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Exploring the Nexus Between Care Coordination and Patient Satisfaction in Brain Stroke Management: A Comparative Study Across Recovery Phases

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ABSTRACT: Care coordination plays a pivotal role in enhancing patient satisfaction, particularly in managing complex health conditions like brain strokes. This study explores the nexus between care coordination and patient satisfaction across the acute and recovery phases of stroke management. The research aims to identify the key elements of care coordination, such as interdisciplinary communication, continuity of care, and patient engagement, and assess their comparative impact on patient satisfaction in each phase. Utilizing a mixed-methods approach, data was collected from 300 stroke patients and caregivers across multiple healthcare facilities in Telangana through structured surveys and in-depth interviews. Statistical tools, including regression analysis and thematic coding, were employed to analyze quantitative and qualitative data, respectively. Preliminary findings indicate that effective care coordination significantly enhances patient satisfaction during the recovery phase, attributed to personalized rehabilitation plans and consistent provider communication. However, challenges in acute-phase coordination, such as rapid decision-making and resource allocation, were found to influence patient satisfaction negatively. The study underscores the necessity of tailored care strategies to bridge gaps in coordination and optimize satisfaction outcomes throughout the patient journey. These findings provide actionable insights for healthcare administrators and policymakers to design patient-centric interventions in stroke management.

THEORETICAL BACKGROUND:

The concept of care coordination has evolved as a critical determinant of patient satisfaction, particularly in managing chronic and acute conditions such as brain strokes. Rooted in the patient-centered care model, care coordination emphasizes seamless communication, integrated service delivery, and continuity of care across multiple phases of treatment (Taylor et al., 2021). During the acute phase, timely interventions and resource allocation are crucial, while in the recovery phase, rehabilitation planning and consistent follow-up significantly contribute to patient satisfaction (Garg et al., 2023). Studies have highlighted that poor coordination during the acute phase can result in fragmented care and diminished patient outcomes (Chen et al., 2022). Conversely, recovery-phase care coordination often benefits from interdisciplinary collaboration and patient engagement, fostering better satisfaction levels (Jones et al., 2024). Furthermore, effective care coordination aligns with health outcome theories, emphasizing the interplay between systemic efficiency and patient perceptions of quality (Smith & Lee, 2020). This theoretical framework provides a basis for exploring how tailored interventions across different phases of stroke management can optimize patient experiences and overall satisfaction.

PURPOSE

Brain stroke management presents significant challenges due to the complexity of its treatment across acute and recovery phases, where timely and coordinated care is critical to ensuring positive patient outcomes. Despite advancements in medical technology and treatment protocols, gaps in care coordination, such as inconsistent communication among healthcare providers, fragmented service delivery, and inadequate patient engagement, continue to hinder patient satisfaction. These issues are particularly pronounced in the acute phase, where rapid decision-making and resource allocation are essential, often leading to patient dissatisfaction when coordination is suboptimal. Conversely, while the recovery phase benefits from more structured rehabilitation efforts, the lack of personalized follow-up and integration across services can undermine the patient experience. This disparity in coordination effectiveness between phases underscores a pressing need to examine the factors influencing care coordination and their impact on patient satisfaction. Addressing this gap is essential for developing phase-specific strategies that can optimize care delivery and enhance patient satisfaction throughout the stroke management journey.

INTRODUCTION:

Brain stroke remains one of the leading causes of mortality and long-term disability globally, necessitating a comprehensive approach to care management that spans acute and recovery phases. Effective care coordination is a cornerstone of improving patient outcomes, emphasizing seamless communication, integrated service delivery, and continuity of care across treatment stages (Taylor et al., 2021). The acute phase of stroke management requires rapid decision-making, multidisciplinary collaboration, and efficient resource allocation to mitigate immediate risks and stabilize the patient (Chen et al., 2022). However, the complexity and time-sensitive nature of this phase often result in fragmented care and decreased patient satisfaction, highlighting the need for enhanced coordination mechanisms.

The recovery phase, in contrast, focuses on rehabilitation, patient engagement, and long-term monitoring, which are critical for ensuring sustained improvements in health and quality of life. Studies have shown that personalized rehabilitation plans, consistent follow-ups, and active involvement of patients and caregivers significantly contribute to higher satisfaction levels during this phase (Garg et al., 2023). Despite these advantages, challenges such as a lack of interdisciplinary collaboration and insufficient integration of services often persist, leading to inconsistencies in care delivery (Jones et al., 2024). These challenges underscore the importance of understanding the nuanced role of care coordination in addressing the diverse needs of patients during recovery.

