

The Effect of Teach-Back Education on Compliance with Postoperative Wound Care

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Abstract: *Inadequate postoperative wound care is a major cause of surgical complications, including surgical site infections, wound dehiscence, and delayed healing, which leads to increased length of stay, increased costs, and decreased quality of life. Patient adherence to wound care instructions after discharge is strongly influenced by their level of understanding and health literacy, which is often low in the perioperative period. The teach-back method, a communication strategy in which patients are asked to reiterate the information provided in their own words, has been developed as an evidence-based approach to ensure understanding and improve patient adherence. This article aims to examine scientific evidence regarding the effect of teach-back education on postoperative wound care adherence through a narrative literature review of twenty-five articles published between 2021 and 2026, sourced from PubMed, ScienceDirect, and Google Scholar databases. The study results show that the teach-back method consistently improves knowledge, self-efficacy, and adherence to wound care in various surgical populations, from colostomy and orthopedic to cardiac surgery, and is associated with reduced wound complications and hospital readmission rates. It was concluded that teach-back is an effective, simple educational strategy that is feasible to be implemented routinely in perioperative and community nursing practice to improve postoperative wound care outcomes.*

Keywords: *teach-back; compliance; wound care; post-operative; patient education*

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INTRODUCTION

Surgery is one of the most frequently performed medical interventions worldwide, and its prevalence continues to rise due to the increasing burden of degenerative diseases, trauma, and advances in minimally invasive surgical technology. Every surgical procedure results in an incision that requires optimal healing so that patients can return to normal activities. However, the postoperative period, especially after patients are discharged home, is vulnerable to various complications if wound care is not properly managed. Surgical site infections (SSIs), dehiscence,



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bleeding, and delayed wound healing are the most frequently reported complications and contribute significantly to increased readmission rates, healthcare costs, and reduced quality of life for patients.

Recent epidemiological data confirms the significant burden of surgical site infections as a global health problem. A systematic review and meta-analysis by Mengistu et al. (2023) reported that healthcare-associated infections, including surgical site infections, affect hundreds of millions of patients annually, and no country is exempt from this burden. A recent cross-sectional study in a resource-limited healthcare facility even found the incidence of surgical site infections to be nearly one-third of all post-surgical patients studied (Zewdu et al., 2025). This high rate is closely related to the weak continuity of care after patients leave the hospital, where responsibility for wound care shifts entirely to the patient and family at home.

Patient adherence to postoperative wound care instructions is not an automatic behavior, but rather the result of a process of understanding, confidence, and practical skills that must be developed before the patient is discharged. A study by Groenen et al. (2024) revealed that patients' ability to self-care for their surgical wounds remains highly variable, and most patients report uncertainty about the signs of complications to watch for. An integrative review by Liosatos, Tobiano, and Gillespie (2024) also confirmed that active patient participation in wound care during acute care remains limited, often due to a lack of opportunities for healthcare providers to directly engage patients in the education process. Similarly, Tobiano et al. (2022) found that patients preferred interactive and personalized education over one-way information delivery, as interactive methods were perceived as more helpful in understanding and remembering wound care instructions.

One of the root causes of low patient compliance is low health literacy during the perioperative period. Research by Noguchi, Tanimura, Oba, and Kataoka (2025) showed that more than seventy percent of perioperative patients have limited health literacy, particularly in communicative and critical literacy, both of which significantly influence a patient's ability to understand and independently implement post-surgical care instructions. This condition is exacerbated by the limited time provided by healthcare professionals for education prior to patient discharge, the lack of standardization of educational materials, and the minimal evaluation of patient understanding after education is provided (Gamage, Lovegrove, Seneviratne, Tobiano, & Gillespie, 2025; Duffaydar et al., 2025). Rahayu, Ibrahim, and Herman (2025) in their scoping review also identified that post-operative orthopedic patients have complex and specific learning needs related to discharge planning, yet the fulfillment of these needs is rarely systematically measured in daily clinical practice.

