

**PRE-OPERATIVE ANXIETY AND COPING STRATEGIES IN RELATION
TO POST-OPERATIVE RECOVERY MANAGEMENT**

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In Partial Fulfillment
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Master of Arts in Nursing
Major in Nursing Education and Administration

by

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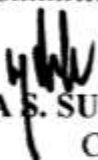
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APPROVAL SHEET

This thesis entitled **“PRE-OPERATIVE ANXIETY AND COPING STRATEGIES IN RELATION TO POST-OPERATIVE RECOVERY MANAGEMENT,”** prepared and submitted by **Andrea Mae G. Arcamo** in partial fulfillment of the requirements for the degree of **Master of Arts in Nursing major in Nursing Education and Administration**, has been examined and is recommended for acceptance and approval for Oral Examination.


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DEDICATION

This research is dedicated to
my family, whose unwavering love and belief in my abilities
have been my greatest source of strength;
all those who have provided inspiration,
encouragement, and support throughout this journey;
I am deeply grateful for your constant support and understanding.
My adviser and mentors, your invaluable guidance, expertise,
and commitment have shaped me into the researcher I am today.
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God Almighty, His divine wisdom and benevolence have been my unwavering sources of
strength and inspiration.
In the journey of this project, His presence was palpable, guiding me through every
challenge.

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ABSTRACT

Surgical procedures often elicit significant psychological responses among patients, which can influence their overall recovery experience and management. This study examined the relationship between pre-operative anxiety, coping strategies, and post-operative recovery management among postoperative patients, emphasizing how psychological responses prior to surgery and coping behaviors influence recovery management such as pain management, physiological stability, complication prevention, and functional recovery. The study employed a descriptive-correlational research design and was conducted in a tertiary government hospital in Ozamiz City, Philippines. A total of 100 surgical patients undergoing elective procedures were purposively included in the study. Data were gathered through a researcher-made questionnaire and analyzed using the Weighted Mean, Standard Deviation, and Pearson Product Moment Correlation Coefficient. Patients demonstrated extremely elevated pre-operative anxiety, highly utilized coping strategies, and excellent post-operative recovery management. Pre-operative anxiety had no direct influence on post-operative recovery management, while coping strategies contributed only minimally, suggesting that recovery management was mainly influenced by other clinical and support factors. Findings highlight the importance of continuous clinical care and psychological support in promoting effective post-operative recovery among surgical patients. Healthcare providers may integrate structured anxiety screening, coping interventions, and continuous clinical management to enhance both psychological support and post-operative recovery management among surgical patients.

Keywords: *cognitive reframing, coping strategies, post-operative recovery, pre-operative anxiety, surgical patient*

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Chapter 1

INTRODUCTION

Rationale of the Study

Surgery is a critical medical intervention performed to diagnose, treat, or manage a wide range of health conditions, often requiring comprehensive perioperative care to ensure patient safety and successful recovery. Perioperative care encompasses the pre-operative, intraoperative, and post-operative phases of surgical management and focuses on patient preparation, monitoring, pain control, emotional support, and prevention of complications throughout the surgical experience (Alanazi et al., 2024; Johnston, 2025; Salazar, 2022). Within this process, patients commonly experience various physical, emotional, and psychological responses before and after surgery. Postoperative experiences from the patient's perspective often include pain, discomfort, anxiety, fatigue, mobility limitations, emotional distress, and concerns regarding recovery progression and complications (Banasiewicz et al., 2023; Bates et al., 2024; Loriga, 2025).

These experiences significantly influence patients' perceptions of recovery and overall satisfaction with care. Emerging evidence further indicates that psychological conditions present before surgery can affect recovery trajectories, pain perception, and length of hospital stay (Giordano et al., 2023; Giusti et al., 2022; Page et al., 2024). Patients experiencing heightened emotional distress before surgery may demonstrate amplified physiological stress responses that interfere with immune functioning and tissue repair processes (Reza et al., 2023). Conversely, patients who are emotionally prepared and

psychologically supported tend to cooperate better with treatment plans and exhibit more favorable recovery experiences.

Pre-operative anxiety is one of the most common psychological responses among patients awaiting surgery and is frequently characterized by fear of anesthesia, anticipated pain, uncertainty regarding surgical outcomes, and concerns about possible complications (Krupic et al., 2025; Shebl et al., 2025). Research consistently demonstrates that elevated levels of pre-operative anxiety are associated with poorer postoperative recovery outcomes from the patient's perspective, including increased pain perception, delayed recovery progress, prolonged hospitalization, and reduced overall comfort during recovery (Ali, 2023; Syed et al., 2026; Tadesse et al., 2022). Physiologically, anxiety activates the sympathetic nervous system and stimulates the release of stress hormones such as cortisol and catecholamines, which may suppress immune responses and impair wound healing processes (Garza-Ulloa, 2024; Hinds & Sanchez, 2022; Oubaid, 2023).

Biological responses explain why anxiety may negatively influence both subjective recovery experiences and objective clinical outcomes. Patients with heightened anxiety often report lower satisfaction with perioperative care and greater emotional and physical discomfort throughout the recovery period (Ghobadi et al., 2024; Niyonkuru et al., 2025; Weinerman et al., 2023). Despite its recognized clinical significance, pre-operative anxiety remains inconsistently assessed and managed in many healthcare institutions, particularly in government hospital settings. Therefore, examining pre-operative anxiety is essential for identifying modifiable psychological factors that may influence patients' postoperative recovery experiences and recovery management outcomes.

Coping strategies refer to the cognitive and behavioral approaches individuals utilize to manage stress, emotional distress, and uncertainty associated with surgical procedures and recovery experiences (Godor et al., 2024; Leis et al., 2024; Oorthuys et al., 2022). These strategies may include information-seeking behaviors, reliance on family and social support, relaxation techniques, spiritual practices, and positive cognitive reframing. Existing evidence suggests that adaptive coping strategies are significantly associated with reduced anxiety levels, improved emotional stability, and more positive perioperative experiences among surgical patients (Majumdar et al., 2025). Structured pre-operative education programs, for example, improve patients' understanding of surgical procedures and increase their sense of preparedness and control, thereby decreasing anxiety and emotional distress (Oliveira et al., 2022; Samadi, 2024; Zhuo et al., 2023).