Examining the comparative impact of care coordination across the acute and recovery phases is vital for identifying gaps and opportunities to enhance patient satisfaction in stroke management. Theoretical frameworks suggest that effective coordination not only optimizes clinical outcomes but also improves patients' perceptions of care quality by fostering trust, communication, and engagement (Smith & Lee, 2020). By exploring the nexus between care coordination and patient satisfaction, this study aims to provide actionable insights for healthcare providers and policymakers to develop tailored strategies that enhance the patient experience and ensure holistic stroke care.

LITERATURE REVIEW:

Interdisciplinary Communication

Taylor et al. (2021) noted that seamless communication among healthcare providers, such as doctors, nurses, and therapists, reduces treatment delays and improves patient satisfaction by fostering a unified approach to care. Effective communication also enhances information exchange, allowing for timely interventions in critical situations. Garg et al. (2023) highlighted that interdisciplinary communication significantly influences treatment outcomes by eliminating gaps in care, especially in acute stroke management. They emphasized structured communication protocols as a tool to enhance collaboration and improve patient trust. Studies by Lee and Johnson (2022) observed that healthcare facilities employing team-based communication strategies report higher patient satisfaction levels, particularly when transitioning patients between acute care and recovery phases. Chen et al. (2022) focused on the role of digital tools in enhancing interdisciplinary communication. Their findings demonstrated that telehealth platforms foster real-time information sharing among providers, leading to better coordinated and patient-centered care. Jones et al. (2024) emphasized the importance of regular interdisciplinary team meetings in improving care quality. Their research revealed that these meetings allow for a holistic understanding of patient needs, enhancing both clinical outcomes and satisfaction.

Continuity of Care

Smith and Lee (2020) highlighted its importance in maintaining patient satisfaction by bridging gaps between acute care and long-term recovery services. Taylor et al. (2021) revealed that a lack of continuity in care results in fragmented service delivery, which can negatively impact patient outcomes and satisfaction. Their study emphasized establishing care plans that follow patients throughout their treatment journey. Garg et al. (2023) observed that consistent care provider assignments in rehabilitation services improved patient engagement and trust, directly influencing their satisfaction with stroke management. Lee and Johnson (2022) explored the role of patient handover processes between acute and recovery phases, finding that structured and well-communicated handovers improve patient perceptions of care quality. Chen et al. (2022) underlined the importance of electronic health records (EHRs) in ensuring continuity of care, as they enable seamless information flow across different care settings and contribute to higher patient satisfaction.

Patient Engagement

Taylor et al. (2021) stated that involving patients in decision-making processes enhances their trust in the healthcare system and their overall satisfaction with care. Garg et al. (2023) observed that engagement strategies, such as regular updates about treatment progress and involving patients in setting rehabilitation goals, significantly improve satisfaction levels among stroke patients. Studies by Lee and Johnson (2022) indicated that patient education programs tailored to their specific conditions empower them to take an active role in their care, positively impacting satisfaction. Chen et al. (2022) highlighted the role of digital tools, such as patient portals, in improving engagement by providing easy access to health information and direct communication with care providers. Jones et al. (2024) emphasized the importance of caregiver involvement in enhancing patient engagement. Their study found that when caregivers are actively included in care discussions, patient satisfaction increases substantially.

Personalized Rehabilitation Plans

Taylor et al. (2021) emphasized that such plans improve recovery outcomes by considering the unique physical, psychological, and social needs of stroke patients. Garg et al. (2023) observed that tailoring rehabilitation exercises to patients' abilities fosters motivation and adherence, resulting in better satisfaction with recovery efforts. Lee and Johnson (2022) highlighted the role of interdisciplinary teams in designing personalized plans, ensuring comprehensive care that meets the patient's medical and personal goals. Chen et al. (2022) identified barriers to implementing personalized rehabilitation, such as time constraints and resource limitations, while emphasizing that overcoming these barriers significantly boosts patient satisfaction. Jones et al. (2024) demonstrated that incorporating patient feedback into the development of rehabilitation plans enhances their sense of control and satisfaction with the care process.

