

# Experiences and Challenges on Adherence of Acute Stroke Patients to Follow-up Consultations in Selected Level III Hospital in Batangas City: Basis for a Framework Development Plan

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## ABSTRACT

This study focuses on patient adherence to follow-up consultations and treatment recommendations, which is essential for effective recovery and prevention of health complications. Patient adherence refers to the willingness and ability of patients to follow the advice and treatment plans given by healthcare providers. However, many patients experience difficulties in maintaining adherence due to several factors such as socioeconomic status, health condition, access to healthcare services, and communication with healthcare providers. In low-resource settings like the Philippines, these challenges can become more serious because of financial limitations, long travel distances, and limited healthcare resources. As a result, many patients are unable to attend post-hospitalization outpatient consultations, which may lead

to worsening health conditions, higher risk of complications, and increased healthcare costs. In addition, increasing patient volume in healthcare facilities often results in long waiting times and inefficient service delivery, which may further discourage patients from attending follow-up consultations. Poor adherence to healthcare recommendations remains a major barrier to achieving positive health outcomes and may lead to preventable hospital readmissions. Therefore, this study aims to determine the experiences and challenges affecting the adherence of acute stroke patients to follow-up consultations in a selected Level III hospital in Batangas City. The findings of this study will help identify the common barriers faced by stroke patients and will serve as the basis for developing a plan or framework to address their needs and improve adherence to follow-up consultations, ultimately supporting better recovery and health outcomes.

**Keywords:** *Acute stroke patients, Follow-up consultations, Patient adherence, Stroke recovery, Post-discharge care, Socioeconomic barriers, Outpatient consultation*

## INTRODUCTION

Patient adherence is essential for treatment efficacy and can be broadly understood as a patient's behavioral response to the health care provider's treatment recommendations and medication prescriptions. On the other side, nonadherence poses a significant economic burden both to the patient and to the health care system since a condition can progress and result in increased morbidity and mortality. Therefore, improving patients' general adherence to

health providers' recommendations and medication regimens could prevent future adverse health outcomes and increased economic burden.

General adherence is needed as patients' tendency to adhere to clinical recommendations and treatment and it can be driven by many elements, including a patient's socio-economic status, chronic conditions, provider-patients discordance, and healthcare access. Poverty plays an important role in nonadherence. Low socio-economic status patients adhere less well to treatment and medication, on average, increasing their risk of morbidity and mortality.

A providers' role and relationships with patients are strongly related to how likely patients will follow their treatment plan to improve their health and accelerate recovery. The provider-patient relationship is an important component of health care delivery and treatment efficacy. The quality of provider-patient communication and patient-centered practice, including shared decision making and receiving feedback from patients on treatment goals, were shown to be among the key drivers of improved patients' general level of adherence and overall care (Panahi, S. et al., 2022).

In a resource limited setting such as the Philippines determining which patients are at high risk for readmission and the factors affecting their ability to adhere to post-hospitalization outpatient consult are key to ensuring efficient and safe healthcare delivery. The most frequent reasons preventing outpatient consult were related to health condition and socioeconomic reasons. The current health condition and socioeconomic factors strongly affect the patient's ability to adhere to prescribed post-hospitalization outpatient consult (Cerrado, J. et al., 2020).

Health care facility operations become complicated in low-resource settings due to increasing patient volume. The mismatch between the demand for outpatient services and supply of resources results into inefficient processes and prolonged waiting time for patients to avail services.

Patient nonadherence to healthcare providers' recommendations is a major obstacle to desired health outcomes. It results in health deterioration and hospitalization, which might have been avoided with a high level of patient adherence. (Kılıç, H., & Güneş, E. D., 2023). The objective of this study is to determine the experiences and challenges on adherence of acute stroke patients to follow-up consultations in selected level III hospital in Batangas City. The results of this study will benefit the stroke patients as a plan will be developed to address their challenges and needs with regards to their follow-up consultations. This study will involve a total number of 20 acute stroke patients.

## **METHODS**

### **Research Design**

The study employs a phenomenological research approach, as described by McLeod, S. (2024) phenomenology is a type of qualitative research characterized by a focus on understanding the meaning of lived experience from the perspective of the individual. Instead of testing hypotheses or seeking to generalize findings to a larger population, phenomenological research aims to illuminate the specific and to challenge structural or normative assumptions by revealing the subjective experiences and perceptions of individuals. This approach allows for an in-depth understanding of the experiences and challenges on adherence of acute stroke patients to follow-up consultations. With the gathered data, the researcher can develop a framework plan to address the barriers and challenges that affect their adherence to consultations. Creswell (2014) described the process of thematic analysis in qualitative research which involves six key steps: data preparation, initial reading, coding, theme development, theme review, and report writing. It focuses on identifying, analyzing, and reporting patterns (themes) within qualitative data, such as interview transcripts or observations.

### **Research Locale**

The research locale is a level III hospital in Batangas City chosen for its bed capacity catering patients from Batangas and nearby provinces within region IV-A and IV-B. Patients diagnosed with cerebrovascular disease (stroke) are one of the common types of patients admitted in this hospital. Their hospital treatment starts from admission until discharge, but follow-up consultations play a crucial role in the monitoring of their adherence to the

treatment plan. Determining their experiences and challenges with regards to the adherence to follow-up consultations can provide significant data in developing a plan to assist them.

**Sampling Technique**

A purposive sampling method was used to select the participants of the study. The sample consisted of acute stroke patients who had been discharged from the hospital and were scheduled for follow-up consultations at the Outpatient Department (OPD).

These participants were purposively chosen. A total of seven (7) respondents participated in the study and were interviewed using semi-structured interviews, which allowed them to freely share their experiences while still addressing the main research questions.

**RESULTS AND DISCUSSION**

Table 1. *Themes and Core Ideas on experiences of acute stroke patients during follow-up consultations in selected level III hospital in Batangas City*

Probed Issue	Core Ideas	Codes	Essential Themes
Can you tell me about your experiences during follow-up consultations after having stroke?	-Laboratory and diagnostic results, medical history and records are reviewed by the doctors.	Structured clinical evaluation during follow-up	Strained Healthcare Access
	-To determine the appropriate treatment regimen. -Anxiety due to first-time experience of hospital consultation. -Difficulty in means of travel from home to hospital, high travel costs.	Emotional Vulnerability in Navigating Healthcare  Socioeconomic and Logistical Barriers to Healthcare Access	
In your own words, what do follow-up consultations mean to you in your recovery?	-Long waiting lines despite arriving earlier than the scheduled time of consultation. -Long queuing and waiting time due to the large volume of patients seeking consultation. -The need to endure the long waiting times to be assessed and checked by the physician.	Structural Inefficiencies in Healthcare Delivery	Consultations as Key Drivers of Stroke Recovery
	-Consultations are essential to determine what medications to continue and discontinue, to know the proper diet and to prevent recurrence of stroke.  -Consultations are important to monitor the recovery from stroke, to prevent complications and to determine the phase of treatment. -To determine progress, improvement and recovery from stroke. -To determine the current state of health condition. -It helps to determine the phase of recovery.	Follow-up as Preventive and Therapeutic Guidance  Follow-up as Structured Recovery Management	