Likewise, interventions such as guided imagery, relaxation exercises, and controlled breathing techniques have demonstrated effectiveness in reducing anxiety and postoperative pain perception (Aydin & Dogan, 2023; Lu et al., 2022). Adaptive coping mechanisms may therefore serve as protective psychological resources that lessen the negative effects of anxiety on recovery experiences and physiological healing processes (Hudson et al., 2025). However, although coping strategies are recognized for reducing emotional distress, limited studies have explored how these strategies interact with pre-operative anxiety in influencing patients' perceived postoperative recovery management. This gap highlights the need to examine coping strategies not only as independent psychological responses but also in relation to anxiety and postoperative recovery experiences.

Postoperative recovery management in this study refers to patients' perceived experiences related to recovery following surgery, including pain management, physical comfort, mobility, emotional well-being, recovery progression, and overall adaptation during the post-operative period. Effective postoperative recovery management is influenced by coordinated perioperative care interventions aimed at restoring physiological stability, minimizing complications, and supporting patient recovery (Disha, 2025; Silvetti et al., 2024). Research indicates that psychological preparedness before surgery significantly affects the quality and pace of patients' recovery experiences during the postoperative phase (Akbari, 2025; Bates et al., 2024). Patients with lower anxiety levels and stronger coping strategies tend to report better pain control, earlier recovery progress, shorter hospital stays, and more positive recovery experiences compared to those with elevated anxiety and ineffective coping mechanisms (Chen et al., 2022).

Conversely, prolonged stress responses may delay healing processes, weaken immune functioning, and increase susceptibility to postoperative complications (Chen, 2025; Ivascu et al., 2024; Reza et al., 2023). Although perioperative protocols often prioritize physiological monitoring and medical interventions, psychological factors influencing patients' postoperative experiences are frequently underemphasized in routine care planning. Integrating psychological assessment and coping support into perioperative nursing care may therefore enhance holistic patient management and improve perceived recovery experiences.

Recent literature consistently demonstrates that pre-operative anxiety negatively influences postoperative recovery experiences, contributing to increased pain perception, delayed recovery progression, prolonged hospitalization, and reduced patient comfort

following surgery (Ali, 2023; Shebl et al., 2025; Vasaya et al., 2024). Studies show that adaptive coping strategies such as relaxation techniques, social support, positive reframing, and structured patient education effectively reduce anxiety and improve perioperative experiences among surgical patients (Bondarchuk et al., 2023; Bondarchuk et al., 2024; Saiwan & Al-showaily, 2025). While substantial evidence supports the independent influence of anxiety on postoperative recovery outcomes and the effectiveness of coping strategies in reducing psychological distress, relatively few investigations have examined the combined or interactive influence of these variables on patients' perceived postoperative recovery management. Moreover, most existing studies have been conducted in highly resourced tertiary healthcare institutions, limiting the applicability of findings to government hospital settings where resource limitations and healthcare conditions may differ significantly. These findings emphasize the importance of examining the relationship among pre-operative anxiety, coping strategies, and postoperative recovery management within diverse clinical and institutional contexts.

This study addressed both empirical and contextual research gaps. Although previous studies have established that pre-operative anxiety is associated with adverse postoperative recovery experiences and that coping strategies can reduce anxiety levels, limited empirical evidence has examined how coping strategies influence the relationship between pre-operative anxiety and patients' perceived postoperative recovery management in government hospital settings. A number of studies investigated these variables independently rather than examining their interrelationships within a unified framework. Furthermore, localized evidence from government tertiary hospitals remains limited, creating a contextual gap in the literature. This gap reflects both an empirical deficiency

due to the limited use of integrative analytical approaches and a contextual limitation because findings from highly resourced healthcare institutions may not be fully applicable to resource-constrained settings. Addressing these gaps may generate context-specific evidence useful in improving perioperative nursing interventions and enhancing patient-centered recovery management practices.

This study aimed to determine the relationship between pre-operative anxiety and coping strategies in relation to patients' perceived postoperative recovery management among surgical patients in a government tertiary hospital. Specifically, the study sought to assess the level of pre-operative anxiety among patients, identify the coping strategies utilized during the perioperative period, and examine how these psychological factors relate to perceived postoperative recovery experiences such as pain control, comfort, mobility, emotional well-being, and overall recovery progression.

The findings of this study may contribute to strengthening perioperative nursing practice by emphasizing the importance of psychological assessment and coping support in surgical care. The results provided healthcare professionals with evidence regarding the significance of structured anxiety screening and evidence-based coping interventions in improving patients' postoperative recovery experiences. Hospital administrators may also utilize the findings to design more holistic perioperative care policies that integrate psychological support into routine surgical care. Ultimately, patients may benefit from improved emotional support, reduced anxiety, enhanced coping abilities, and more positive postoperative recovery experiences.

Theoretical Framework

This study was anchored on the Transactional Model of Stress and Coping by Lazarus and Folkman (1984), Coping Theory by Folkman and Lazarus (1980), and Self-Care Deficit Nursing Theory by Dorothea Orem (2001).

The theoretical foundation of this study is anchored on the Transactional Model of Stress and Coping by Richard S. Lazarus and Susan Folkman, Coping Theory by Folkman and Lazarus, and Dorothea Orem's Self-Care Deficit Nursing Theory. These theories collectively explain how pre-operative anxiety, coping strategies, and postoperative recovery management are interconnected within the perioperative experiences of surgical patients. The framework supports the assumption that surgical patients experience psychological stress before surgery, utilize coping mechanisms to manage that stress, and subsequently demonstrate varying postoperative recovery experiences depending on their emotional preparedness, coping capacity, and level of nursing support.