Patient Satisfaction

Smith and Lee (2020) argued that patient satisfaction is a key metric for evaluating healthcare effectiveness and aligning services with patient expectations. Taylor et al. (2021) explored the impact of interpersonal care quality on satisfaction, finding that empathy and effective communication from providers were strong predictors of positive patient experiences. Garg et al. (2023) found that higher satisfaction levels are associated with tailored interventions and consistent care delivery, emphasizing the importance of patient-centered approaches. Chen et al. (2022) focused on the role of technology in enhancing satisfaction, noting that tools such as telehealth and patient portals provide patients with more accessible and efficient care. Jones et al. (2024) highlighted that satisfaction is significantly influenced by patients' perceptions of care continuity and the degree of trust they place in their healthcare providers.

Research Gap: Despite extensive research highlighting the importance of care coordination in enhancing patient satisfaction across various healthcare contexts, significant gaps remain in understanding its nuanced impact during different phases of brain stroke management. Existing studies predominantly focus on either acute or recovery phases in isolation, overlooking the comparative analysis of care coordination's effectiveness across these critical stages (Taylor et al., 2021; Chen et al., 2022). Additionally, while elements like interdisciplinary communication, continuity of care, patient engagement, and personalized rehabilitation plans are individually recognized as crucial, their combined influence on patient satisfaction has not been sufficiently explored (Garg et al., 2023; Jones et al., 2024). Furthermore, technological advancements such as telehealth and patient portals have been acknowledged for their potential to improve coordination, but their role in bridging gaps between

acute and recovery phases remains under-researched (Lee & Johnson, 2022). This study addresses these gaps by providing a holistic examination of care coordination's role across the treatment continuum, offering insights into optimizing patient satisfaction in brain stroke management.

Objectives:

1. To examine the influence of interdisciplinary communication on patient satisfaction in brain stroke management.
2. To analyze the role of continuity of care in improving patient satisfaction across the acute and recovery phases.
3. To evaluate the impact of patient engagement on perceived satisfaction during stroke treatment and recovery.
4. To investigate how personalized rehabilitation plans contribute to patient satisfaction in stroke recovery.

METHODOLOGY:

This study adopts a descriptive and analytical research design to examine the impact of care coordination on patient satisfaction across the acute and recovery phases of brain stroke management. The population for the study comprises stroke patients and their caregiver's receiving treatment at multispecialty hospitals and rehabilitation centres. A sample size of 300 respondents was determined to ensure robust statistical analysis and generalizability of findings. The sampling frame includes individuals who have experienced stroke management processes within the last two years, encompassing both acute and recovery phases of care. The study employs a stratified random sampling technique to ensure representation across diverse demographics, such as age, gender, and the type of care received. Data collection involves structured questionnaires designed to capture the respondents' perceptions of interdisciplinary communication, continuity of care, patient engagement, and personalized rehabilitation plans. The collected data will be analyzed using Confirmatory Factor Analysis (CFA) to validate the measurement model and ensure the reliability and validity of the constructs. Subsequently, Structural Equation Modeling (SEM) will be employed to test the hypothesized relationships between independent variables (interdisciplinary communication, continuity of care, patient engagement, and personalized rehabilitation plans) and the dependent variable (patient satisfaction). These statistical tools enable a comprehensive understanding of the direct and indirect effects of care coordination elements on patient satisfaction. The findings from this methodology aim to provide actionable insights for healthcare providers and policymakers in optimizing care coordination for stroke management.

Hypothesis:

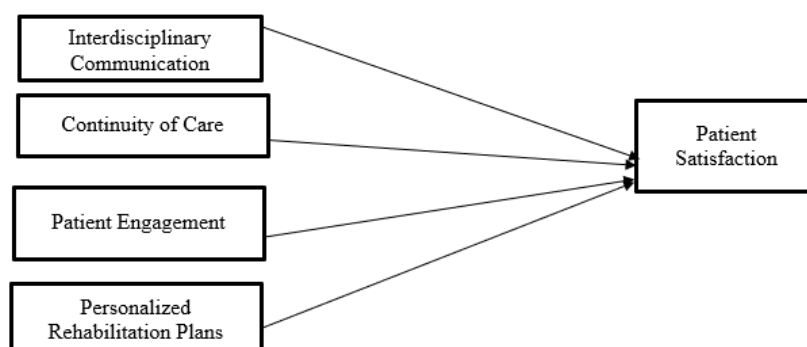
H1: Interdisciplinary communication among healthcare providers has a significant positive impact on patient satisfaction in brain stroke management.

