



**THE INFLUENCE OF DISCHARGE PLANNING ON FAMILY PREPAREDNESS  
IN CARING FOR ELDERLY STROKE PATIENTS: A SYSTEMATIC REVIEW**

**Mardhatillah\*, ETTY REKAWATI, KUNTARTI**

Faculty of Nursing, Universitas Indonesia, Jl. Prof. DR. Sudjono D. Puspongoro, Pondok Cina, Beji, Depok,  
Jawa Barat 16424, Indonesia

\*[mardhatillah31@ui.ac.id](mailto:mardhatillah31@ui.ac.id)

**ABSTRACT**

Stroke is the second leading cause of death and the third leading cause of disability worldwide . Lack of understanding and information received by families, as well as minimal involvement during patient care, can lead to unpreparedness in caring for patients. Discharge planning is an important process in ensuring a safe transition of care from hospital to home, especially for elderly stroke patients. Family readiness to care for elderly stroke at home is greatly influenced by the effectiveness of discharge planning . Objective: This study aims to examine and analyze the effect of discharge planning on family readiness to care for elderly stroke. Method: Five databases through article searches adjusted to the PICO question formulation consisting of ScienceDirect, ProQuest, Google Scholar, Sage Journals, and Taylor and Franchise from 2019-2024. The keywords used are Stroke in Elderly, older, Older adult, Cerebral Infarction AND Discharge Planning AND family readiness, , family satisfaction. The number of articles found was 1,335, and after screening, 5 articles were analyzed. Results: There were five selected articles. Based on the results of the analysis, comprehensive discharge planning, involving education, training, and psychosocial support, has been shown to increase family readiness to care for elderly stroke at home. With a Randomized Controlled Trial (RCT ) and quasi-experimental design . Conclusion: Effective discharge planning can increase family readiness and satisfaction in caring for elderly stroke at home.

Keywords: discharge planning; elderly; family readiness; family satisfaction; stroke

**How to cite (in APA style)**

Mardhatillah, M., Rekawati, E., & Kuntari, K. (2025). The Influence of Discharge Planning on Family Preparedness in Caring for Elderly Stroke Patients: A Systematic Review. *Indonesian Journal of Global Health Research*, 7(4), 239-250. <https://doi.org/10.37287/ijghr.v7i4.6306>.

**INTRODUCTION**

Geriatric patients are patients over 60 years old with 2 or more diseases. In 2021, it was stated that 43.22% of the elderly population in Indonesia experienced health problems, both physical and mental. According to the Ministry of Health, the diseases suffered by the elderly are degenerative diseases such as heart disease, diabetes mellitus, stroke, rheumatism and injury (BPS, 2022) .Stroke occurs when there is a change or blockage in blood flow to the brain. Blood carries oxygen and nutrients to brain cells (WHO, 2022). If blood cannot flow to a part of the brain, the cells that do not receive enough oxygen will suffer and eventually die. If brain cells are deprived of oxygen for only a short time, they can sometimes repair themselves. However, once brain cells die, they cannot be repaired. Although there is increasing evidence that, in some cases, new brain cells help replace lost brain cells, this takes time and occurs much more slowly in older adults. As a result, someone who has had a stroke may have difficulty speaking, thinking, or walking. (Aninditha, 2022)

Worldwide, stroke is the second leading cause of death and the third leading cause of disability. In the past 17 years, the lifetime risk of having a stroke has increased by 50%. According to the Global Stroke Fact Sheet, released in 2022, there has been a 70% increase in stroke incidence, 43% increase in stroke deaths, 102% increase in stroke prevalence, and 143% increase in Disability Adjusted Life Years (DALY). In Indonesia, the results of the 2018 Riskesdas showed that the incidence of stroke increased from 7 per 1000 population in

2013 to 10.9 per 1000 population in 2018. The prevalence for elderly people who suffer from stroke was 10.9% in 2019 (Ministry of Health, 2022). Data obtained from the Prof. Dr. dr. Mahar Mardjono National Brain Center Hospital Jakarta from January to August 2024 showed that there were 1901 geriatric patients with ischemic stroke (24.69%).