The Transactional Model of Stress and Coping, developed by Lazarus and Folkman in 1984, explains stress as a dynamic interaction between an individual and the environment rather than merely a response to external stressors (Lazarus & Folkman, 1984). According to the model, stress occurs when individuals perceive that situational demands exceed their available coping resources. The theory emphasizes two major cognitive appraisal processes: primary appraisal, wherein individuals evaluate whether a situation is threatening or stressful, and secondary appraisal, wherein they assess their ability to cope with the stressor. Coping is then conceptualized as the cognitive and behavioral efforts utilized to manage stressful situations, commonly categorized into

problem-focused and emotion-focused coping strategies (Aldwin, 2022; Lazarus & Folkman, 1984).

This theory directly relates to the variables of the study. Pre-operative anxiety represents the patient's psychological stress response during the primary appraisal stage as surgery is often perceived as a threatening or uncertain event. Coping strategies function as the secondary response wherein patients attempt to manage emotional distress through cognitive and behavioral efforts such as seeking information, relaxation techniques, spiritual support, or emotional regulation (Aldwin, 2022; Folkman, 2023). These coping responses may influence postoperative recovery management by either reducing or intensifying stress-related physiological and emotional reactions. Patients who effectively manage stress through adaptive coping strategies are more likely to experience improved emotional stability, reduced anxiety, better pain tolerance, and more favorable postoperative recovery experiences. Consequently, the Transactional Model of Stress and Coping provides the primary theoretical explanation for how stress, coping, and postoperative recovery are interconnected within the surgical experience (Lazarus & Folkman, 1984; Smith et al., 2023).

Several studies have applied the Transactional Model of Stress and Coping in healthcare and perioperative settings. Research involving surgical patients demonstrated that pre-operative stress appraisal and coping responses significantly predicted postoperative pain perception and recovery progression (Nguyen et al., 2022). Similarly, studies among caregivers and hospitalized patients found that adaptive coping strategies mitigated anxiety, enhanced emotional control, and improved perceived recovery experiences, supporting Lazarus and Folkman's framework (Lee & Kim, 2023). Moreover,

systematic reviews on stress and coping in healthcare contexts confirmed that cognitive appraisal and coping mechanisms significantly influence emotional, behavioral, and physiological outcomes among patients undergoing stressful medical procedures (Aldwin, 2022). These findings reinforce the applicability of the theory in examining how pre-operative anxiety and coping strategies influence postoperative recovery management among surgical patients.

Complementing the Transactional Model is Coping Theory developed by Folkman and Lazarus in 1980, which specifically focuses on the coping processes individuals use to manage stressful situations (Folkman & Lazarus, 1980). The theory defines coping as the constantly changing cognitive and behavioral efforts employed to manage internal and external demands perceived as stressful or overwhelming. Coping Theory distinguishes between problem-focused coping, which aims to directly address the source of stress, and emotion-focused coping, which seeks to regulate emotional responses associated with stress. The theory emphasizes that coping effectiveness depends on the appropriateness of the strategy used in relation to the stressful situation, highlighting coping as a dynamic and adaptive process.

Coping Theory further strengthens the relationship between the study variables by explaining how surgical patients actively manage pre-operative anxiety and how these coping responses may influence postoperative recovery management. Patients experiencing anxiety before surgery may engage in problem-focused coping strategies such as asking questions regarding the procedure, preparing mentally for surgery, or adhering to preoperative instructions. Others may utilize emotion-focused coping strategies such as prayer, relaxation exercises, distraction, or seeking emotional support from family and

healthcare providers (Aldwin, 2022; Folkman & Lazarus, 1980). These coping strategies may buffer the negative effects of anxiety on postoperative recovery experiences by reducing emotional distress and promoting psychological preparedness. Consequently, patients with adaptive coping mechanisms are more likely to demonstrate improved cooperation with postoperative care, reduced stress responses, and more positive recovery experiences.

Empirical studies have consistently supported the application of Coping Theory in perioperative and healthcare contexts. Nguyen et al. (2022) reported that the use of adaptive coping strategies among surgical patients significantly reduced pre-operative anxiety and improved postoperative recovery experiences. Likewise, Lee and Kim (2023) demonstrated that adaptive coping responses among caregivers and hospitalized patients improved emotional regulation and stress management. Systematic reviews further confirmed that coping responses significantly influence both psychological well-being and physiological recovery among medical and surgical patients (Aldwin, 2022). These findings emphasize the importance of coping strategies as mechanisms through which patients manage anxiety and influence their recovery experiences during the postoperative period.

The study is also anchored on Orem's Self-Care Deficit Nursing Theory developed by Dorothea Orem and formally articulated in *Nursing: Concepts of Practice* (2001). Orem's theory emphasizes that recovery and health improvement are enhanced when patients are capable of meeting their self-care needs. The theory identifies three interrelated concepts: self-care, self-care deficit, and nursing systems. According to Orem, individuals recovering from illness or surgery may experience temporary limitations in their ability to

perform self-care activities, thereby requiring nursing assistance, guidance, and supportive interventions until independence is restored. The theory highlights the role of nurses in promoting patient autonomy while addressing physiological, psychological, and emotional recovery needs.

Orem's framework directly supports the postoperative recovery management variable of the study by emphasizing the relationship between patient self-care abilities and recovery experiences. Following surgery, patients often experience pain, weakness, anxiety, mobility limitations, and dependence on healthcare professionals, creating temporary self-care deficits. Effective postoperative recovery management therefore involves nursing interventions that assist patients in meeting their self-care needs while promoting gradual recovery and independence. These interventions may include pain management, wound care education, mobility assistance, emotional reassurance, and health teaching regarding postoperative care (George, 2022; Orem, 2001). The theory suggests that patients who receive adequate nursing support and are empowered to participate in their recovery process are more likely to experience improved comfort, better adaptation, faster recovery progression, and enhanced overall postoperative experiences.