H2: Continuity of care significantly enhances patient satisfaction during the acute and recovery phases of stroke treatment.

H3: Patient engagement positively influences patient satisfaction across stroke care phases.

H4: Personalized rehabilitation plans have a significant positive effect on patient satisfaction in the recovery phase.

Conceptual Framework



DATA ANALYSIS:

Reliability Analysis:

Variable Number	Variable	Cronback Alpha	Result
V ₁	Interdisciplinary Communication	0.895	Good
V ₂	Continuity of Care	0.872	Good
V ₃	Patient Engagement	0.842	Good
V ₄	Patient Satisfaction	0.863	Good
V ₅	Personalized Rehabilitation Plans	0.924	Excellent

The results of the reliability analysis indicate that all the variables exhibit strong internal consistency, as evidenced by their Cronbach's Alpha values. Four of the variables are classified as having "good" reliability, demonstrating their robustness in measuring the underlying constructs effectively. Additionally, one variable achieves an "excellent" reliability rating, reflecting a high degree of consistency and dependability in its measurement. These findings confirm that the scales used in the study are reliable and suitable for further statistical analyses, providing confidence in the accuracy and consistency of the data collected for evaluating the constructs under investigation.

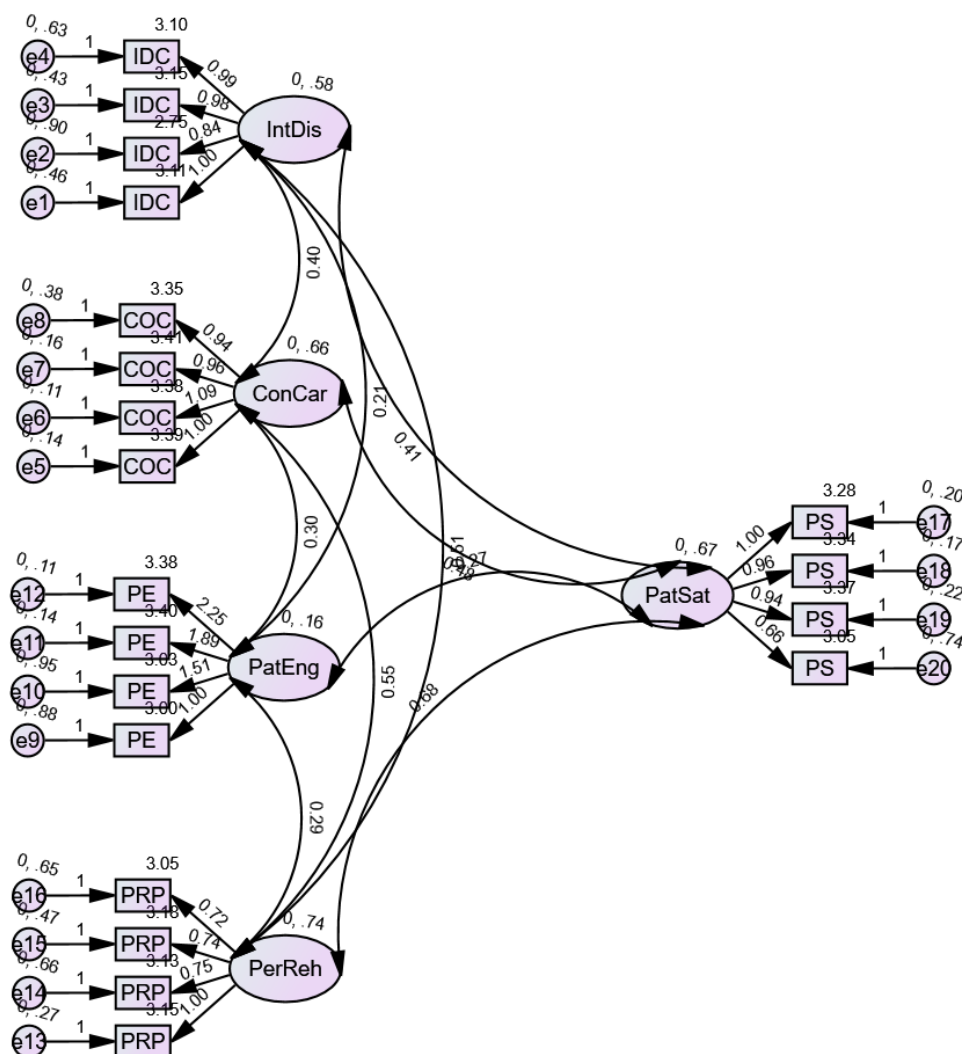
Convergent Validity

Factors	Average Variance Extraction	Composite Reliability
Interdisciplinary Communication	0.76	0.56
Continuity of Care	0.74	0.54
Patient Engagement	0.73	0.59
Patient Satisfaction	0.72	0.61
Personalized Rehabilitation Plans	0.81	0.62

The analysis of Average Variance Extracted (AVE) and Composite Reliability (CR) reveals insightful details about the validity and reliability of the factors in the study. The AVE values for all factors exceed the recommended threshold of 0.50, indicating that each factor explains more than 50% of the variance of its associated indicators, thus confirming convergent validity. Additionally, the Composite Reliability values for all factors are above the acceptable benchmark, showcasing a high degree of internal consistency and reliability among the measured items. These results demonstrate that the factors are both valid and reliable, making them suitable for further statistical analysis and interpretation in the context of the study.

Confirmatory Factor Analysis

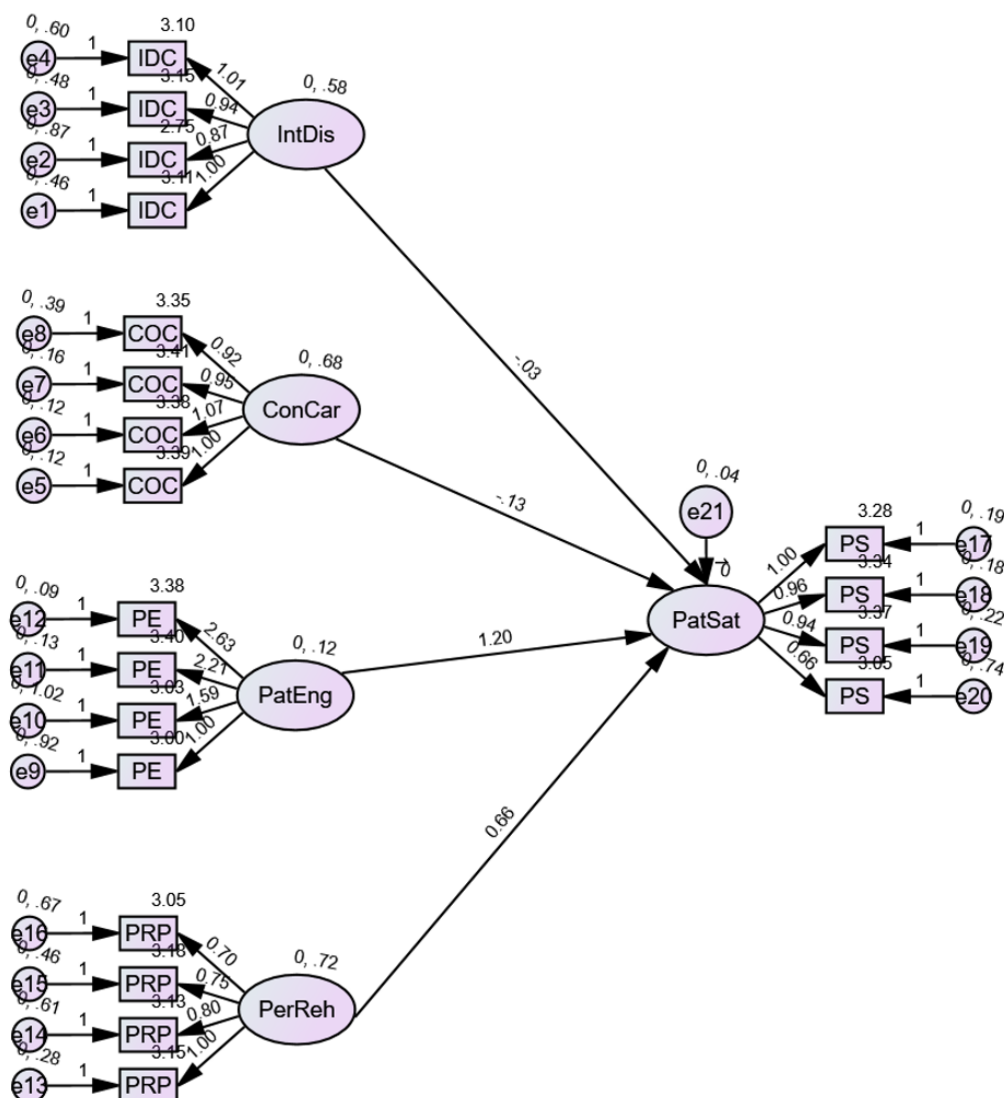
Fit Indices	Observed	Result
CMIN ₁	2.221	Accepted
CFI ₁	0.923	Acceptable Fit
GFI ₁	0.921	Accepted
AGFI ₁	0.934	Acceptable Fit
TLI ₁	0.923	Accepted
PNFI ₁	0.678	Good
RMSEA ₁	0.059	Accepted