Physical disorders often appear after stroke, as well as various psychological consequences, such as mood disorders, which can interfere with the rehabilitation process and affect long-term recovery (Bartoli et al., 2023). Elderly stroke survivors have limitations that interfere with the performance of Activities of Daily Living (ADL) so that they require assistance with self-care. In general, after being discharged from the hospital, care for the elderly who are dependents is provided by the family, causing a change in roles in the family. Caregivers have the responsibility to help or meet the needs of the elderly at home. Caregivers can be family members, friends, neighbors, or other community members who provide care for the elderly at home. Post-stroke elderly caregiver learning is carried out by a multidisciplinary team during hospitalization, before the patient is discharged and returned to the community, services are provided through primary care or health centers and home care. An appropriate discharge planning program is part of the transition of care in the hospital and home care. In this context, nurses are professionals who are dedicated to carrying out educational interventions. A proper discharge planning program from hospital to home and patient follow-up at home can have a positive impact on reducing side effects, the risk of readmission to the hospital, and the use of emergency services. However, actions for effective transition of care are not a reality in most hospitals. In particular, in caring for elderly people with stroke, special skills must be possessed. The use of a discharge planning program with systematic guidelines that assist nurses in carrying out interventions or care for elderly people with stroke. In caring for stroke patients, the role of the family is very crucial. The patient's dependence on the family increases due to difficulties in carrying out daily activities (Dos Santos et al., 2020). When one family member has a stroke, usually all family members feel the impact. This situation becomes more difficult if only one person is responsible for caring for the patient. Generally, families face great responsibilities in care, accompanied by various challenges. Feelings of being unprepared to care for patients often arise and can affect family well-being and the quality of care provided (Arianti et al., 2019)

Lack of understanding and information received by families, as well as minimal involvement during patient care, can lead to unpreparedness in caring for patients, both in the hospital and at home. This is due to the focus of health workers who are more on medical treatment than involving families. One way to involve families is through a discharge planning program (Provencher et al., 2020). Discharge planning program is an initiative that provides health education from nurses and medical teams to patients and their families, including nutrition, medication, activity or exercise, and specific instructions regarding the signs and symptoms of the patient's illness (Potter & Perry, 2005). The purpose of discharge planning is to prepare patients to continue ongoing care in the community or at home (Rahmadani et al., 2023). Therefore, this study aims to conduct a systematic review to examine the influence of discharge planning programs on family readiness in caring for elderly stroke patients in hospital settings.

## **METHOD**

### **Design**

This study used a systematic review method by formulating clinical questions based on the PICO framework (Population, Intervention, Comparison Group, and Outcome).

### Eligibility Criteria

The inclusion criteria are research articles in the last 5 years (2019-2024 ; abstract, full text; article type: review articles and research articles; research design : RCT, quasi experimental, document type: article; language: English, Indonesian keyword: article;, source type: journal; and subject area : Evidence Based Healthcare, Health & Medical Collection article. While the exclusion criteria are literature review articles, scoping reviews, systematic reviews and umbrella reviews ; articles published from book chapters, conference abstracts ; and subject areas: materials science, chemistry, immunology and microbiology, neuroscience, environmental science, and pharmacology, toxicology and pharmaceutical science. The article search strategy was analyzed using the PRISMA diagram, which will be explained in the following figure.