Numerous studies have demonstrated the applicability of Orem's Self-Care Deficit Nursing Theory in postoperative and clinical settings. Research involving cardiac surgery patients revealed that nursing interventions guided by Orem's framework improved self-care abilities, accelerated recovery progression, and increased patient satisfaction (Patel & Kumar, 2023). Similarly, studies among orthopedic postoperative patients showed that structured nursing care based on Orem's theory enhanced self-care behaviors and shortened hospital stays (Lee et al., 2022). Another investigation in surgical wards found that

integrating Orem-based nursing interventions with psychological support improved both emotional and functional recovery outcomes among patients (Nguyen et al., 2022). These findings validate the relevance of Orem's theory in explaining how nursing support and patient self-care contribute to postoperative recovery management.

Collectively, these theories provide a comprehensive explanation of the relationships among pre-operative anxiety, coping strategies, and postoperative recovery management. The Transactional Model of Stress and Coping explains how patients cognitively appraise surgery as a stressful event and develop coping responses. Coping Theory further clarifies the adaptive mechanisms patients utilize to manage anxiety and emotional distress. Meanwhile, Orem's Self-Care Deficit Nursing Theory explains how nursing support and patient self-care behaviors influence recovery experiences following surgery. Together, these theories establish a strong conceptual and theoretical foundation for understanding how psychological stress, coping processes, and nursing-supported recovery interact within the perioperative experiences of surgical patients.

Conceptual Framework

This study used three variables, namely: pre-operative anxiety, coping strategies, and post-operative recovery management of the respondents. Pre-operative anxiety and coping strategies served as the independent variables, while post-operative recovery management serves as the dependent variable. The study examined how pre-operative anxiety and coping strategies influenced patients' perceived post-operative recovery experiences following surgery. Each variable was composed of four constructs presented and discussed in this section, with both conceptual and operational definitions provided.

Pre-operative anxiety refers conceptually to the emotional distress, fear, nervousness, and apprehension experienced by patients before undergoing surgery. It includes concerns regarding the surgical procedure, anesthesia, potential complications, pain, and uncertainty about recovery outcomes. Operationally, pre-operative anxiety in this study refers to the level of anxiety perceived and reported by surgical patients before surgery in terms of fear of surgery, fear of anesthesia, uncertainty about outcomes, and physiological symptoms of anxiety. It is widely recognized as a common psychological reaction among surgical patients, with prevalence estimates ranging from 48 percent to 80 percent in diverse surgical populations, reflecting universal concerns about surgical trauma, loss of control, pain, and recovery uncertainty (Friedrich et al., 2022; Shebl et al., 2025).

Empirical evidence shows that heightened preoperative anxiety is not only a subjective emotional response but also correlates with adverse perioperative outcomes, including increased anesthetic and analgesic requirements, prolonged recovery times, and a higher likelihood of postoperative delirium and other complications (Ni et al., 2023; Shebl et al., 2025). Moreover, observational studies indicate that patients with elevated anxiety scores prior to surgery are more likely to report greater postoperative discomfort and delayed achievement of recovery milestones, underlining the clinical significance of assessing and addressing anxiety as part of perioperative care (Oh et al., 2024; Shahid & Waseem, 2024). Research further suggests that targeted interventions such as structured preoperative education and nursing psychoeducation programs can significantly reduce preoperative anxiety, thereby potentially improving recovery trajectories and patient experience (Agussalim et al., 2025; Oliveira et al., 2024).

Fear of surgery refers conceptually to the emotional distress specifically associated with undergoing a surgical procedure, including concerns regarding pain, complications, loss of control, and recovery. Operationally, it refers to the degree to which patients perceive fear regarding the surgical operation itself. Research shows that fear related to surgery is a common and measurable psychological phenomenon experienced by a significant proportion of patients awaiting elective and major operations, driven by uncertainties about anesthesia, postoperative pain, and surgical outcomes (Friedrich et al., 2022; Krupic et al., 2025). Studies indicate that elevated fear levels correlate with adverse perioperative responses, such as increased postoperative pain, greater analgesic consumption, and reduced comfort during recovery, suggesting that fear of surgery not only affects psychological well-being but also influences physiological and behavioral recovery indicators (Saklı & Ozsaker, 2025; Urological Surgery Study, 2023). Furthermore, demographic and procedural factors, such as type of surgery, prior surgical experience, and information sufficiency, are associated with variations in fear levels, reinforcing the need for tailored preoperative education and psychological support (Krupic et al., 2025; Perioperative Medicine Journal, 2023).

Fear of anesthesia refers conceptually to anxiety and apprehension related to the anesthetic process, including fear of unconsciousness, intraoperative awareness, side effects, and failure to awaken after surgery. Operationally, it pertains to patients' perceived level of fear toward anesthesia administration and its possible effects. It is a clinically significant component of preoperative anxiety, with studies reporting that a large proportion of surgical patients experience fear specifically related to anesthesia, with younger age, female sex, and higher general anxiety being strong predictors of heightened

fear levels (B et al., 2025; Jovanovic et al., 2022). Research also identifies fears such as vomiting, dizziness, paralysis, intraoperative awareness, and postoperative complications as major features of anesthesia-related apprehension (B et al., 2025). Limited knowledge about anesthesia and anesthesiologists has been shown to increase fear, reinforcing anxiety toward the unknown aspects of the anesthetic process (Jovanovic et al., 2022). Given its prevalence and impact, fear of anesthesia has been linked with broader perioperative anxiety and adverse postoperative outcomes, making it an important focus for pre-anesthetic education and psychological support (B et al., 2025; Shawahna et al., 2023).