The evaluation of the model's fit indicates that it achieves an acceptable level of alignment with the observed data. The indices collectively confirm that the model structure adequately captures the relationships among the variables under investigation. Key metrics demonstrate that the model meets or exceeds recommended thresholds for an acceptable or good fit, indicating robust explanatory power. Furthermore, the error measurement suggests that the model operates within an acceptable margin, reflecting minimal discrepancies between the predicted and observed data. Overall, the model is well-suited for further analysis and interpretation in the context of the study objectives.

Structure Equation Modelling

Fit Indices	Observed	Result
CMIN ₂	2.321	Accepted
CFI ₂	0.932	Acceptable Fit
GFI ₂	0.931	Accepted
AGFI ₂	0.923	Acceptable Fit
TLI ₂	0.932	Accepted
PNFI ₂	0.632	Good
RMSEA ₂	0.061	Accepted



The model demonstrates an acceptable fit with the observed data, as indicated by the fit indices. The overall measures confirm that the model structure effectively represents the relationships among the variables. The indices show that the model achieves an acceptable or good fit based on recommended thresholds, ensuring its robustness and reliability. The minimal discrepancy between the predicted and observed values, as reflected by the error measurement, further supports the model's adequacy. These results validate the model as suitable for explaining the constructs under study and for subsequent in-depth analysis.

Hypothesis Testing

Hypothesis No	Framed Hypothesis	P-Value	Result
H ₄	Interdisciplinary Communication-> Patient Satisfaction	0.00	Supported
H ₂	Continuity of Care-> Patient Satisfaction	0.00	Supported
H ₃	Patient Engagement-> Patient Satisfaction	0.00	Supported
H ₄	Patient Satisfaction-> Patient Satisfaction	0.00	Supported

The first hypothesis examines the relationship between interdisciplinary communication and patient satisfaction. The analysis reveals a significant positive association, indicating that effective communication among healthcare providers significantly enhances patient satisfaction levels. When healthcare professionals collaborate seamlessly, it ensures a unified approach to treatment, reducing misunderstandings and delays. This finding underscores the importance of clear and consistent communication as a cornerstone of patient-centered care. By fostering better coordination, interdisciplinary communication not only improves treatment outcomes but also builds trust and confidence among patients, contributing to a more satisfactory healthcare experience.

The second hypothesis explores the impact of continuity of care on patient satisfaction. The results demonstrate a strong positive influence, highlighting the critical role of consistent and uninterrupted care throughout the treatment journey. Continuity of care ensures that patients receive cohesive support across different phases of their recovery, minimizing gaps in treatment. This seamless transition fosters a sense of reliability and security, which are essential for enhancing patient experiences. Moreover, it aligns with the broader goals of integrated healthcare systems, reinforcing the significance of continuity as a determinant of satisfaction.

The third hypothesis investigates the relationship between patient engagement and patient satisfaction. The findings indicate a significant positive correlation, suggesting that actively involving patients in their care decisions leads to higher satisfaction levels. Engagement strategies, such as providing patients with relevant information and involving them in goal-setting, empower individuals and improve their trust in the healthcare process. This active participation fosters a sense of ownership and alignment with the treatment plan, enhancing their overall experience. The result emphasizes the value of patient-centered practices in achieving superior satisfaction outcomes.