### Search Strategy

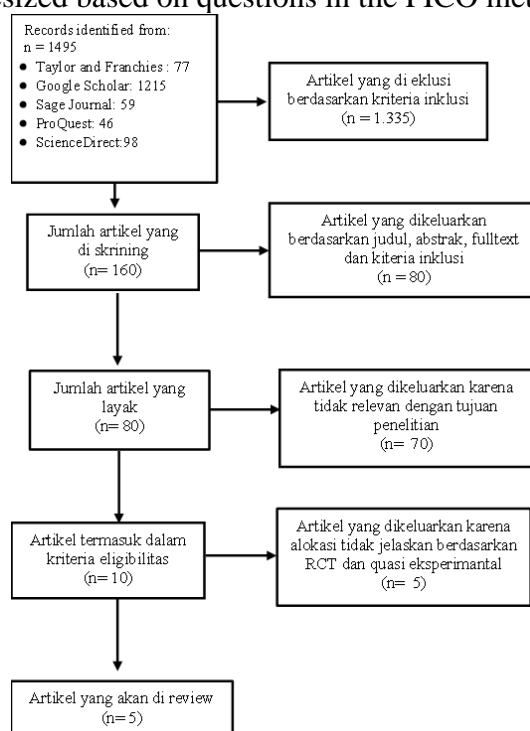
This search strategy performs several online databases namely ScienceDirect, ProQuest, Sage Journals, google scholar, Taylor and Francheis . The keywords used are Stroke in Elderly, older, Older adult, Cerebral Infarction AND Discharge Planning AND family readiness, , family satisfaction Selection Process This selection process is based on articles that meet the inclusion criteria.

### Selection Data Collection

The collection was carried out and there were 5 articles that met the criteria. The research design used Randomized Controlled Trial (RCT) and quasi-experimental. Most of the research results revealed the purpose of this writing to evaluate the effect of discharge planning on family readiness to care for elderly stroke. This critical analysis uses the Joanna Briggs Institute (JBI) instrument.

### Synthesis Methods

Data extracted and synthesized based on questions in the PICO method .



## RESULT

### Article Selection

Initial identification through four databases resulted in 1,495 articles. After the duplication screening process according to the inclusion and exclusion criteria, 160 articles remained. Furthermore, selection based on title, abstract, full text, and inclusion criteria resulted in 80 articles. After eliminating articles that were not relevant to the research objectives, 10 articles remained that met the eligibility criteria. In the end, 5 articles were selected for this study, because the research method was RCT and quasi-experimental. so that the analysis was carried out. The study population was patients and families who care for stroke patients. Several articles describe the education provided to the patient's family in preparation for discharge. The included studies as a whole had a moderate risk of bias. In the RCT study (N=2) did not carry out blinding aspects such as blinding of participants, intervention providers and outcome assessors, while in the Non-RCT study (N=8) most did not have a control group, did not explain follow-up on participants and the measurement results were not carried out in a reliable manner. This can result in bias due to planned interventions, bias due to missing data, and bias due to unreliable measurement methods.

### Characteristics of Selected Articles

A total of 5 articles met the criteria for critical analysis using the Joanna Briggs Institute (JBI) instrument that meets the standards of RCT and quasi-experimental. Most of the research results showed that the main purpose of this study was to evaluate the effect of discharge planning on family readiness to care for stroke patients. Details of the articles are presented in the table below.

Table 1.  
Results Search Article

Author/ year	Title Article/ Country/Jour nal	Objective	Sample	Method Study	Intervention	Results
(Aoki et al., 2024)	A <i>randomized controlled trial on the effects of decision aids for choosing discharge destinations of older stroke patients</i>  (Japan / PLoS ONE )	<i>Decision aids (DAs)</i> tailored to the values of elderly stroke patients and their families on decisional conflict and participation in discharge or destination selection.	The study sample included elderly people aged 65 years and over who had experienced a stroke (cerebral infarction, cerebral hemorrhage, or subarachnoid hemorrhage) and were treated in a rehabilitation ward during the recovery period, and had to decide on the location of care after being discharged from the	The research method used in this study was <i>Randomized Controlled Trial (RCT)</i> , with two groups, namely the control and intervention groups.	The intervention in this study was the use of decision-making tools (DAs) for elderly stroke patients and their families, to help make choices regarding discharge destinations. <i>Decision aids</i> (DAs) describe six key values that are important to elderly stroke patients and their families, namely standard of living, services and costs, emergencies, family support, environment, and home repair and renovation. DAs were administered to	The results of this study indicate that Das has a positive impact on elderly stroke patients and their families in choosing discharge destinations:  P articipation in Decision Making: DAs significantly increased participation in decision making, with the intervention group reporting higher participation than the control group (t(99) = 2.24, p = 0.03, d = 0.45).  D Conflict: There was no significant difference between the two groups, but subgroup analysis showed that