The impact of non-compliance with post-operative wound care is not only clinical, but also creates significant economic and psychosocial burdens. Patients experiencing wound complications often require repeat visits to healthcare facilities, additional antibiotics, and even re-surgery, all of which significantly increase healthcare costs. Furthermore, anxiety stemming from not knowing how to care for wounds can also reduce patients' confidence during the recovery period, delay the return to functional activities, and potentially cause psychological distress for both patients and their families who act as caregivers at home. This situation emphasizes that post-operative educational interventions cannot be viewed as merely administrative supplements, but rather as a core component of nursing care oriented toward patient safety.

Theoretically, the effectiveness of teach-back can be explained through a combination of the concepts of health literacy as universal precautions, adult learning theory, and Bandura's self-efficacy theory. The principle of universal precautions in health literacy emphasizes that healthcare providers should convey information with the assumption that every patient has the potential to experience difficulty understanding medical instructions, without first needing to formally assess their literacy level. Adult learning theory emphasizes the importance of active learner involvement in the educational process so that information is more easily internalized and applied in everyday life, while self-efficacy theory explains that patients' beliefs in their own abilities to perform a behavior, in this case, wound care, are a strong predictor of long-term adherence. These three theoretical frameworks converge in the teach-back mechanism, where the process of actively repeating information not only tests patients' cognitive understanding but also strengthens their sense of competence and confidence in carrying out wound care independently at home.

To address this gap, the teach-back method was developed as a patient-centered communication strategy recommended by various international health agencies as a universal preventive approach to low health literacy. Unlike conventional one-way education, teach-back requires patients to repeat information in their own words, allowing healthcare professionals to quickly identify misunderstandings and provide clarification before the patient is discharged (Mahmoodi, 2025). This approach shifts the focus of evaluation from testing the patient to assessing the effectiveness of the healthcare professional's explanations, creating a safer and more non-judgmental learning environment.

Empirical evidence regarding the effectiveness of teach-back has grown rapidly across various surgical populations and chronic conditions in the past five years. In emergency colostomy patients, teach-back has been shown to be superior to image-based learning in improving self-care knowledge, adherence, self-efficacy, and peristomal skin healing (Rajabi, Khatiban, Falahan, & Soltanian, 2025). In patients after knee injury, the combination of teach-back with ongoing care has been shown to significantly improve clinical outcomes (Li et al., 2025). Similar effectiveness was also reported in aortic dissection patients (Huang, Huang, & Xiong, 2026), post-coronary artery bypass surgery patients (Ghorbani et al., 2021; Javed et al., 2025), patients with diabetic foot ulcers (Satehi, Zandi, Derakhshan, Nasiri, & Tahmasbi, 2021), caregivers of patients at risk of pressure injuries (Taherkhani, Mollaei, Nasrollahi, Rashidi, & Rafiei, 2026), post-Mohs micrographic surgery patients (Gupta, Hill, Scott, & Wong, 2025), heart failure patients (Oh, Lee, Lee, & Oh, 2023), and breast cancer education in women with low health literacy (Hosseinfar, Afkhamzadeh, Moayeri, Ghaderi, & Mahmoodi, 2024).

Although the evidence supporting the effectiveness of teach-back is generally strong, studies specifically focused on synthesizing postoperative wound care adherence outcomes are scattered across surgical specialties and have not been widely integrated into a unified framework. Most existing studies are small, single-person studies with diverse populations and adherence measurement instruments, making it difficult to draw conclusions that can be generalized to clinical practice, particularly in the context of community- and home-based care in developing countries. However, the home-based community nursing model, as implemented by Lontaan, Arda, and Hardi (2026) in Indonesia, demonstrates that strengthening postoperative education at the household level is crucial for successful patient adherence after hospital discharge.

The novelty of this article lies in three aspects. First, it specifically synthesizes teach-back evidence focusing on postoperative wound care adherence outcomes across surgical specialties, rather than simply general discharge education. Second, this review compiles the most up-to-date literature up to 2026, including several studies published in the current year, thus providing a snapshot of the most recent evidence developments in this field. Third, the article explicitly links the findings to the context of community nursing services in Indonesia, a perspective rarely addressed in the international literature on teach-back and wound care. Therefore, this article aims to analyze and synthesize evidence regarding the influence of teach-back education on postoperative wound care adherence, while also identifying its implications for perioperative and community nursing practice.