	-Complete attendance in consultations contributes to faster recovery from stroke.	Continuous Consultation Adherence as Recovery Strategy	
What motivates you to keep attending follow-up consultations?	-Support, care and love from the family and relatives, faith from God and motivation from healthcare providers. -Motivation to recover faster from stroke. -Free maintenance medications and much more affordable laboratory procedures. -Recovery from stroke, return to normal activities of daily living.	Social, Spiritual, and Professional Support as Drivers of Adherence  Economic Accessibility as Facilitator of Adherence  Personal recovery and regaining independence	Support Systems for Stroke Recovery
How clear were the instructions you received about your post-stroke regimen during follow-up consultations?	-Discharge instructions are clear and well explained by the nurse and easy to understand. -Home medications are clearly listed with the scheduled time of intake; the scheduled date of follow-up consultation is also stated. -The laboratory and diagnostic procedures required to be done are clearly stated on the discharge instructions. -Discharge reminders are clearly written on the instructions. -Includes essential information on the process of treatment regimen. -Complete and detailed information on stroke regimen.	Clear Communication Facilitating Regimen Adherence  Structured and Detailed Communication Enhancing Adherence	Clear Instructions for Enhanced Adherence

The table presents the key themes and core ideas from the experiences of acute stroke patients during follow-up consultations in selected level III hospital in Batangas City. Four (4) essential themes had emerged from the interviews with the participants, namely: strained healthcare access, consultations as key drivers of stroke recovery, support systems for stroke and clear instructions for enhanced adherence.

*On the first emerging theme, Strained Healthcare Access.* Some of the experiences of acute stroke patients during follow-up consultations include structured clinical evaluations, emotional vulnerability in navigating healthcare, socioeconomic and logistical barriers to healthcare access and structural inefficiencies in healthcare delivery.

Access to care remains strained in overburdened health systems, particularly for acute stroke patients attending follow-up consultations. Research shows that although structured clinical evaluations such as 90-day follow-ups are recommended, many patients struggle to attend due to transportation problems, financial limitations, distance from healthcare facilities, and insurance-related barriers (Adeoye et al., 2023). Participants state:

... *Mahirap maka punta ng follow-up check up, dahil sa layo po ng lugar namin sa ospital. Malaki din kasi ang gastusin sa pamasaha. (It is difficult to go to the follow-up check-up because our home is far from the hospital. Transportation costs are also expensive.) -P2 (IDI)*

In addition, social determinants of health such as low income, limited health literacy, and weak social support significantly affect medication adherence and continuity of care among stroke survivors (Allemang et al., 2023). Beyond physical recovery, patients often feel emotionally vulnerable and overwhelmed when navigating appointments, rehabilitation, and treatment plans after discharge (Bjerkreim et al., 2023). Based from the statement of participants:

*... Noong una medyo kinakabahan ako sa proseso ng follow-up check-up dahil di ko pa alam. (At first, I felt somewhat nervous about the follow-up check-up process because I didn't know what to expect.)-P5 (IDI)*

Systemic inefficiencies, long waiting times, and fragmented coordination disproportionately affect vulnerable populations, including those with disabilities (Sakellariou & Rotarou, 2023). The participants state:

*... Mahaba ang aming ipinaghintay sa pila, ngunit ang mahalaga ay masuri kami ng doktor. (We waited in line for a long time, but what matters is that we were examined by the doctor.) -P7 (IDI)*

This demonstrates that while clinical systems are designed to provide organized follow-up care, structural and logistical limitations prevent equal access for all patients.

*On the second emerging theme, Consultations as Key Drivers of Stroke Recovery.* According to stroke patients, follow-up consultations provides them preventive and therapeutic guidance and structure recovery management. They also believe that continuous consultation adherence is a positive strategy for recovery.

*... Mahalaga ang follow-up para mas mamonitor ang kalagayan ng pasyente at mas mapabilis ang pag galing. (Follow-up is important to better monitor the patient's condition and to help speed up recovery.) -P4 (IDI)*

Regular follow-up consultations after stroke are important for recovery and secondary prevention because they help patients stay engaged with healthcare, adhere to treatment plans, and reduce the risk of complications. A recent 2023 study of stroke survivors found that most patients maintain regular medical follow-up over time, and that ongoing appointments with healthcare providers are linked to better control of risk factors and reduced complications, highlighting the value patients and clinicians place on continued monitoring and care (Springer et al., 2023). A participant stated that:

*... Mamonitor yung recovery, maiwasan yung mga kumplikasyon at malamang tama ang takbo ng treatment. (To monitor the recovery, prevent complications, and ensure that the treatment is progressing correctly.)-P1 (IDI)*

Follow-up care, including early outpatient appointments and structured rehabilitation sessions, is associated with improved health outcomes such as lower acute care encounters and readmissions after stroke, suggesting that adherence to these consultations supports sustained recovery and reduces health system burden (Alhusain et al., 2025). Additionally, broader evidence on secondary prevention underscores that continuous education and engagement through follow-up supports patients' understanding of treatment plans, boosts adherence to medication and lifestyle changes, and empowers patients in managing their own health post-stroke. Quote:

*... Mahalaga ang follow up upang alam po namin ang nga gamot na dapat at hindi na dapat ipgpatuloy. Mga pagkain na bawal kainin o iwasan. (Follow-up is*

*important so that we know which medications should be continued and which should be stopped, as well as which foods should be avoided.) -P2 (IDI)*

Follow-up consultations are not only clinically beneficial but are also seen by patients as motivating structures that provide guidance, reinforce therapeutic goals, and contribute positively to their recovery journey.

*On the third emerging theme, Support Systems for Stroke Recovery.* The motivating factors for stroke patients that keeps them attending follow-up consultations include: social, spiritual and professional support, economic accessibility of health services, personal recovery and regaining independence.

The stroke survivors' motivation to adhere to follow-up care and rehabilitation is shaped by a combination of personal, social, and practical factors. Social support from family, friends, and healthcare providers, along with self-efficacy and positive motivation, are among the strongest influences on rehabilitation motivation, suggesting that emotional encouragement and relationships help patients stay engaged in their recovery and follow-up activities (Fan et al., 2025). One of the participants claim:

*... Ang motibasyon ko ay mula sa suporta ng pamilya, sa kanilang pangangalaga at pagmamahal, sa Diyos para sa pangalawang buhay pati na rin sa gabay ng mga doktor. (My motivation comes from the support of my family their care and love faith in God for a second chance at life, as well as the guidance and encouragement of the doctors.) -P1 (IDI)*

Stroke patients' desire to return to meaningful roles, regain independence, and resume life activities also emerged as important motivators, reinforcing that personal goals and sense of autonomy strengthen long-term commitment to care. In addition, family-based interventions have been shown to improve functional outcomes and reduce depression, pointing to practical support systems that enhance both patient and caregiver well-being (Deepradit et al., 2023). Participants stated:

*... Para makabalik na rin sa normal na pang araw- araw na pamumuhay. (So that I can return to a normal daily life.) -P5 (IDI)*

*... Mahalaga ang mga konsultasyon para sa mabilis na pag- galing at improvement ng mga pasyenteng na istroke. (Consultations are important for faster recovery and improvement of stroke patients.) -P6 (IDI)*

*... May mga libreng gamot na naiiprotect kasama na rin ang mas murang mga laboratory na kailangan isagawa. (Free medications are provided, as well as more affordable laboratory tests that need to be done.) -P3 (IDI)*

Based from these statements, it can be concluded that follow-up adherence and recovery are supported not only by clinical care but also by positive social environments, emotional encouragement, accessible services, and patients' own drive to become independent and improve their quality of life.