Author/ year	Title Article/ Country/Journal	Objective	Sample	Method Study	Intervention	Results
			hospital.		<p>the intervention group approximately two weeks after admission. The investigator explained the purpose, content, and how to use the DAs, ensuring participants understood the advantages and disadvantages of possible discharge destinations. One month after enrollment, researchers checked in with the intervention group to assess how they were using the DAs. Participants were asked if they had read the DAs, discussed them with family, other professionals, and if they had any questions about the content.</p> <p>Control Group: The control group received a brochure containing similar information about the services available but without the structured decision-making support provided in the DAs. This allowed for comparison of the effectiveness of the DAs with standard information materials.</p> <p>The effectiveness of the intervention was evaluated through a follow-up</p>	<p>DAs tended to reduce uncertainty and conflict, especially in patients living alone.</p> <p>Effects on Patients Living Alone: DAs were more effective in reducing uncertainty and increasing participation in patients living alone, suggesting particular benefits for this more vulnerable group.</p> <p>The dropout rate was 38.2%, with 99 participants fully analyzed, indicating challenges in maintaining participation in an older population.</p>

Author/ year	Title Article/ Country/Jour nal	Objective	Sample	Method Study	Intervention	Results
					assessment at discharge, focusing on decisional conflict and participation in decision making, using the <i>Decisional Conflict Scale (DCS)</i> and the <i>Control Preference Scale (CPS)</i> .	
(Listio wati et al., nd) 2020	Effectiveness of Discharge Planning in Stroke Patients Regarding the Family's Ability to Care Post Stroke Patients (Indonesia/U MJ)	To find out the family's ability, the rehabilitation process at home. With the Discharge planning for stroke patients needed to improve the family's ability to caring for post stroke patients	The population in was all stroke patients treated at the Jakarta Islamic Hospital Cempaka Putih. The sample is was determined using the consecutive admission technique with each group consisting of 27 people.	<i>Quasi experimental pretest and posttest non equivalent control group design</i>	Measurements were conducted 3 times, namely; when the patient was admitted, when the patient returned home, and when the patient returned home. Before the treatment was carried out on both groups, a pre-test was carried out first.	The results of the study showed differences in the level of knowledge when going home with a p-value of 0.000, attitudes when going home with a p-value of 0.000 and skills after the patient was 1 week at home with a p-value of 0.
(Yaslina et al., 2019)	The Effect of <i>Discharge Planning</i> on Family Ability in Post-Stroke Care at Home (Indonesia/Perintis's Health Journal)	The purpose of this study was to determine how the ability of families to receive home care after stroke is influenced by the provision of discharge planning.	The population whose sample was the family of post-stroke patients totaling 10 people. The research was conducted from January 2, 2019 to February 10, 2019.	This research method is <i>Quasi Experiment which is a non equivalent control-group before-after design</i> .	This study involved two groups (treatment and control) selected non-randomly, with a sample of 10 post-hospitalized stroke clients who lived with their families. For about 5 weeks, the intervention was carried out by providing a discharge plan for 3 days in the hospital, followed by a home visit 1 week after the intervention. Data collection was carried out in two stages:	The results of the study showed the ability of post-stroke families at home before the provision of discharge planning with an average = 12.2 and Standard Deviation 2.1, and after the provision of discharge planning with an average = 21.3 and Standard Deviation 2.9. The results of the statistical analysis produced a p value of 0.000. This study concluded that evacuation plans have an impact on the ability of families to care for themselves after a

