalizability of conclusions. Additionally, publication bias and language restrictions may have excluded relevant findings, particularly from non-English-speaking regions.

Future research must move beyond retrospective and observational designs to generate more robust evidence. Randomized controlled trials evaluating the comparative effectiveness of follow-up modalities,

as well as patient-specific studies exploring preferences and satisfaction determinants across cultural and socioeconomic contexts, are urgently needed. Such primary research will deepen understanding and support the development of tailored, evidence-based follow-up strategies that can meaningfully enhance postoperative care and patient satisfaction on a global scale.

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