*On the fourth emerging theme, Clear Instructions for Enhanced Adherence.* The quality of post- discharge instructions provided during follow- up consultations is an essential part on the post- stroke regimen. According to stroke patients the instructions are clearly communicated to them, structured and detailed which enhances their adherence.

Clear, structured, and complete post-discharge instructions can enhance patient adherence and contribute to better recovery outcomes, especially in conditions like stroke where understanding complex regimens is essential. A feasibility study on people with stroke found that using structured discharge letters combined with a person-centered communication method (Teach Back) improved patients' perceived understanding of their treatment information at discharge, suggesting that clear communication helps patients feel more confident about managing

medication and follow-up tasks at home, which can improve adherence to secondary prevention strategies (Lindblom et al., 2023). Participants stated that:

*... Malinaw at madaling unawain ang mga paalala ng nars tungkol sa aking mga gamot na dapat inumin. (The nurse's instructions about the medications I need to take are clear and easy to understand.) -P1 (IDI)*

*... May natatanggap kami na tagubilin kung saan nakalagay ang request ng laboratoryo na kailangan ipagawa bago ang follow up, gamot na mga kailangan inumin at iskedyul ng follow-up. We receive instructions that include the laboratory requests that need to be completed before the follow-up, the medications that need to be taken, and the follow-up schedule.) -P3 (IDI)*

Furthermore, research from a large transitional stroke care study showed that patients who reported sufficient discharge communication (which included clear education on diet, habits, and follow-up plans) were significantly more likely to complete recommended healthy behaviors and follow-up activities within 30 days after discharge, reinforcing that quality instructions enhance post-discharge adherence and behavioral engagement (Johnson et al., 2024). Quote:

*... Malinaw ang mga impormasyon na nakalagay sa tagubilin at paalala samin. Wala ako masyadong katanungan dahil maayos na naipaliwanag ng nars. (The information written in the instructions and reminders is clear to us. I don't have many questions because the nurse explained everything well.) -P6 (IDI)*

Together, these statements suggest that when stroke patients receive detailed, well-communicated post-discharge instructions that are tailored to their needs, they are more likely to understand, follow, and feel confident in their recovery regimen, leading to better adherence and potentially improved outcomes.

Table 2. Themes and Core Ideas on challenges encountered by acute stroke patients during follow-up consultations in selected level III hospital in Batangas City

Probed Issue	Core Ideas	Codes	Essential Themes
What are the challenges you've experienced during follow-up consultations?	-Long-term treatment and rehabilitation from stroke.	Duration and Complexity of Stroke Care	Barriers to Follow-up Adherence
	-Long lines of patients seeking consultation despite early arrival from the scheduled time.	Healthcare System Inefficiencies Affects Patient Experience	
	-Long waiting time for the arrival of doctors.	Social and Logistical Challenges to Healthcare access	
	-Lack of available family member or relative as companion during consultations.	Socioeconomic and Time-Related Constraints	
	-Lack of available ambulance, barangay patrol or private service vehicle as a means of travel during scheduled consultations.		
	-Unattendance to consultation during conflicting schedules, specifically on working days. Financial constraints are also a challenge.		

The table presents the key themes and core ideas from the challenges encountered by acute stroke patients during follow-up consultations in selected level III hospital in Batangas City. One (1) essential theme had emerged from the interviews with the participants, namely: barriers to follow up adherence

*On the first emerging theme, Barriers to Follow-up Adherence.* The different challenges experienced by acute stroke patients during follow-up consultations include: the long duration and complexity of stroke care, healthcare system inefficiencies, socioeconomic and time-related constraints and financial barriers that affects their adherence. The following are the significant statements of the participants:

Various different factors make it hard for patients to consistently attend follow-up consultations and stick to prescribed care plans. A 2023 study found that some stroke survivors fail to maintain regular medical follow-up over time, especially those with greater limitations in self-care or cognitive challenges (Springer et al., 2023). Participants stated:

... *Pangmatagalan pong rehabilitasyon. (Long-term rehabilitation.) -P1 (IDI)*  
 ... *Isa sa mga hamon ang kawalan ng makakasama sa pagdadala ng pasyente para sa follow-up check up. (One of the challenges is not having someone to accompany the patient to the follow-up check-up.) -P4 (IDI)*

Other research highlights that socioeconomic and systemic barriers such as long travel distances to healthcare facilities, inefficient or scarce local services, transportation challenges, and shortages of trained healthcare workers significantly limit stroke patients' ability to access continued care, leading some to delay or skip appointments or medications altogether, particularly in resource-limited rural settings. Participants stated:

... *Ang pagpila ng maaga at paghihintay sa mahabang pila para makapagpalista. (Arriving early and waiting in a long line just to register.) -P2 (IDI)*  
 ... *Natataon sa araw ng trabaho kaya di kami nakaka attend. Kasama na rin ang mga problema sa pinansyal. (It sometimes falls on a workday, so we are unable to attend. Financial problems are also a concern.) -P5 (IDI)*  
 ... *Kawalan ng service na sasakyan, patrol at ambulansya. (Lack of service vehicles, patrol cars, and ambulances.) -P7 (IDI)*

These statements reinforce that the long duration and complexity of stroke recovery, combined with structural inefficiencies in care delivery and financial and logistical constraints, create substantial obstacles to follow-up adherence for many stroke survivors, confirming the need to address both clinical and socioeconomic factors to support long-term stroke management.