Author/ year	Title Article/ Country/Jour nal	Objective	Sample	Method Study	Intervention	Results
					<p>1. First Stage : Conducted at Adnan WD Hospital, Payakumbuh, for 10 days, where researchers explained about post-stroke care, diet, ROM exercises, and daily activities (ADL).</p> <p>2. Second Stage : Conducted at the respondent's home from January 20 to February 10, 2019, where researchers distributed questionnaires and conducted observations to assess the family's ability in post-stroke care.</p>	<p>stroke. Hospital staff are also advised to provide discharge planning for post-stroke care at home, including diet and joint movement exercises and ADL (eg, going to the toilet, eating, dressing, bathing, and moving around).</p>
(Dee pradi et al, 2023)	<i>Effectiveness of a family-based program for post-stroke patients and families: A cluster randomized controlled trial</i>  (Thailand, International Journal of Nursing Sciences)	To test the effectiveness of a family-based program for post-stroke patients and their families.	The study sample was a post-stroke patients and their caregivers and family members. The inclusion criteria for post-stroke patients were first ischemic stroke with moderate to severe disability (Modified Rankin Scale score = 4), discharged from the hospital within one month without stroke-related complications . For family caregivers, the	<i>cluster randomized controlled trial design</i>	Participants in the comparison group received usual care, and those in the experimental group underwent stressor assessment and received a family-based program. Measures of functional status, depression, and complications in post-stroke patients and family function in family caregivers and family members, as well as caregiver burden and caregiver stress in family caregivers, were assessed at baseline, 4 weeks, and 12 weeks after enrollment.	After participating in a 12-week family-based program, post-stroke patients in the experimental group showed statistically significant improvements in their functional status and decreases in depression compared to the control group. I mprovement in Functional Status: Post-stroke patients in the experimental group showed significant improvement in their functional status after participating in the program, as measured by the Barthel Index to assess the ability to perform daily activities.  D epression Reduction:

Author/ year	Title Article/ Country/Jour nal	Objective	Sample	Method Study	Intervention	Results
			criteria were unpaid primary caregivers who had lived with the patient for at least one month. Eligible family members were those who were in contact with the patient, provided assistance to the caregiver, and lived with the patient for at least one month. The sample calculation was determined using G*Power software with a significance level of 0.05, a power of 0.80, and an effect size of 0.80, resulting in a sample size of 26 per group. With an additional anticipated dropout rate of 20%, a total of 31 families.			The program also led to a reduction in depression levels in post-stroke patients, as measured by the PHQ-9 scale. This suggests that the intervention not only aids physical recovery but also addresses mental health issues.  Improved Family Functioning: Family functioning of caregivers and family members in the experimental group improved significantly. Assessment was conducted using the CFI which measures family dynamics and support systems.  Caregiver Burden and Stress Reduction: The program effectively reduced family caregiver burden and stress, as measured by the Burden Interview and CSI to assess the emotional and physical impact on caregivers.
(Han daya ni et al., 2024 )	<i>Health Education Concerning Stroke Patients Readiness to Go Home for Non-Hemorrhagic Stroke Patients</i>	This study aims to determine the effect of health education on readiness to go home in families of non-hemorrhagic stroke patients in the Inpatient	The research sample consisted of 32 respondents who were family members of non-hemorrhagic stroke patients in Inpatient Ward of PKU	This study used a pre-experimental one group pretest-posttest design to evaluate the effect of health education on family readiness to care for non-hemorrhagic stroke patients	The intervention of this study was in the form of providing health education to families of non-hemorrhagic stroke patients to improve their readiness to care for patients after returning home. The focus includes	The majority of family members caring for stroke patients are women, reflecting a general trend in Indonesia where women are taking on more roles as caregivers for sick family members. The age group of family members responsible for caring for stroke

Author/ year	Title Article/ Country/Jour nal	Objective	Sample	Method Study	Intervention	Results
	Indonesia Devotion/Jou rnal of Research and Community Service)	Ward of PKU Muhammadi yah Delanggu Hospital.	of Muhammadiy ah Delanggu Hospital, who were selected using purposive sampling techniques and the Slovin formula.	at home. A sample of 32 respondents was selected using purposive sampling , and data analysis was performed using a paired t-test.	education on preparing a healthy home environment, diet, personal hygiene, and regular exercise to support the patient's daily activities.	patients is mostly in the range of 26-45 years, indicating that adults, especially those in middle age, are actively involved in care responsibilities. The majority of family members caring for post-stroke patients had a high school education, indicating the potential influence of education level on care practices and outcomes. The results of the study showed a positive influence of health education on the readiness of families of non- hemorrhagic stroke patients in caring for patients after discharge.