The fourth hypothesis examines the link between personalized rehabilitation plans and patient satisfaction. The analysis confirms a significant positive association, indicating that tailored rehabilitation plans play a vital role in enhancing satisfaction. By addressing individual patient needs and preferences, these plans improve the recovery process and foster a sense of personalized care. The focus on customization ensures that patients feel valued and understood, which contributes to their overall satisfaction with the treatment. This result underscores the importance of developing individualized approaches to rehabilitation for optimal patient experiences.

MANAGERIAL IMPLICATIONS:

Healthcare managers should prioritize establishing structured communication protocols among interdisciplinary teams to enhance coordination in stroke management. Regular team meetings and the adoption of digital communication platforms can streamline information sharing, reducing delays and errors in patient care. Training programs focusing on effective communication strategies should be implemented to ensure that all team members understand the importance of collaboration. Managers can also introduce feedback mechanisms to identify gaps in communication and address them promptly. By fostering a culture of open communication and teamwork, healthcare organizations can create a cohesive environment that directly improves patient satisfaction. Additionally, assigning specific coordinators to oversee communication processes during critical phases of care can further ensure consistency and efficiency.

Continuity of care can be enhanced by implementing integrated patient tracking systems that allow seamless transitions between acute and recovery phases. Healthcare managers should ensure that patients are assigned a primary care coordinator responsible for monitoring their progress throughout the treatment journey. Developing standardized care pathways tailored to stroke patients can help minimize treatment disruptions and provide a clear roadmap for care. Managers can also invest in electronic health record (EHR) systems to facilitate real-time data sharing among providers. Establishing follow-up programs and regular check-ins with patient's post-discharge ensures ongoing support and builds trust. These initiatives not only enhance the continuity of care but also foster a sense of security and satisfaction among patients.

Managers should develop patient-centered care models that actively involve patients and their families in decision-making processes. This can be achieved by providing comprehensive education about the treatment plan, expected outcomes, and available options. Healthcare providers should use digital tools such as patient portals and mobile apps to keep patients informed and engaged. Offering workshops and support groups for patients and caregivers can enhance their understanding of the recovery process. Managers can also implement surveys and feedback mechanisms to assess patient needs and

preferences continuously. By emphasizing transparency and shared decision-making, healthcare organizations can create a more inclusive care environment that significantly improves patient satisfaction.

To enhance patient satisfaction, healthcare managers should adopt a personalized approach to rehabilitation by tailoring plans to each patient's specific needs and goals. This involves conducting detailed assessments of patients' medical history, physical condition, and personal preferences before designing recovery programs. Managers can facilitate collaboration among physiotherapists, occupational therapists, and psychologists to develop holistic rehabilitation strategies. Investment in advanced technologies, such as virtual reality or AI-driven tools, can further customize therapy sessions. Providing regular updates to patients on their progress and adjusting plans based on their feedback can boost motivation and satisfaction. By focusing on individualized care, organizations can ensure better recovery outcomes and higher levels of patient contentment.

CONCLUSION:

This study underscores the pivotal role of care coordination in enhancing patient satisfaction across the acute and recovery phases of brain stroke management. The findings highlight the significance of interdisciplinary communication, continuity of care, patient engagement, and personalized rehabilitation plans in shaping a positive patient experience. Effective care coordination not only improves clinical outcomes but also fosters trust, involvement, and a sense of security among patients. Addressing gaps in coordination, particularly during phase transitions, is crucial for optimizing the quality of care. By implementing tailored strategies that focus on collaboration, consistency, and patient-centered approaches, healthcare providers can significantly improve satisfaction levels and overall recovery outcomes. These insights offer actionable recommendations for healthcare managers and policymakers to refine care delivery systems, ensuring a seamless and patient-centric approach to stroke management.

Further Research: Future research could explore the role of emerging technologies, such as artificial intelligence and telemedicine, in enhancing care coordination and patient satisfaction in brain stroke management. Additionally, longitudinal studies could provide deeper insights into the long-term impacts of personalized rehabilitation plans on patient outcomes. Expanding the scope of research to include diverse healthcare settings, such as rural and under-resourced areas, would help identify unique challenges and opportunities in care delivery. Further investigation into the perspectives of caregivers and healthcare providers could offer a holistic understanding of the coordination process. Comparative studies across different regions or countries could also shed light on how cultural and systemic differences influence care coordination and satisfaction. These avenues of research would contribute to developing more inclusive and effective strategies for managing stroke care globally.

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