Table 3. *Themes and Core Ideas on barriers that affect the adherence of acute stroke patients to their follow- up consultations in selected level III hospital in Batangas City*

Probed Issue	Core Ideas	Codes	Essential Themes
What factors most often cause delays in attending your scheduled follow-up consultations?	-Difficulties in means of travel, non-availability of ambulance, barangay patrol or service vehicle. -Lack of available companion during scheduled consultations. -Travel distance from home to the hospital. -Financial constraints in terms of purchasing maintenance medications and	Healthcare Access and Mobility Challenges   Socioeconomic Barriers to Consultation Adherence	Practical and Socioeconomic Barriers to Follow-up

	laboratory or diagnostic procedures required to be done.		
How do medical costs and financial concerns affect your ability to attend follow-up consultations?	<ul style="list-style-type: none"> <li>-Financial constraints in terms of treatment regimen.</li> <li>-High travel costs and food allowance.</li> <li>-Currently there are financial support resources to utilize but they are limited due to the prolonged duration of the stroke treatment regimen.</li> <li>-High cost of maintenance medications that need to be purchased.</li> <li>-Lack of financial support to sustain primary health needs: maintenance medications and milk for nasogastric tube feeding.</li> <li>-High cost of laboratory and diagnostic procedures that need to be done.</li> <li>-Lack of available ambulance or vehicle as a means of travel to the hospital.</li> </ul>	<p>Financial Barriers Affects Patient's Adherence to Consultations</p>	<p>Financial Barriers to Follow-up</p>
Can you describe your experiences when traveling to the hospital for follow-up consultations?	<ul style="list-style-type: none"> <li>-Long distance and travel time from home to the hospital (Laguna to Batangas).</li> <li>-Traffic congestion causes delays in arrival time during consultations.</li> <li>-Traveling through public transportation vehicles by means of bus or van is difficult due to post-stroke deficits.</li> <li>-Instances of non-attendance to scheduled date of consultations due to unavailability of service vehicle and ambulance.</li> <li>-Frequent requests for available drivers and ambulances as means of transport to the hospital.</li> </ul>	<p>Access and Mobility Barriers Influences Patient's Adherence to Follow-up</p> <p>Geographical Barriers Hinders Patient's Adherence to Consultation</p> <p>Transportation Difficulties due to Post- Stroke Deficits</p> <p>Mobility Challenges affect Patient's Adherence to Consultations</p>	<p>Transportation and Accessibility Barriers to Follow-up</p>

The table presents the key themes and core ideas from the barriers that affect the adherence of acute stroke patients to their follow-up consultations in selected level III hospital in Batangas City. Three (3) essential themes had emerged from the interviews with the participants, namely: practical and socioeconomic barriers to follow-up, financial barriers to follow-up and transportation and accessibility barriers to follow-up.

*On the first emerging theme, Practical and Socioeconomic Barriers to Follow-up.* The primary factors that most often cause delays in the attendance of scheduled follow-up consultations include healthcare access, mobility challenges and socioeconomic barriers.

Practical and socioeconomic factors significantly limit people's ability to attend scheduled follow-up consultations. Research has found that transportation challenges and mobility limitations are a widespread reason why patients miss or delay medical appointments, especially among low-income individuals and those with chronic conditions; lack of reliable transport, high travel costs, and long distances to facilities all contribute to delayed care (Ng et al., 2024; U.S. data indicate that more than one-fifth of adults missed care due to transport barriers). Quote:

... *Una po saken mobility, pangalawa transportasyon, pangatlo po financial aspects. (First is mobility, second is transportation, and third is financial aspects.)*  
-P1 (IDI)

... *Kakulangan ng pera para sa pamasahe at walang magasikaso o makakasama para magfollow up check up. (Lack of money for transportation and no one to assist or accompany us to the follow-up check-up.)* -P2 (IDI)

A systematic global review on healthcare equity for persons with disabilities also reports that people with chronic health issues face inequities in healthcare access such as limited service availability, inadequate infrastructure, and socioeconomic constraints which can hinder their ability to use follow-up services consistently. Moreover, studies examining socioeconomic predictors of missed appointments find that patients with lower income and unstable living situations are more likely to skip scheduled care, reinforcing that financial barriers and limited resources contribute to non-attendance. Participants state:

... *Walang mahiraman na ambulance o stretcher sa barangay kasama na rin ang layo ng byahe o lugar na pangagalangan. (There is no ambulance or stretcher available to borrow from the barangay, and the travel distance from our place is also far.)* -P3 (IDI)

... *May pagkakataon din na walang pera sa araw ng konsultasyon dahil kailangan pa hintayin ang sahod. Kailangan ito sa pambili ng maintenance at gamot at pang laboratory. (There are times when there is no money on the day of the consultation because we still have to wait for payday. The money is needed to buy maintenance medications, other medicines, and pay for laboratory tests.)* -P7 (IDI)

Different barriers such as transportation difficulties, time constraints, and socioeconomic disadvantage are key obstacles that prevent many patients, including those recovering from stroke, from attending follow-up consultations as planned.

*On the second emerging theme, Financial Barriers to Follow-up.* Financial barriers heavily influence the adherence of acute stroke patients to consultations. Healthcare access and mobility barriers are also significant factors to their adherence.

Financial problems strongly affect whether patients can stick to their scheduled follow-up consultations and overall healthcare management. A 2023 study of stroke survivors found that many experience food insecurity and financial stress, which are linked to not adhering to prescribed medication regimens because of cost concerns, indicating that financial strain contributes to poorer health behaviors and reduced engagement with follow-up care (Springer et al., 2023). Quote:

... *Malaking balakid at suliranin ang pananalapi lalo na rin kung kalagayan ay salat. Nagresulta ng pagkabaon sa utang, hindi natutugunan mga pangunahing pangangailangan ng pamilya. natutuon yung pananalapi para sa gamutan.”*  
*(Financial difficulties are a major obstacle and problem, especially when resources are limited. It has resulted in debt and unmet basic family needs, as finances are focused on medical treatment)* -P1 (IDI)

Financial barriers to healthcare such as high out-of-pocket costs, lack of money for appointments or transportation, and limited insurance coverage lead many individuals to delay or avoid medical care, especially among low-income or multimorbid populations, which further supports the idea that cost and access issues hinder consistent follow-up attendance (Azubuike & Alawode, 2024; Flanagan et al., 2023). According to the participants:

... *May pagkakataong nadedelay ang follow up dahil sa walang maipamasaha at mababaon para sa pangkain. (There are times when the follow-up is delayed because there is no money for transportation and even for food.) -P2 (IDI)*

... *Minsan ay hindi kami makapagfollow up dahil wala mahiraman ng sasakyan. (Sometimes we are unable to attend the follow-up because there is no vehicle available to borrow.) -P3 (IDI)*

Additionally, research on non-communicable disease patients reveals that transportation costs and distance to clinics, coupled with financial difficulties, are key barriers to medication and care adherence, suggesting that mobility challenges and socioeconomic constraints act together to limit patients' ability to attend ongoing consultations (Fenta et al., 2024). Participants state that:

... *Kailangan naming ng financial na suporta para sa mga gastusin gaya ng pag bili ng gamot at gatas para sa NGT. (We need financial support for expenses such as buying medications and milk for the NGT.) -P6 (IDI)*

... *Mabigat ang gastusin sa gamot at mga laboratory. (The cost of medications and laboratory tests is burdensome.) -P7 (IDI)*

Altogether, these statements confirm that financial constraints, limited access to affordable care, and logistical barriers play a significant role in preventing patients including stroke survivors from attending follow-up consultations as recommended.