## DISCUSSION

Discharge planning is an important process in the care of elderly patients after stroke to ensure effective continuation of care at home. Several studies in a systematic review showed that structured and family-focused discharge planning improves family readiness to care for stroke patients. This program involves family education, care skills training, and emotional and practical support designed according to the specific needs of the family. Good discharge planning has been shown to improve caregiver competence, reduce anxiety, and improve patient health outcomes at home. In addition, this intervention contributes to increased family satisfaction with health services and reduces the risk of patient readmission (Mohammadi et al., 2019)

A Japanese study examined the impact of decision aids (DAs) on elderly stroke patients' decision-making process regarding their discharge location. Conducted at a single facility, the trial included 99 participants who were randomly assigned to an intervention group, who received DAs, and a control group, who received a brochure. The primary measure of the study was decisional conflict, while secondary measures assessed participation in decision-making using the Control Preference Scale (CPS) and Visual Analog Scale for participation levels. Results showed no significant differences in decisional conflict or CPS scores between the two groups. However, the intervention group showed a significant increase in participation levels ( $p = 0.03$ ). The study highlights that many elderly stroke patients prefer to make decisions collaboratively with family and healthcare providers, reflecting a cultural tendency toward shared decision-making. Although the findings on increased participation are promising, the study faces several limitations, including a relatively high participant dropout rate (approximately 38.4%) and challenges in generalizing the results from a single facility.

Overall, this study underscores the importance of effective decision-making support for elderly stroke patients, particularly to enhance their involvement in discharge planning. This study only examines decision making, whether to return home or to other facilities such as nursing homes. Because we know that Japan is quite advanced and geriatric care is well facilitated. (Aoki et al., 2024)

Listiowati's study explored the effectiveness of discharge planning for stroke patients and its impact on the family's ability to provide care for stroke patients. This study used a quasi-experimental design with two groups, including a control group, and involved 54 respondents. The results showed a significant increase in family knowledge, attitudes, and skills related to post-stroke care after the implementation of structured discharge planning. Specifically, this study reported a p value of 0.000 for knowledge and attitudes at discharge, and a p value of 0.001 for skills one week after the patient returned home, highlighting the positive influence of the discharge planning process on family readiness. This article emphasizes the important role of family involvement in stroke patient rehabilitation, where effective discharge planning can improve family understanding of the patient's condition and care needs. The study also noted that many families face challenges in providing care due to lack of information and support from health workers during the transition from hospital to home.

This study suggests that structured discharge planning should be implemented more effectively to ensure families receive comprehensive education and resources, which will ultimately result in better patient outcomes and reduce the risk of readmission to the hospital. Overall, this article encourages the improvement of discharge planning practices in healthcare facilities, especially for stroke patients, to empower families and improve the quality of care at home, but in this study the elderly population was 29.6%. (Listiowati et al., nd)

Yaslin's 2019 study examined the effect of discharge planning on the family's ability to care for post-stroke patients at home. This study was conducted between January 2 and February 10, 2019, using a quasi-experimental design with a sample of 10 families of post-stroke patients. The results showed that before the implementation of discharge planning, the average family's ability to care for patients was measured with a mean score of 12.2 with a standard deviation of 2.1. After discharge planning was provided, this score increased significantly to an average of 21.3 with a standard deviation of 2.9, indicating a significant increase in the family's ability to provide care. Statistical analysis produced a p value of 0.000, confirming that discharge planning had a significant effect on improving the family's ability to provide care at home. This study emphasizes the importance of hospital staff to provide comprehensive discharge planning that includes guidance on diet, exercise, and activities of daily living (ADL) so that families can prepare themselves well for post-stroke care. Overall, this study highlights the important role of effective discharge planning in improving the quality of care provided by families to post-stroke patients at home. This study did not include characteristics of stroke patients including the age of respondents. (Yaslina et al., 2019)