METHODOLOGY

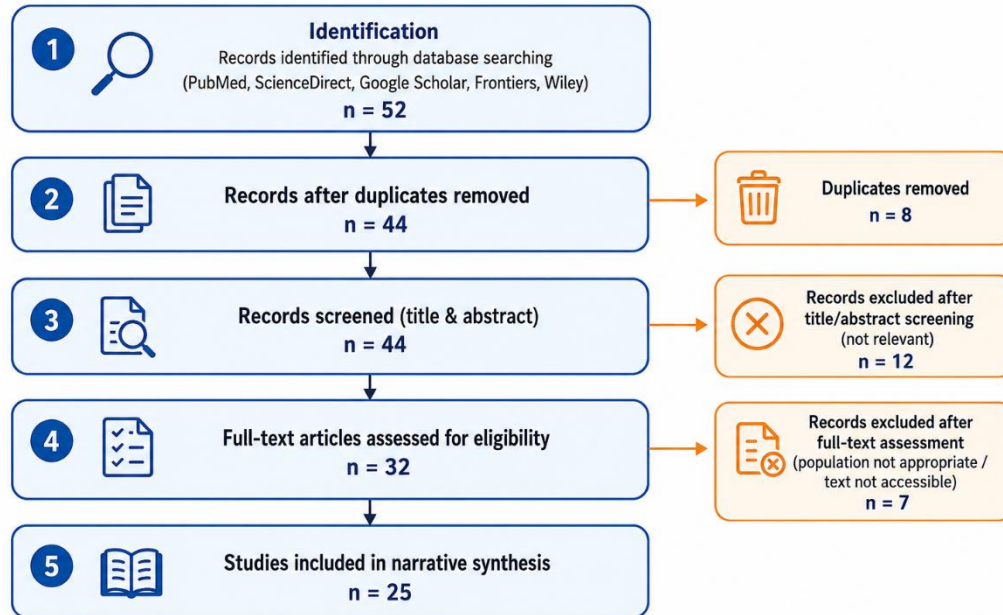
This article was compiled using a narrative literature review approach that aims to examine and synthesize the latest scientific evidence regarding the effect of teach-back education on postoperative wound care adherence. A systematic literature search was conducted in the electronic databases PubMed, ScienceDirect, Frontiers, Wiley Online Library, and the academic search engine Google Scholar, with the assistance of the reference search tool Consensus.app to ensure the relevance and accessibility of each article's Digital Object Identifier (DOI).

The keywords used in the search included Boolean combinations of the terms "teach-back", "postoperative wound care", "compliance", "adherence", "surgical patient education", and "self-care", which were adjusted to the search syntax of each database. The inclusion criteria were: (1) primary research articles (randomized controlled clinical trials, quasi-experimental, cross-sectional, qualitative) or review articles (systematic review, integrative review, scoping review) published between 2021 and 2026; (2) discussing teach-back methods, patient education, or wound care adherence in postoperative populations or populations with relevant chronic wound conditions; (3) available in full-text English; and (4) having an active, accessible DOI. Exclusion criteria included opinion articles without empirical data, short editorials without a substantial literature review, and articles whose full text could not be accessed.

The literature selection process follows four stages: identification, title and abstract screening, full-text eligibility assessment, and determination of articles to be included in the final synthesis. These selection stages are visualized in the following flowchart (Figure 1).

After articles meeting the criteria were identified, structured data extraction was performed, including author names, year of publication, study design, population and sample size, type of intervention, measurement instruments, and key findings related to adherence and wound care. The extracted data were then narratively synthesized based on themes: the influence of teach-back on knowledge and self-efficacy, its influence on wound care adherence behavior, its influence on healing outcomes and complications, the mechanisms underlying the effectiveness of teach-back, comparisons with other educational methods, and barriers to its implementation in daily clinical practice. Article quality was assessed narratively, taking into account the suitability of the research design to the study objectives, clarity of method reporting, and consistency of findings between studies. No formal quantitative scores were used, given the narrative nature of this study and not a full systematic review.