*On the third emerging theme, Transportation and Accessibility Barriers to Follow-up.* Acute stroke patients described their experiences when traveling to the hospital as challenging due to geographical barriers, transportation difficulties due to post-stroke deficits and mobility concerns.

Transportation and geographical accessibility challenges significantly hinder follow-up adherence among stroke patients, especially when mobility is reduced after stroke and travel is difficult. Studies show that many stroke survivors lose the ability to use different modes of transport independently after stroke, particularly in rural and low-resource settings, leading to reduced access to rehabilitation services and social participation (Chavda et al., 2023). One of the participants claim:

... *Medyo mahirap ang pagpunta ng ospital dahil taga malayo pa kami. (It is somewhat difficult to go to the hospital because we live far away.) -P1*

Qualitative reports from stroke survivors further highlight that limited personal mobility, physical weakness, and lack of accessible transportation options make routine travel to clinics challenging, reducing participation in follow-up care and rehabilitation activities (Temehy et al., 2023). Moreover, people with physical impairments face substantial barriers in public transport use, including difficulties boarding vehicles, limited service areas, and inadequate accessibility supports, all of which impede access to healthcare and community services (Mwaka et al., 2024). According to some participants:

... *Minsan ay walang mahiraman na sasakyan, mahirap ang mag commute sa bus at van. (Sometimes there is no vehicle available to borrow, and commuting by bus or van is difficult) -P2*

... *Walang mahiraman na service at sasakyan kaya kailangan maghintay kung kailan magiging available, hindi kami nakakarating sa iskedyl na araw ng konsultasyon. (There is no service vehicle*

*available to borrow, so we have to wait until one becomes available, and we are unable to attend the consultation on the scheduled day.) -P3*

*... Ilan sa mga karanasan ko habang nag bbyahe ay ang trapik lalo na kapag tinanghali kami ng alis. (One of my experiences while traveling is heavy traffic, especially when we leave late.) -P5*

Transportation, distance, and mobility limitations are practical barriers that often prevent stroke patients from consistently attending follow-up consultations, reinforcing the need for strategies like improved transport services, decentralized care, and telehealth alternatives to support continuity of care.

Table 4. *Themes and Core Ideas on the recommendations of acute stroke patients to improve their adherence with follow-up consultations at selected level III hospital in Batangas City*

Probed Issue	Core Ideas	Codes	Essential Themes
Which parts of the outpatient follow-up process should be improved to make it easier for patients?	-Medical equipment in the Outpatient Department can be improved for better services.	Healthcare Facility and Infrastructure Improvement for Better Patient Experience	Healthcare Facility and Service Enhancements
	-Additional space and extension of OPD to accommodate more patients and their relatives. More chairs to provide comfort while waiting.		
	-Improving ventilation and air conditioning to provide comfortable environment for patients.		
What changes or support would help you attend follow-up consultations more consistently?	-OPD clinics and facilities can be renovated to accommodate patients better.	Service Efficiency and Improvement of Patient Flow	Support and Facility Enhancements
	-Long lines and waiting time need to be addressed.		
	-Numbering and queuing system of the OPD can be improved.	Strengthening Support Services Facilitates Patient's Adherence to Consultations	
	-Referral to government financial support services even on outpatient follow-up consultations.	Improving Access to Transportation Services Closes the Gap in Mobility Barriers	
	-Medical assistance from various government and non-government organizations.		
	-Increase the number of available ambulances or service vehicles as a means of transportation.	Healthcare Facility and Capacity Improvement to improve Patient Experience	
	-OPD facilities can be improved through expansion to accommodate more patients.		

The table presents the key themes and core ideas from the recommendations of acute stroke patients to improve their adherence with follow-up consultations at selected level III hospital in Batangas City. Two (2) essential themes had emerged from the interviews with the participants, namely: healthcare facility and service improvements enhancements and support and facility enhancements.

*On the first emerging theme, Healthcare Facility and Service Enhancements.* According to the acute stroke patients the parts of the outpatient follow-up process that should be improved include the healthcare facility and support services. Improvement on these areas will enhance patient experience and adherence.

Improving healthcare facilities and support services enhances patient experience and adherence to follow-up care, which can apply to outpatient stroke follow-up as well. Better communication from physicians and nurses, shared decision-making, and patient-centered service delivery were strongly linked to higher patient satisfaction suggesting that improving how services are delivered within healthcare facilities directly influences positive patient experience and likely enhances follow-up adherence (Cha, 2025). The following are the essential recommendations of patients:

*... Mapaunlad ang mga kagamitang kasangkapang pang medikal sa mga hospital para sa mabilisang ikauunlad at kagalingan ng mga may karamdaman. (Medical equipment and facilities in hospitals should be improved to promote faster recovery and healing of patients.)-P1*

*... Siguro po karagdagang espasyo at mga upuan para sa pasyente at relative na kasama. (Perhaps additional space and more seating for patients and their accompanying relatives.) -P2*

*... Kapag po sobrang dami ng pasyente, hindi sapat ang daloy ng hangin sa loob kaya minsan my nga sumasama din ang pakiramdam. (When there are too many patients, the airflow inside is insufficient, so some people start to feel unwell.) -P3*

Additionally, operational improvement guides from healthcare systems emphasize that coordinating care better, improving communication, and reducing bottlenecks in outpatient services were areas patients identified as priorities for improvement, which aligns with patients' perceptions that facility and service enhancements make follow-up care more accessible and satisfactory (NHS England, 2024). Aligned with this, the patients recommended the following:

*... Sa tingin ko po ay kailangan masulosityunan ang masyadong pila at pagdagsa ng mga pasyente para hindi masyado nag iintay ang iba. (I think the long queues and influx of patients should be addressed so others won't have to wait too long.) -P4*

*... Siguro ay maaari nila ayusin ang numbering system para mas organized. (Perhaps they could improve the numbering system to make it more organized.) -P5*

*... Ang pasilidad ng OPD ay maaari sigurong palakihin o palawakin para sa iba pang mga pasyente. (The OPD facility could possibly be enlarged or expanded to accommodate more patients.) -P7*

Taken together, these statements suggest that when healthcare facilities improve service quality, communication, and overall outpatient processes, patients report better experiences and are more likely to continue attending follow-ups and engage in their care.

*On the second emerging theme, Support and Facility Enhancements.* According to the acute stroke patients, the changes and support that can help them to attend follow-up consultations include: support services, access to transportation services and healthcare facility improvement.