Deepradit 2023 study aimed to evaluate the effectiveness of a family-based program designed for post-stroke patients and their families through a cluster randomized controlled trial conducted in six districts in Chai Nat, Thailand, from October 2021 to June 2022. A total of 62 families, including patients with recent stroke and their caregivers, were recruited and randomly assigned to an experimental group receiving a family-based intervention or a comparison group receiving usual care. The intervention focused on assessing sources of stress and providing support to improve family functioning and reduce caregiver burden and stress. Outcomes were measured at baseline, 4 weeks, and 12 weeks after enrollment, using a variety of tools such as the Barthel Index and PHQ-9 for patients, and the CFI and Burden Interview for family caregivers. The results showed significant improvements in functional

status and decreased depression in post-stroke patients in the experimental group, accompanied by improvements in family functioning and reduced caregiver stress compared with the comparison group. This study highlights the potential benefits of integrating family support into post-stroke care, although it is suggested that further research is needed to assess the sustainability of these effects in the long term. (Deepradit et al., 2023)

Handayan 2024 study, examined the impact of health education on family readiness in caring for non-hemorrhagic stroke patients after discharge from the hospital. Conducted at RSU PKU Muhammadiyah Delanggu, this study used a pre-experimental design with a one-group pretest-posttest approach, involving 32 family members of stroke patients. The main focus of the study was to assess the extent to which health education provided through leaflets could improve family readiness in providing care at home. The results showed that before education, most family members (62.5%) felt unprepared for the responsibility of caring for stroke patients. However, after the educational intervention, this figure changed significantly, with 87.5% of family members reporting that they felt ready to carry out the task. The study also revealed that the majority of caregivers were women (65.6%), most were aged between 46-55 years, and had a high school education (53.1%). Statistical analysis confirmed a significant effect of health education on family readiness, with a p-value of 0.000, indicating a strong relationship between educational intervention and family readiness in caring for stroke patients at home. This study emphasizes the importance of equipping families with the knowledge and skills needed to support the recovery process of post-stroke patients. The study did not describe the characteristics of the patients, including the age of the patients.

Discharge planning plays an important role in preparing families to care for elderly people after stroke at home, as demonstrated by various studies in a systematic review. The results of these studies consistently revealed that structured, family-based discharge planning not only improves family knowledge and skills but also reduces their anxiety and psychological burden. This process involves education, training, and support designed to meet the specific needs of the family, thus ensuring optimal continuation of patient care in the home environment. Although there are variations in approach and methodology, all studies emphasize the importance of active family involvement in stroke patient rehabilitation. The implementation of effective discharge planning has been shown to improve family readiness, improve patient quality of life, and reduce the risk of readmission. Therefore, these results emphasize the need for more comprehensive implementation of discharge planning in healthcare facilities, especially in the care of elderly people after stroke. Thus, this effort not only supports the patient's recovery process but also empowers the family as a key partner in home care, contributing to better overall health outcomes.

## **CONCLUSION**

Based on 5 journals that are relevant to the purpose of this study and have been analyzed in the discussion, it can be concluded that discharge planning can affect family readiness in caring for stroke patients. Factors that affect the success of discharge planning include: The knowledge possessed by the family, obtained from nurses, is very important. If the family has good knowledge, they can implement discharge planning effectively. Family involvement and participation in the implementation of discharge planning are very important for the success of this program. Good communication between nurses and families, which allows for effective information exchange, is a key factor in the implementation of discharge planning. Poor communication can hinder the success of discharge planning.