Figure 1. Literature Selection Flow Diagram



RESULTS AND DISCUSSION

Based on the selection process depicted in Figure 1, twenty-five articles met the criteria and were included in the final synthesis. Included articles included randomized controlled clinical trials, quasi-experimental studies, cross-sectional studies, integrative reviews, and scoping reviews, published between 2021 and 2026 and originating from various countries, including Iran, China, South Korea, the United States, the Netherlands, Australia, Ethiopia, Pakistan, and Indonesia. The populations studied were diverse, including post-colostomy patients, post-orthopedic surgery patients, post-cardiac surgery patients, patients with diabetic foot ulcers, venous leg ulcers, pressure injuries, and post-dermatological surgery patients. Overall, the majority of studies were published between 2023 and 2026, indicating that research interest in teach-back in the context of wound care and postoperative adherence has increased rapidly in recent years, in line with the growing recognition of health literacy as an important determinant of post-surgical patient safety. Summary characteristics of most of the studies that formed the basis of this synthesis are presented in Table 1.

Table 1. Summary of Characteristics of Selected Studies

Author (Year)	Design	Population/Sample	Intervention	Key Findings
Rajabi et al. (2025)	3-arm RCT	Emergency colostomy patient	Teach-back vs pictorial-based vs standard	↑ knowledge, compliance, self-efficacy, and peristomal skin healing
Li et al. (2025)	Interventional clinical studies	Post-operative knee injury patient	Teach-back + continuity care	↑ compliance with rehabilitation & wound care

Marks et al. (2022)	Intervention studies	Patient education on drug repatriation	Teach-back	↑ patient knowledge, perception, and satisfaction
Huang Q. et al. (2026)	Advanced nursing studies	Post aortic dissection patient	Teach-back continuing nursing	↑ self-management behavior & quality of life
Taherkhani et al. (2026)	Pre-post study	Family caregiver at risk of pressure injury	Teach-back based training	↑ caregiver knowledge
Satehi et al. (2021)	Comparative study	Diabetic foot ulcer patient	Teach-back vs multimedia	↑ self-care & self-efficacy (teach-back superior retention)
Gupta et al. (2025)	Pilot study	Post-Mohs surgery patient	Teach-back wound education	↑ compliance with wound care protocols
Ghorbani et al. (2021)	RCT	Post CABG patients	Gamification vs teach-back	↑ therapeutic regimen compliance in both methods
Oh et al. (2023)	RCT	Heart failure patients	Teach-back repatriation education	↓ hospital readmission rate
Groenen et al. (2024)	Cross-sectional	Post-general surgery patients	—	Wound self-management ability is still low & varies
Tobiano et al. (2022)	Patient preference study	Surgical patients	—	Interactive & personal education preferences
Liosatos et al. (2024)	Integrative review	Acute care patients	—	Patient participation in wound care is still limited
Huang Y. et al. (2023)	Systematic review	Chronic wound patients & caregivers at home	Home-based wound care training	↑ healing outcomes when caregivers are involved
Bobbink et al. (2024)	Qualitative study	Venous leg ulcer patients	Post-nursing reflective education	More conscious self-care decision making
Lontaan et al. (2026)	Community implementation study	Post-operative patient at home (Indonesia)	Community nursing model	↑ compliance with post-operative care at home

Influence on Knowledge and Self-Efficacy

Nearly all studies examining the cognitive impact of teach-back consistently report significant increases in patient knowledge compared to groups receiving conventional education. Rajabi, Khatiban, Falahan, and Soltanian (2025) found in a three-arm randomized clinical trial in emergency colostomy patients that the teach-back group achieved higher self-care knowledge and self-efficacy scores than both the image-based learning group and the standard control group. Similar findings were reported by Marks, O'Sullivan, Pytel, and Parkosewich (2022) in

medication-related discharge education, where the teach-back intervention significantly improved patient knowledge, perceptions, and satisfaction with the education received from nurses. In a population of family caregivers of patients at risk for pressure injuries, Taherkhani, Mollaei, Nasrollahi, Rashidi, and Rafiei (2026) also found a statistically significant increase in knowledge after teach-back training compared to before the intervention. These consistent increases in knowledge strengthen the argument that active recall of information is indeed effective in improving the encoding process of health information in patients and their caregivers, in line with the principles of adult learning theory that emphasize active learner involvement.