Uncertainty about outcomes refers conceptually to patients' inability to predict or fully understand surgical and postoperative outcomes. Operationally, it pertains to patients' perceived uncertainty regarding recovery progression, complications, and future health status after surgery. This uncertainty can heighten emotional distress and serve as a major source of pre-operative anxiety, as patients often struggle with not knowing what to expect and how their bodies will respond to surgical intervention (Dimitriadou et al., 2025; Wu, Dai, Wang, & Yang, 2023). Qualitative studies show that patients frequently report feeling unprepared for postoperative recovery realities and uncertain about healing patterns and timelines, contributing to worry and psychological tension before surgery (Akutay & Ceyhan, 2023; Oh et al., 2024). Research further indicates that uncertainty is associated with heightened procedural anxiety because patients who cannot predict or understand potential outcomes tend to perceive surgery as more threatening and distressing (Wu et al., 2023). Interventions focusing on communication, structured education, and expectation-setting have been shown to reduce uncertainty and improve preparedness throughout the perioperative period (Dimitriadou et al., 2025; Oh et al., 2024).

Physiological symptoms of anxiety refer conceptually to the bodily responses associated with heightened emotional stress and autonomic nervous system activation. Operationally, they refer to patients' perceived physical manifestations of anxiety before surgery, including increased heart rate, sweating, tremors, rapid breathing, nausea, and elevated blood pressure. In the perioperative period, preoperative anxiety frequently manifests through physical indicators reflecting sympathetic nervous system activation and neuroendocrine stress responses (Christiana Alimonaki et al., 2025; Friedrich et al., 2022). Empirical studies have documented that anxiety-induced sympathetic arousal may lead to hemodynamic instability, such as tachycardia and increased mean arterial pressure, which can complicate anesthesia management and intraoperative monitoring (Alimonaki et al., 2025; Recent Hemodynamic Study, 2025). Research also emphasizes that these physiological symptoms have clinical significance because they may influence anesthetic requirements, delay recovery, and contribute to postoperative complications when unmanaged (Oliveira et al., 2024; Shebl et al., 2025).

Coping strategies refer conceptually to the cognitive and behavioral efforts individuals use to manage stress and emotional distress associated with challenging situations. Operationally, coping strategies in this study refer to the methods perceived and utilized by surgical patients to manage pre-operative anxiety in terms of problem-focused coping, emotion-focused coping, social support seeking, and cognitive reframing. According to Folkman and Lazarus (1980), coping can be broadly categorized into problem-focused coping, which addresses the source of stress, and emotion-focused coping, which regulates emotional responses (Aldwin, 2022; Folkman & Lazarus, 1980). In the perioperative context, adaptive coping strategies have been shown to reduce anxiety,

improve emotional stability, and enhance postoperative recovery experiences, as patients who engage in education, relaxation exercises, or support-seeking behaviors often report reduced distress and improved pain management after surgery (Lee & Kim, 2023; Nguyen, Pham, & Tran, 2022). Research further indicates that coping strategies act as moderating factors that buffer the negative effects of anxiety on recovery experiences (Aldwin, 2022; Nguyen et al., 2022).

Problem-focused coping refers conceptually to active efforts aimed at directly addressing the source of stress. Operationally, it pertains to patients' engagement in activities such as seeking surgical information, clarifying instructions, and preparing for postoperative care. Evidence shows that patients who engage in problem-focused coping demonstrate better adherence to perioperative instructions, lower stress responses, and improved recovery outcomes (Lee & Kim, 2023; Nguyen, Pham & Tran, 2022). Structured education programs are practical examples of problem-focused coping because they improve patient preparedness and sense of control (Aldwin, 2022).

Emotion-focused coping refers conceptually to strategies aimed at regulating emotional distress associated with stressful situations. Operationally, it pertains to patients' use of relaxation exercises, guided imagery, mindfulness, prayer, or breathing techniques to manage anxiety before surgery. Studies indicate that emotion-focused coping strategies reduce physiological stress responses and contribute to improved emotional stability and pain management during recovery (Lee & Kim, 2023; Nguyen et al., 2022). Incorporating relaxation interventions into perioperative care therefore helps reduce the negative impact of anxiety on postoperative recovery experiences.

Social support seeking refers conceptually to relying on other individuals for emotional reassurance, advice, encouragement, or practical assistance during stressful experiences. Operationally, it pertains to patients' tendency to seek support from family members, friends, healthcare professionals, or peers during the perioperative period. Social support has been shown to buffer anxiety, improve postoperative compliance, and enhance recovery experiences among surgical patients (Lee & Kim, 2023; Nguyen et al., 2022). Patients with strong support systems tend to report lower emotional distress and higher satisfaction with care, emphasizing the importance of family-centered and nurse-supported interventions in perioperative management (Aldwin, 2022).

Cognitive reframing refers conceptually to changing the interpretation of a stressful event into a more positive or adaptive perspective. Operationally, it pertains to patients' efforts to view surgery as beneficial for recovery or long-term health improvement rather than as a threatening experience. Research demonstrates that patients who use cognitive reframing report lower distress, reduced fear, and better psychological adjustment during recovery (Lee & Kim, 2023; Nguyen et al., 2022). This strategy therefore serves as an important psychological mechanism for reducing anticipatory anxiety and strengthening emotional resilience.

Post-operative recovery management serves as the dependent variable of the study. Conceptually, it refers to the holistic process of restoring patients' physical, emotional, and functional well-being after surgery through appropriate clinical care, nursing interventions, and recovery support. Operationally, post-operative recovery management refers to patients' perceived experiences regarding recovery after surgery in terms of pain management, physiological stability, complication prevention, and functional

recovery. This variable is assessed based on patients' perceptions and experiences during the postoperative period rather than solely on objective clinical indicators. Effective postoperative recovery management contributes to improved comfort, reduced complications, enhanced recovery progression, and greater patient satisfaction (Kumar et al., 2023; Silva et al., 2024). Comprehensive postoperative care integrates monitoring, education, emotional support, and preventive strategies to facilitate safe and efficient recovery (Zhang et al., 2023).