## REFERENCES

- Aninditha, et. al. (2022). Textbook of Neurology. Jakarta: Indonesian Healthy Brain Foundation
- Aoki, Y., Nakayama, K., & Yonekura, Y. (2024). A randomized controlled trial on the effects of decision aids for choosing discharge destinations of older stroke patients. *PLOS ONE* , 19 (1 January), 1–20. <https://doi.org/10.1371/journal.pone.0272115>
- Arianti, D., Novera, M., & Restipa, L. (2019). The Effect of Discharge Planning with Family Centered Nursing Approach on the Quality of Life of Stroke Patients. *Abdurrah Nursing Journal* , 2 (2), 11–18. <https://doi.org/10.36341/jka.v2i2.536>
- Bartoli, D., Brugnera, A., Grego, A., Alvaro, R., Vellone, E., & Pucciarelli, G. (2023). Stroke disease-specific quality of life trajectories and their associations with caregivers' anxiety, depression, and burden in the stroke population: a longitudinal, multicentre study. *European Journal of Cardiovascular Nursing* , 1–9. <https://doi.org/10.1093/eurjcn/zvad054>
- Central Statistics Agency, (2022), "Elderly Population Statistics 2022" <https://www.bps.go.id>
- Deepradit, S., Powwattana, A., Lagampan, S., & Thiangtham, W. (2023). Effectiveness of a family-based program for post-stroke patients and families: A cluster randomized controlled trial. *International Journal of Nursing Sciences* , 10 (4), 446–455. <https://doi.org/10.1016/j.ijnss.2023.09.020>
- Dos Santos, N.O., Predebon, M.L., Bierhals, CCBK, Day, C.B., Machado, D. de O., & Paskulin, L.M.G. (2020). Development and validation of a nursing care protocol with educational interventions for family caregivers of elderly people after stroke. *Revista Brasileira de Enfermagem* , 73 (Suppl 3), 1–9. <https://doi.org/10.1590/0034-7167-2018-0894>
- Handayani, S., Hafidudin, M., & Wulandari, A. (2024). Health Education Concerning Stroke Patients Treatment on Family's Readiness to Go Home for Non-Hemorrhagic Stroke Patients. *Devotion : Journal of Research and Community Service* , 5 (4), 520–529. <https://doi.org/10.59188/devotion.v5i4.721>
- [https://www.kemkes.go.id\(2022\). empowered elderly prosperous nation](https://www.kemkes.go.id(2022).empowered%20elderly%20prosperous%20nation)
- Listiowati, N., Natasha, D., & Gayatri, D. (nd). EFFECTIVENESS OF DISCHARGE PLANNING IN STROKE PATIENTS Abstract .
- Mohammadi, S., Zabolypour, S., Ghaffari, F., & Arazi, T. (2019). The effect of family-oriented discharge program on the level of preparedness for care-giving and stress experienced by the family of stroke survivors. *Iranian Rehabilitation Journal* , 17 (2), 113–120. <https://doi.org/10.32598/irj.17.2.113>
- Provencher, V., Clemson, L., Wales, K., Cameron, I.D., Gitlin, L.N., Grenier, A., & Lannin, N.A. (2020). Supporting at-risk older adults transitioning from hospital to home: Who benefits from an evidence-based patient-centered discharge planning intervention? Post-hoc analysis from a randomized trial. *BMC Geriatrics* , 20 (1), 1–10. <https://doi.org/10.1186/s12877-020-1494-3>
- Rahmadani, NR, Tutik Agustini, Al Ihksan Agus, & Rahmat Hidayat. (2023). Discharge Planning by Nurses on Patient Satisfaction Levels. *Window of Nursing Journal* , 4 (2), 202–209. <https://doi.org/10.33096/won.v4i2.626>
- Yaslina, Y., Moidaliza, M., & Hayati, I. (2019). The Effect of Discharge Planning on Family Ability in Post-Stroke Care at Home in 2019. *PERINTIS HEALTH JOURNAL (Perintis's Health Journal)* , 6 (1), 54–59. <https://doi.org/10.33653/jkp.v6i1.240>
- WHO. (2022). World Stroke Day 2022.in WHO. <https://www.who.int/srilanka/news/detail/29-10-2022-world-stroke-day-2022>