Self-efficacy, an important predictor of long-term health behaviors, also consistently increased after teach-back interventions. A study of diabetic foot ulcer patients by Satehi, Zandi, Derakhshan, Nasiri, and Tahmasbi (2021) showed that both teach-back and multimedia learning improved self-care behaviors, but the teach-back group demonstrated superiority in terms of patient confidence in performing wound care independently at home. This confirms that the advantage of teach-back lies not solely in information transfer, but in strengthening patients' sense of competence in actually implementing the taught behaviors.

Influence on Wound Care Compliance

Regarding adherence behavior, evidence from various surgical contexts shows a similar pattern. In patients after knee injury, the implementation of teach-back combined with ongoing care has been shown to significantly improve adherence to postoperative rehabilitation and wound care programs (Li et al., 2025). A pilot study by Gupta, Hill, Scott, and Wong (2025) in patients after Mohs micrographic surgery also demonstrated that the implementation of teach-back in wound care education improved patient adherence to postoperative care protocols, albeit with a limited sample size. In a postcoronary artery bypass surgery population, Ghorbani et al. (2021) compared gamification with teach-back and found that both methods were equally effective in improving adherence to therapeutic regimens compared to standard education, although teach-back was considered easier to implement across different levels of digital literacy in patients. Meanwhile, a study by Javed et al. (2025) exploring the perceptions of nurses and patients after coronary artery bypass surgery found that both parties viewed interactive educational methods such as teach-back as more effective than one-way instruction in building adherence to postoperative care.

Effect on Wound Healing and Complications

Several studies have also measured objective clinical outcomes, not just behavioral or cognitive outcomes. Rajabi et al. (2025) reported that the teach-back group demonstrated better peristomal skin healing scores than both comparison groups, suggesting that improved adherence due to teach-back directly impacts physiological wound outcomes. In a heart failure population, a randomized clinical trial by Oh, Lee, Lee, and Oh (2023) found that teach-back-based discharge education was associated with a reduced rate of hospital readmissions compared to standard education. An integrative review by Huang, Hu, Xie, Jiang, Ding, Mao, and Hou (2023) of home-based chronic wound care training also concluded that structured training involving verification of patient and caregiver understanding, as well as teach-back principles, contributed to improved chronic wound healing outcomes and a reduced incidence of recurrent complications. In patients

with venous leg ulcers, Bobbink, Gschwind, Larkin, and Probst (2024) found that an educational process involving reflective dialogue and verification of understanding encouraged patients to make more conscious decisions (conscientious decisions) in carrying out self-care, which ultimately supported the sustainability of long-term wound care.

The Role of Family and Caregivers

Postoperative wound care at home is rarely the sole responsibility of the patient, especially for elderly patients, those with limited mobility, or those with complex wounds requiring assistance. A study by Taherkhani et al. (2026) specifically targeted family caregivers of patients at risk for pressure injuries and found that teach-back training involving caregivers directly significantly improved their knowledge of wound prevention and care. This finding is important because caregivers are often the primary determinants of the continuity of proper wound care after discharge, particularly when the patient themselves have physical or cognitive limitations for self-care. A systematic review by Huang, Hu, Xie, Jiang, Ding, Mao, and Hou (2023) on home-based chronic wound care training also confirmed that programs involving caregivers from the outset, accompanied by verification of understanding through teach-back, resulted in better healing outcomes than programs that only targeted the patient. Consequently, the application of teach-back in postoperative wound care should ideally not only be directed at the patient but also systematically involve family members or primary caregivers who will play a role in daily care at home.

Comparison of the Effectiveness of Teach-Back with Other Educational Methods

Several reviewed studies specifically compared teach-back with alternative educational methods to assess their relative advantages. Satehi et al. (2021) compared teach-back with multimedia learning in patients with diabetic foot ulcers and found that both methods significantly improved self-care behaviors compared to standard education. However, teach-back was superior in terms of medium-term retention due to its nature of forcing patients to actively confirm understanding, rather than passively receiving audiovisual materials. Ghorbani et al. (2021) compared gamification with teach-back in patients after coronary artery bypass surgery, found relatively equivalent results on therapeutic regimen adherence outcomes, but noted that teach-back had the practical advantage of not requiring additional technological infrastructure, making it easier to adopt in healthcare facilities with limited resources. This comparison is important in the Indonesian context, where disparities in access to digital technology between regions remain a challenge, making verbal communication-based educational methods like teach-back more feasible for widespread implementation than app-based or gamification-based methods that rely on digital devices.