Pain management refers conceptually to the control and reduction of postoperative pain through appropriate interventions. Operationally, it pertains to patients' perceived effectiveness of pain relief measures during recovery after surgery. Effective pain management improves comfort, enhances mobility, reduces complications, and promotes adherence to rehabilitation activities (Brown et al., 2023; Kumar et al., 2023; Silva et al., 2024). Non-pharmacological interventions such as relaxation techniques and patient education further contribute to reducing pain perception and improving recovery experiences.

Physiological stability refers conceptually to the maintenance of normal vital signs and body functions following surgery. Operationally, it pertains to patients' perceived recovery in terms of stable blood pressure, heart rate, breathing, oxygenation, and overall physical condition after surgery. Research indicates that patients who maintain stable physiological parameters experience fewer postoperative complications and achieve faster recovery progression (Kumar et al., 2023; Silva et al., 2024; Zhang et al., 2023).

Complication prevention refers conceptually to measures aimed at minimizing postoperative adverse events and health risks. Operationally, it pertains to patients'

perceived experiences regarding prevention of infections, bleeding, wound complications, and other postoperative problems. Preventive interventions such as wound care, aseptic techniques, early mobilization, and patient education significantly reduce morbidity and improve recovery outcomes (Brown et al., 2023; Kumar et al., 2023; Zhang et al., 2023).

Functional recovery refers conceptually to the restoration of patients' ability to perform physical, psychological, and social activities independently following surgery. Operationally, it pertains to patients' perceived ability to regain mobility, self-care capacity, independence, and participation in daily activities during the postoperative period. Functional recovery is influenced by pain control, physiological stability, and prevention of complications, all of which contribute to improved rehabilitation and quality of life (Brown, Smith, & Lee, 2023; Kumar et al., 2023; Silva et al., 2024; Zhang et al., 2023).

Next page shows the Schematic Diagram of the Study.

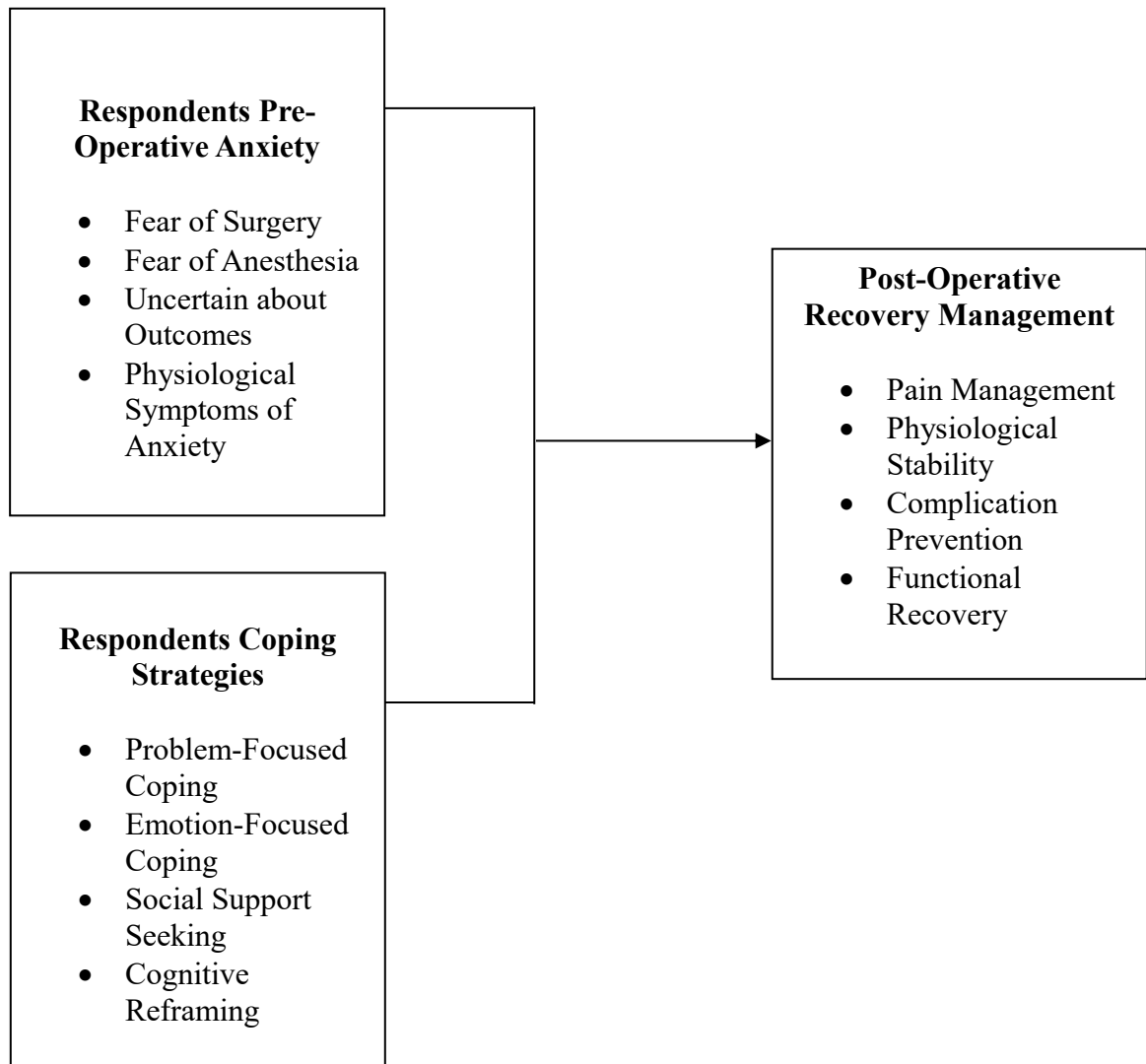


Figure 1. Schematic Diagram of the Study

Statement of the Problem

This study explored the correlation between pre-operative anxiety, coping strategies and post-operative recovery management of post operative patients.