Services beyond clinical treatment such as support mechanisms, easier access to follow-up, and use of technology significantly help stroke patients continue care after discharge. A 2023 scoping review protocol by Zhang et al. also points to the broad supportive care needs of stroke survivors, suggesting that structured support and care continuity are important components of

effective post-stroke recovery, matching patient preferences for both service and facility support (Zhang et al., 2023). According to the participants:

*... Mapabuti po at mapagtibay yung mga agarang tulong financial ng ating gobyerno sa mga pang publikong mga hospital lalo na sa hikahos na mga pasyente. (The government's immediate financial assistance to public hospitals, especially for indigent patients, should be improved and strengthened.) -P1*

*... Kailangan talaga namin ay service o sasakyan para makarating sa ospital sa araw ng follow-up. (What we truly need is a service vehicle to reach the hospital on the day of the follow-up.) -P4*

*... Mas maaaaring mapaunlad ito kung papalakin ang mga pasilidad na palaging gamit gaya ng OPD para sa kabutihan ng mga pasyente. (This can be further improved by expanding frequently used facilities, such as the OPD, for the benefit of patients.) -P5*

Aligned with the statements from the participants, it can be concluded that enhanced support services, reduced travel barriers, and improved delivery of consultations can help stroke patients adhere to follow-up care and overall recovery plans.

Table 5. Framework development plan to address the challenges and barriers of acute stroke patients during their follow-up consultations in selected level III hospital in Batangas City

Identified Theme	Program / Activities	Objectives / Specific Performance Indicators	Delivery Mode / Method	Responsible Unit/s	Expected Output / Results
Strained Healthcare Access	Stroke-Specific OPD Clinic Day	Reduce waiting time by $\geq 30\%$ ; Decrease in missed follow-ups	Designated weekly stroke clinic schedule	OPD Administration, Neurology Department	Shorter waiting time; Improved patient flow
Healthcare Facility and Service Enhancements	Improved Queuing & Appointment System	Organize patient flow; Reduce overcrowding complaints	Number-based/digital queuing; Time-block scheduling	OPD Administration, IT Unit	Efficient consultation process; Reduced congestion
Healthcare Facility and Service Enhancements	OPD Facility Enhancement (Expansion, Seating, Ventilation, Equipment Upgrade)	Improve patient comfort and service capacity	Infrastructure renovation; Equipment procurement	Hospital Administration, Engineering Unit	Enhanced comfort; Increased service capacity
Financial Barriers to Follow-up	Automatic Financial Assistance Referral System	Increase patients linked to financial aid by $\geq 50\%$	Discharge referral checklist; Social service endorsement	Medical Social Service, Nursing Department	Reduced out-of-pocket expenses
Practical and Socioeconomic Barriers to Follow-up	Linkage with Government & NGO Support Services	Expand access to financial/medical assistance programs	Partnership with LGU, PCSO, PhilHealth, NGOs	Hospital Administration, Social Service Unit	Sustained financial support; Reduced treatment interruption

Transportation and Accessibility Barriers to Follow-up	Transportation Coordination Program	Reduce missed consults due to transport issues	Ambulance scheduling; LGU coordination; Transport logbook	Hospital Admin, LGU Health Office, Transport Unit	Improved transport access; Reduced absenteeism
Barriers to Follow-up Adherence	Flexible Scheduling & Tele consult Option	Accommodate working patients; Reduce travel burden	Telemedicine; Flexible time slots	Neurology Department, IT Unit	Increased compliance; Reduced travel barriers
Clear Instructions for Enhanced Adherence	Standardized Stroke Discharge Instruction Checklist	Ensure 100% complete medication/lab/follow-up instructions	Printed structured discharge guide; Nurse-led explanation	Nursing Department, Neurology Department	Improved patient understanding; Better regimen adherence
Support Systems for Stroke Recovery	Family-Inclusive Discharge Planning	Increase caregiver participation in $\geq 80\%$ of cases	Mandatory caregiver education before discharge	Nursing Department, Case Management	Strengthened family involvement; Improved adherence
Consultations as Key Drivers of Stroke Recovery	Structured Stroke Education Program	Improve patient knowledge scores post-education	Group teaching sessions; Educational materials	Nursing Education Unit, Neurology Department	Increased recovery awareness; Motivated follow-up attendance
Support and Facility Enhancements	SMS Reminder System for Follow-up	Reduce missed appointments by $\geq 25\%$	Automated SMS reminders to patient & caregiver	IT Unit, OPD Administration	Improved attendance rate; Timely consultations

Table 5 presents a comprehensive framework development plan aimed at addressing the multifactorial challenges that hinder acute stroke patients from consistently attending follow-up consultations in a selected Level III hospital in Batangas City. The plan prioritizes improving access to care within an often over crowded healthcare system by proposing a stroke-specific OPD clinic day, enhanced queuing and scheduling systems, and expansion or renovation of OPD facilities to create a more comfortable and efficient environment. It also emphasizes strengthening discharge processes through standardized stroke discharge instruction checklists, structured education programs, and family-inclusive discharge planning to ensure patients and caregivers clearly understand medication regimens, laboratory requests, and follow-up schedules.

In addition, the framework addresses financial and transportation barriers that significantly affect adherence. Strategies such as automatic referral to financial assistance programs, stronger linkages with government and non-government organizations, and coordination with local units for ambulance and transport services aim to reduce out-of-pocket expenses and mobility challenges. The inclusion of SMS reminder systems further supports timely attendance and continuity of care. Overall, the framework promotes a multidisciplinary, system-based approach that integrates service efficiency, patient education, financial support, and transportation accessibility to improve follow-up adherence and long-term recovery outcomes among acute stroke patients.

## CONCLUSION

The findings of the study show that follow-up consultations play an important role in the recovery and health management of acute stroke patients. These consultations help monitor the patient's condition, guide them on medications, diet, and treatment, and prevent possible complications or recurrence of stroke. Patients are motivated to attend their follow-up consultations because of the support they receive from their families, healthcare providers, and their own desire to recover and return to normal daily activities. Clear and well-explained discharge instructions also help patients understand their treatment regimen, which improves their adherence to medications, laboratory procedures, and scheduled consultations.

The study also revealed that many stroke patients face several challenges that affect their ability to attend follow-up consultations regularly. These include long waiting times in hospitals, transportation difficulties, long travel distance, financial constraints, and lack of available companions during consultations. These barriers make it difficult for some patients to continue their treatment and recovery process. To address these issues, patients recommended improvements in hospital facilities, better queuing systems, stronger financial assistance programs, and increased availability of transportation services. Overall, improving healthcare services, strengthening support systems, and reducing financial and transportation barriers can help enhance follow-up adherence and support better recovery outcomes among acute stroke patients