Mechanisms Underlying Teach-Back Effectiveness

The effectiveness of teach-back on wound care adherence is inseparable from its role in addressing health literacy gaps. As Noguchi et al. (2025) demonstrated, most perioperative patients have limited health literacy, so standard, one-way education tends to fail to ensure adequate understanding. Mahmoodi (2025) emphasized that the primary strength of teach-back lies in shifting the evaluation focus from testing the patient to assessing the effectiveness of healthcare providers' explanations, thus creating a safe space for patients to admit misunderstandings without

embarrassment. The patient preference for an interactive and personalized educational approach, as reported by Tobiano et al. (2022), as well as the low level of active patient participation in wound care in conventional practices identified by Liosatos, Tobiano, and Gillespie (2024), further strengthen the argument that active engagement mechanisms in teach-back are key to its success.

Implementation Barriers and Implications for Practice

Despite consistent evidence of the effectiveness of teach-back, its implementation in daily clinical practice still faces various barriers. A study by Duffaydar et al. (2025) of physician trainees found that formal capabilities and training in wound management were limited, which indirectly impacted the quality of education received by patients. An integrative review by Gamage, Lovegrove, Seneviratne, Tobiano, and Gillespie (2025) of postoperative wound care practices by nurses in acute care settings also identified time constraints, high workloads, and a lack of standardized educational protocols as key barriers to the consistent implementation of interactive education such as teach-back. These barriers are cross-professional, not limited to nurses, given that postoperative patient education typically involves a multidisciplinary team including surgeons, physician trainees, and other healthcare professionals who interact with the patient prior to discharge. Therefore, the successful implementation of teach-back consistently requires institutional commitment, not just individual healthcare professionals' initiatives. This includes providing adequate educational time, communication training for all team members, and incorporating steps to verify patient understanding as a standard part of surgical discharge protocols.

In Indonesia, implementation challenges not only occur in hospitals but also extend to the home care phase. Rahayu, Ibrahim, and Herman (2025) found that postoperative orthopedic patients have complex learning needs related to discharge planning that are not fully met. The community nursing model implemented by Lontaan, Arda, and Hardi (2026) demonstrated that strengthening education and ongoing support at the household level can improve patient compliance with postoperative home care, an approach that aligns with the principle of teach-back but extends its scope to the community level. These findings indicate that the integration of teach-back should not stop at the moment of discharge education in the hospital, but should be strengthened through home visits or remote follow-up by community nurses, especially in healthcare systems with limited resources such as those found in many parts of Indonesia.

Limitations of the Evidence Reviewed

Despite the consistent direction of findings, most of the reviewed studies had methodological limitations, such as relatively small sample sizes, single-institution study designs, and adherence measurement instruments that were not internationally standardized. The wide variation in surgical populations also makes it difficult to directly generalize the findings to all types of surgical procedures. Therefore, although the direction of evidence consistently supports the effectiveness of teach-back, larger, multicenter clinical trials with standardized adherence instruments are needed, particularly in the Indonesian healthcare context, to strengthen recommendations for its widespread implementation.

CONCLUSIONS

Evidence from twenty-five reviewed studies consistently demonstrates that teach-back education improves patients' knowledge, self-efficacy, and adherence to postoperative wound care across diverse surgical populations, ranging from colostomy, orthopedic, and cardiac surgery to diabetic foot ulcers and dermatological procedures. Beyond behavioral outcomes, teach-back is also associated with better clinical results, including improved wound healing and reduced hospital readmission rates, particularly when caregivers are actively involved in the education process. Despite these consistent findings, implementation in daily practice remains constrained by limited time, workload, and the absence of standardized educational protocols, while most available evidence still relies on small, single-institution studies. Therefore, teach-back can be considered a simple, low-cost, and evidence-based educational strategy that is feasible to implement routinely in perioperative and community nursing practice, particularly in resource-limited settings such as Indonesia, though larger, multicenter trials with standardized adherence measures are still needed to strengthen this recommendation.

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