Specifically, it sought to address the following research questions:

1. What is the level of the respondents pre-operative anxiety in terms of fear of surgery, fear of anesthesia, uncertainty about outcomes, and physiological symptoms of anxiety?
2. What is the level of the respondents coping strategies in terms of problem-focused coping, emotion-focused coping, social support seeking, and cognitive reframing?
3. What is the level of the respondents post- operative recovery management in terms of pain management, physiological stability, complication prevention, and functional recovery?
4. Is there a significant relationship between the level of the respondents pre-operative anxiety and the post-operative recovery management?
5. Is there a significant relationship between the level of coping strategies and the level of post-operative recovery management among the patients?

Hypotheses

H₀₁: There is no significant relationship between the level of the respondents pre-operative anxiety and post-operative recovery management.

H₀₂: There is no significant relationship between the level of the respondents coping strategies and post-operative recovery management.

RESEARCH METHODOLOGY

Design

The study utilized a descriptive-correlational research design to determine the relationship between pre-operative anxiety, coping strategies, and patients' perceived post-operative recovery management. The descriptive component was used to assess the level of pre-operative anxiety in terms of fear of surgery, fear of anesthesia, uncertainty about outcomes, and physiological symptoms of anxiety; the level of coping strategies in terms of problem-focused coping, emotion-focused coping, social support seeking, and cognitive reframing; and the level of patients' perceived post-operative recovery management in terms of pain management, physiological stability, complication prevention, and functional recovery. The correlational component examined the significant relationships between pre-operative anxiety and post-operative recovery management, as well as between coping strategies and post-operative recovery management. This design enabled the study to determine the strength and direction of the relationships among the variables and provided empirical evidence regarding the influence of psychological factors on patients' recovery experiences following surgery.

Setting

The study was conducted in a tertiary government hospital in Ozamiz City, Misamis Occidental, Philippines. The hospital serves as a major referral and healthcare institution for residents of Ozamiz City and nearby municipalities and provinces. The healthcare institution provides a wide range of medical and surgical services, including general surgery, orthopedic surgery, obstetric and gynecologic procedures, and other specialized surgical interventions. As a government tertiary hospital, it accommodates patients from diverse socioeconomic and educational backgrounds, making it an appropriate setting for examining psychological and recovery-related experiences among surgical patients. The hospital also follows standardized perioperative care protocols, including pre-operative assessment, surgical preparation, anesthesia services, post-anesthesia monitoring, and ward-based post-operative care, ensuring consistency in patient management throughout the surgical process. The respondents of the study were patients scheduled for elective surgical procedures and undergoing perioperative care within the hospital. During the pre-operative phase, patients experienced routine clinical preparations such as diagnostic examinations, vital signs monitoring, physician and anesthesia consultations, informed consent procedures, and pre-surgical instructions. These conditions often exposed patients to emotional and psychological responses, including fear, uncertainty, and anxiety related to surgery and anesthesia. In the post-operative phase, respondents received recovery management interventions that included pain monitoring, medication administration, wound care, mobility assistance, and observation for possible complications. Patients' recovery experiences were assessed based on their perceptions of pain management, physiological stability, complication prevention, and functional recovery during their

hospitalization. Conducting the study in this hospital setting provided a realistic clinical context for understanding how pre-operative anxiety and coping strategies relate to patients' perceived post-operative recovery management.

Respondents

The respondents of the study were 100 post-operative patients who undergo elective surgical procedures at a tertiary government hospital in Ozamiz City, Misamis Occidental, Philippines. The sample size was determined using the Raosoft Sample Size Calculator to ensure an adequate and statistically representative number of respondents for the study. The computation utilized a 95% confidence level, a 5% margin of error, and a 50% response distribution. Based on the estimated number of elective surgical patients admitted during the study period, the calculated sample size was approximately 100 respondents, which was considered sufficient for conducting descriptive and correlational analyses involving pre-operative anxiety, coping strategies, and post-operative recovery management. The study utilized purposive sampling to select respondents who met the qualifications relevant to the objectives of the study. Specifically, the respondents were elective surgery patients scheduled for planned surgical procedures such as general, orthopedic, obstetric-gynecologic, and other non-emergency operations.

The inclusion criteria were as follows: (1) patients aged 18 years old and above; (2) patients scheduled for elective surgery during the data collection period; (3) patients who were conscious, physically stable, and mentally capable of understanding and answering the questionnaire; and (4) patients who voluntarily agreed to participate by signing the informed consent form. Meanwhile, patients with emergency surgical conditions, severe

cognitive impairment, critical illness, or communication difficulties were excluded from the study to ensure the reliability and accuracy of responses. Emergency surgical patients with urgent clinical conditions could limit adequate pre-operative assessment and may significantly influence anxiety levels and recovery experiences differently from elective cases. This selection process ensured that the respondents possessed direct and relevant perioperative experiences necessary for examining the relationship between pre-operative anxiety, coping strategies, and perceived post-operative recovery management. Data collection was conducted during the inclusive period of February to March 2026.

Instruments

The study utilized the following questionnaires in gathering the data.

A. *Pre-operative Anxiety Questionnaire.* This researcher-made questionnaire was designed to assess patients' level of pre-operative anxiety among the patients in terms of fear of surgery, fear of anesthesia, uncertainty about outcomes, and physiological symptoms of anxiety. Each construct was assessed using multiple items rated on a 4-point Likert scale, enabling quantification of anxiety intensity and identification of specific areas where patients experienced the greatest stress. This approach ensured a comprehensive understanding of pre-operative anxiety, which was then correlated with coping strategies and post-operative recovery outcomes in the study.