## References

- Abrams, D. B., Turner, J. R., Baumann, L. C., Karel, A., Collins, S. E., Witkiewitz, K., Fulmer, T., Tanenbaum, M. L., Commissariat, P., Kupperman, E., Baek, R. N., Gonzalez, J. S., Brandt, N., Flurie, R., Heaney, J., Kline, C., Carroll, L., Upton, J., Buchain, P. C., . . . Wiebe, D. J. (2012). Adherence. In Springer eBooks (pp. 33–39). [https://doi.org/10.1007/978-1-4419-1005-9\\_1203](https://doi.org/10.1007/978-1-4419-1005-9_1203)
- Adeoye, O., Nyström, K. V., Yavagal, D. R., Luciano, J., Nogueira, R. G., Zorowitz, R. D., & Schwamm, L. H. (2023). Telemedicine and 90-day follow-up after stroke: Disparities and opportunities. *Stroke*, 54(7), 2045–2053.
- Alhusain, F., Almathami, W., Alrajhi, A., Alfadhliyah, A., Alayaf, S., Almutairi, S., & Alkhaneen, H. (2025). Impact of early outpatient follow-up on acute care utilization and readmission rates in stroke patients. *Journal of Emergencies, Trauma, and Shock*.
- Allemand, B., Friesen, E. L., & Kuluski, K. (2023). Social determinants of health and medication adherence among stroke survivors: A systematic review. *BMC Neurology*, 23, 312.
- Author(s). (2023). Discharge training combined with telephone counseling after stroke: Effects on functional outcomes and follow-up consultations. *Neurology Asia*, 28(3), 583–592. <https://www.neurology-asia.org/articles/neuroasia-2023-28%283%29-583.pdf>
- Axios News. (2023, April 28). Over 1 in 5 skip health care due to transportation barriers.
- Azubuiké, C. D., & Alawode, O. A. (2024). Delayed healthcare due to cost among adults with multimorbidity in the United States. *Healthcare*, 12(22), 2271. <https://doi.org/10.3390/healthcare1222271>
- Barta, W. (2023, July 31). Hildegard Peplau's Interpersonal Relations Theory: Enhancing Therapeutic Nurse-Patient Relationships. *Open Access Journals*. <https://www.rroij.com/open-access/hildegard-peplaus-interpersonal-relations-theory-enhancing-therapeutic-nursepatient-relationships.php?aid=93404>
- Bjerkreim, A. T., Naess, H., & Khanevski, A. (2023). Stroke survivors' experiences of transition from hospital to home: A qualitative study. *BMC Neurology*, 23, 198.
- Blaquera, A. P., Soriano, G. P., Ito, H., Yasuhara, Y., & Tanioka, T. (2024). Elements of a nurse-coordinated post-stroke home care rehabilitation in the Philippines: A cross-sectional study. *Belitung Nursing Journal*, 10(6), 624–634. <https://doi.org/10.33546/bnj.3572>
- Cenizal, C. (2022). <https://www.herdin.ph/index.php/aggregate-report?view=research&layout=details&cid=2266> Challenge (2025). [https://dictionary.cambridge.org/us/dictionary/english/challenge#google\\_vignette](https://dictionary.cambridge.org/us/dictionary/english/challenge#google_vignette)
- Chavda, K., & Prakash, V. (2023). Transport use limitations and its association with social participation among patients with stroke living in rural India. *Disability and Rehabilitation*. <https://doi.org/10.1080/09638288.2023.2260740>
- Cha, Y.-J. (2025). Key factors influencing outpatient satisfaction in chronic disease care: Insights from the 2023 Korea HSES. *Healthcare*, 13(6), 655.

- Chen, A. M., et al. (2023). Socioeconomic and demographic factors predictive of missed appointments in outpatient radiation oncology: An evaluation of access. *Frontiers in Health Services*, 3(1288329).
- Choi, Y. Y. C., Fineberg, M., & Kassavou, A. (2023). Effectiveness of remote interventions to improve medication adherence in patients after stroke: A systematic literature review and meta-analysis. *Behavioral Sciences*, 13(3), 246. <https://doi.org/10.3390/bs13030246>
- Darwish Alabyad, et al. (2023). Telemedicine impact on post-stroke outpatient follow-up in an academic healthcare network during the COVID-19 pandemic. *Journal of Stroke and Cerebrovascular Diseases*, 32(8), 107213. <https://doi.org/10.1016/j.jstrokecerebrovasdis.2023.107213>
- Deeppradit, S. (2023). Effectiveness of a family-based program for post-stroke patients and families: A cluster randomized controlled trial. *Journal of Stroke and Cerebrovascular Diseases*.
- De Miranda, Luis (2023). Philosophical Health: Thinking as a way of healing. <https://tinyurl.com/44bt4fh7>
- Experience. (2025). In Merriam-Webster Dictionary. <https://www.merriam-webster.com/dictionary/experience>
- Fan, X., Xia, Y., Wu, J., Jia, S., & Hu, J. (2025). Influencing factors related to stroke patients' rehabilitation motivation: A scoping review. *Frontiers in Neurology*, 16, 1615905.
- Fenta, E. T., Ayal, B. G., Kidie, A. A., Anagaw, T. F., Mekonnen, T. S., Bogale, E. K., ... Tiruneh, M. G. (2024). Barriers to medication adherence among patients with non-communicable disease in North Wollo Zone public hospitals: Socio-ecologic perspective. *Patient Preference and Adherence*, 18, 733–744.
- Follow up consultations Definition | Law Insider. (n.d.). Law Insider. <https://www.lawinsider.com/dictionary/follow-up-consultations>
- Gréaux, M., Moro, M. F., Kamenov, K., Russell, A. M., & Cieza, A. (2023). Health equity for persons with disabilities: A global scoping review on barriers and interventions in healthcare services. *International Journal for Equity in Health*, 22, 236.
- Johnson, K. H., Gardener, H., Gutierrez, C. M., Marulanda, E., Campo-Bustillo, I., Gordon-Perue, G., ... Rundek, T. (2024). Discharge communication and the achievement of lifestyle and behavioral changes post-stroke in the Transitions of Care Stroke Disparities Study. *American Journal of Lifestyle Medicine*.
- Lindblom, S., Ytterberg, C., Flink, M., Carlsson, A. C., Stenberg, U., Tistad, M., ... Laska, A. C. (2023). The use of Teach Back at hospital discharge to support self-management of prescribed medication for secondary prevention after stroke — Findings from a feasibility study. *Healthcare*, 11(3), 391.
- Haller, D. M., Sanci, L. A., Sawyer, S. M., & Patton, G. (2007). Do young people's illness beliefs affect healthcare? A Systematic review. *Journal of Adolescent Health*, 42(5), 436–449. <https://doi.org/10.1016/j.jadohealth.2007.09.013>
- Heron, R. (2023, September 28). Imogene King's Theory of Goal Attainment: Empowering nurses to facilitate patient wellness. *Open Access Journals*. <https://www.roij.com/open-access/imogene-kings-theory-of-goal-attainment-empowering-nurses-to-facilitate-patient-wellness.php?aid=93781>
- Ignacio, K. H. D., Medrano, J. M. M., Salabi, S. K. U., Logronio, A. J., Factor, S. J. V., Ignacio, S. D., Pascual, J. L. R., Pineda-Franks, M. C., & Diestro, J. D. B. (2023). Impact of post stroke depression and anxiety on health-related quality of life in young Filipino adults. *Frontiers in Stroke*, 2, Article 1149406. <https://doi.org/10.3389/fstro.2023.1149406>
- Kılıç, H., & Güneş, E. D. (2023). Patient adherence in healthcare operations: A narrative review. *Socio-Economic Planning Sciences*, 91, 101795. <https://doi.org/10.1016/j.seps.2023.101795>
- Li, Z., Li, J., Yang, L., Tan, J., Zhu, F., & Wan, L.-H. (2023). Effects of a digital learning platform on health behaviours in stroke patients from baseline to 6 months after discharge: A randomized controlled trial. *European Journal of Cardiovascular Nursing*, 22(6), 575–585. <https://doi.org/10.1093/eurjcn/zvad025>
- Logan, A., Faeldon, L., Kent, B., Ong, A., & Marsden, J. (2024). A scoping review of stroke services within the Philippines. *BMC Health Services Research*, 24, 1006. <https://doi.org/10.1186/s12913-024-11334-z>
- Malijan, G., Cerrado, J., & Tamondong-Lachica, D. (2020). Factors affecting readmission and post discharge consult at the Philippine General Hospital. *European Journal of Public Health*, 30(Supplement\_5). <https://doi.org/10.1093/eurpub/ckaa166.496>
- McLeod, S. (2024). Phenomenology In Qualitative Research. [https://www.researchgate.net/publication/381926205\\_Phenomenology\\_In\\_Qualitative\\_Research](https://www.researchgate.net/publication/381926205_Phenomenology_In_Qualitative_Research)
- Michael, G. C., Tanimu, S. T., Aliyu, I., Grema, B. A., Ibrahim, H., Mohammed, A. A., & Mutalub, Y. B. (2021). Prevalence and predictors of clinic appointment non-adherence among adults with poorly controlled hypertension in a primary care setting. *Ghana Medical Journal*, 55(4), 248–256. <https://doi.org/10.4314/gmj.v55i4.4>

- Mwaka, C. R., Best, K. L., Cunningham, C., Gagnon, M., & Routhier, F. (2024). Barriers and facilitators of public transport use among people with disabilities: a scoping review. *Frontiers in Rehabilitation Sciences*, 4, 1336514. <https://doi.org/10.3389/fresc.2023.1336514>
- Naeem, M., Ozuem, W., Howell, K., & Ranfagni, S. (2023a). A Step-by-Step process of thematic analysis to develop a conceptual model in qualitative research. *International Journal of Qualitative Methods*, 22. <https://doi.org/10.1177/16094069231205789>
- Ng, A. E., Adjaye-Gbewonyo, D., & Dahlhamer, J. M. (2024). Sociodemographic differences in nonfinancial access barriers to health care among adults: United States, 2022. *National Health Statistics Reports*.
- NHS England. (2024). *Outpatient services: A clinical and operational improvement guide*. NHS England.
- Odetunde, M. O. (2024). Adherence to home-based exercise programs among stroke survivors and perspectives of informal caregivers: A mixed method study. *Bulletin of Faculty of Physical Therapy*.
- Panahi, S., Rathi, N., Hurley, J., Sundrud, J., Lucero, M., & Kamimura, A. (2022). Patient Adherence to Health Care Provider Recommendations and Medication among Free Clinic Patients. *Journal of Patient Experience*, 9. <https://doi.org/10.1177/23743735221077523>
- Pyrrou, M., Nilsson, M., & Hernández, I. (2025). Barriers and facilitators in secondary stroke prevention among older adults: An international systematic review of randomized controlled trials. *Healthcare*, 13(24), 3260. <https://doi.org/10.3390/healthcare13243260>
- Researcholic. (2015, March 20). Sample size in interviews — How many is enough? Retrieved February 24, 2026, from [https://researcholic.wordpress.com/2015/03/20/sample\\_size\\_interviews/](https://researcholic.wordpress.com/2015/03/20/sample_size_interviews/)
- Sakellariou, D., & Rotarou, E. S. (2023). Access to healthcare for people with disabilities during public health crises: A scoping review. *BMC Health Services Research*, 23, 933.
- Sande, I. S., Helgheim, K. L., Saltvedt, I., Røstad, T. G., Spigset, O., Ellekjær, H., & Gynnild, M. N. (2025). Follow-up in primary care after ischemic stroke – Insights from the Nor-COAST study. *International Journal of General Medicine*, 18, 2141–2150. <https://doi.org/10.2147/IJGM.S508154>
- Schrage, T., Glissmann, C., Thomalla, G., Rimmel, D. L., Schmidt, H., Rosenkranz, M., Boskamp, S., Härter, M., & Kriston, L. (2025). Process evaluation of a cross-sectoral, coordinated follow-up care of stroke patients: A qualitative study. *Neurological Research and Practice*, 7(1), 4. <https://doi.org/10.1186/s42466-024-00360-1>
- Self-care deficit nursing theory | EBSCO. (n.d.). EBSCO Information Services, Inc. | [www.ebsco.com](http://www.ebsco.com). <https://www.ebsco.com/research-starters/nursing-and-allied-health/self-care-deficit-nursing-theory>
- Siddiqui, M. U. H., Khafagy, A. A., & Majeed, F. (2023). Program report: Improving patient experience at an outpatient clinic using continuous improvement tools. *Healthcare*, 11(16), 2301.
- Springer, M. V., Skolarus, L. E., Feng, C., & Burke, J. F. (2023). Predictors of not maintaining regular medical follow-up after stroke. *BMC Neurology*, 23, Article 238. <https://doi.org/10.1186/s12883-023-03262-y>
- Springer, M. V., Skolarus, L. E., & Patel, M. (2023). Food insecurity and perceived financial stress are associated with cost-related medication non-adherence in stroke. *Journal of Health Care for the Poor and Underserved*, 34(2), 625–639.
- Temehy, B., et al. (2023). Exploring the needs of stroke patients after discharge from rehabilitation centres in Saudi Arabian communities: A qualitative study. *PLOS ONE*. <https://doi.org/10.1371/journal.pone.0291263>
- Tran, P. M., Zhu, C., Harris, W. T. II, & Odoi, A. (2023). An examination of geographic access to outpatient stroke rehabilitation services in Tennessee, a stroke belt state. *Journal of Stroke and Cerebrovascular Diseases*. <https://doi.org/10.1016/j.jstrokecerebrovasdis.2023.107472>
- Theory of planned behavior. (n.d.). *Change Theories Collection*. [https://ascnhighered.org/ASCN/change\\_theories/collection/planned\\_behavior.html](https://ascnhighered.org/ASCN/change_theories/collection/planned_behavior.html)
- Williams, B. (2024, August 16). Descriptive qualitative method definition. *Insight7 - AI Tool for Interview Analysis & Market Research*. <https://insight7.io/descriptive-qualitative-method-definition/>
- Yirga, G. K., Mekonen, G. S., Hiruy, E. G., Shiferaw, K., & Bantie, B. (2024). Non-adherence to appointment follow-up and its associated factors among hypertensive patients in follow-up clinics in South Gondar hospitals. *Scientific Reports*, 14(1). <https://doi.org/10.1038/s41598-024-70710-1>
- Zhang, H., Xu, K., Ma, J. Y., et al. (2023). Supportive care needs of patients who had a stroke: A scoping review protocol. *BMJ Open*, 13(8), e067706. <https://doi.org/10.1136/bmjopen-2022-067706>