Weight	Responses	Continuum	Interpretation
4 -	Strongly Agree (SA)	3.26 - 4.00	Extremely Elevated Anxiety
3 -	Agree (A)	2.51 - 3.25	Moderately Elevated Anxiety
2 -	Disagree (D)	1.76 - 2.50	Mild Anxiety

1 - Strongly Disagree (SD) 1.00 - 1.75 Minimal Anxiety

B. Coping Strategies Questionnaire. This questionnaire was designed to assess patients, coping strategies for managing preoperative anxiety, focusing on four key dimensions: problem-focused coping, emotion-focused coping, social support seeking, and cognitive reframing. The problem-focused coping component evaluated patients' ability to actively address surgery-related stressors, such as seeking information about the procedure, planning postoperative care, and following medical instructions. The emotion-focused coping component measured strategies for regulating emotional distress, including relaxation techniques, deep breathing, and mindfulness practices. The social support seeking component assessed the extent to which patients relied on family, friends, or healthcare providers for emotional reassurance and practical assistance. The cognitive reframing component examined patients' ability to reinterpret the surgical experience in a positive, adaptive way, thereby reducing perceived threat and enhancing psychological resilience. Each dimension consisted of five indicators. By examining these dimensions, the questionnaire provided a comprehensive understanding of patients' coping mechanisms, which was essential for evaluating the influence of these strategies on post-operative recovery outcomes. The Likert scale was used to interpret and analyze the collected data.

Weight	Responses	Continuum	Interpretation
4 -	Strongly Agree (SA)	3.26 - 4.00	Highly Utilized Coping
3 -	Agree (A)	2.51 - 3.25	Moderately Utilized Coping
2 -	Disagree (D)	1.76 - 2.50	Slightly Utilized Coping
1 -	Strongly Disagree (SD)	1.00 - 1.75	Rarely Utilized Coping

C. Post-Operative Recovery Management. Questionnaire was designed to assess patients' postoperative recovery by examining four key dimensions: pain management, physiological stability, complication prevention, and functional recovery. The pain management component evaluated the patient's post-surgical pain experience, including the effectiveness of pain control measures and perceived comfort. The physiological stability component measured the patient's vital signs, energy levels, and overall physical well-being during the recovery period. The complication prevention component assessed adherence to postoperative care instructions, wound care, mobility exercises, and measures taken to prevent complications such as infections or thromboembolic events. The functional recovery component examined the patient's ability to perform daily activities, regain independence, and return to normal routines after surgery. Each dimension consisted of five indicators. By evaluating these aspects, the questionnaire provided a comprehensive assessment of post-operative recovery, allowing the study to examine how pre-operative anxiety and coping strategies influenced recovery outcomes. The Likert scale was used to interpret and analyze the collected data.

Weight	Responses	Continuum	Interpretation
4 -	Strongly Agree (SA)	3.26 - 4.00	Excellent Recovery
3 -	Agree (A)	2.51 - 3.25	Good Recovery
2 -	Disagree (D)	1.76 - 2.50	Fair Recovery
1 -	Strongly Disagree (SD)	1.00 - 1.75	Poor Recovery

A pilot study was conducted with twenty (20) elective surgical patients who were excluded from the final sample. This pilot test aimed to assess the questionnaire's reliability, with a Cronbach's alpha of 0.70 or higher considered acceptable. These

measures ensured that the instrument was both valid and reliable for collecting meaningful data.

Data Gathering Procedure

Prior to data collection, the researcher first secured official permission from the Dean of the Graduate School of Misamis University to conduct the study and administer questionnaires to the respondents. After approval was obtained, a formal request letter was submitted to the Medical Center Chief or hospital administrator of the selected tertiary government hospital in Ozamiz City. Upon institutional approval, the researcher coordinated with the nursing and surgical units to identify eligible elective surgery patients and scheduled data gathering at appropriate times within the perioperative workflow, ensuring that hospital routines and patient care were not disrupted.

Before questionnaire administration, the researcher identified respondents who were elective surgery patients and verified their eligibility based on the inclusion criteria. These patients were in the perioperative phase, specifically during the pre-operative period, where they had already undergone routine hospital protocols such as surgical consultation, pre-anesthesia assessment, diagnostic laboratory tests, vital signs monitoring, and informed consent procedures. They were also provided standard pre-operative orientation by hospital staff, which included instructions on fasting (NPO), medication reminders, surgical preparation procedures, and expectations for post-operative recovery. These perioperative conditions formed the context in which respondents experienced pre-operative anxiety and coping responses.

Data gathering was then conducted in a step-by-step manner. First, eligible respondents were approached individually and briefed about the purpose of the study, procedures, and ethical considerations. Second, informed consent forms were provided, explained, and signed to confirm voluntary participation. Third, the questionnaires were personally administered in a quiet and private area within the hospital to ensure comfort, privacy, and honest responses, while avoiding interference with clinical care. Fourth, respondents completed the questionnaire at their own pace, and the researcher remained available to clarify instructions when needed without influencing responses. Fifth, completed questionnaires were immediately checked for completeness, placed in sealed envelopes, and collected in a designated box or directly returned to the researcher to ensure confidentiality.

After collection, all responses were encoded, verified for accuracy, and screened for completeness. Incomplete or inconsistent responses were addressed carefully without compromising confidentiality or altering original answers. The finalized data set was then submitted to a statistician for appropriate descriptive and inferential analysis in line with the study objectives. Finally, the analyzed results were interpreted to determine the relationship between pre-operative anxiety, coping strategies, and patients' perceived post-operative recovery management in the selected hospital setting.

Ethical Considerations

The researcher strictly adhered to all ethical standards throughout the conduct of the study, following the approved protocols of the Misamis University Research Ethics Committee (MUREC) and established ethical guidelines for research involving human

participants, particularly patients undergoing surgical procedures. Ethical approval was obtained prior to the commencement of data collection to ensure that all procedures were compliant with institutional and national research standards.

Informed consent was a primary ethical requirement of the study. Each respondent was provided with a detailed information sheet explaining the study's purpose, objectives, procedures, potential risks, and expected benefits in clear and understandable language. The researcher thoroughly explained the content and addressed any questions raised by the respondents before participation. Written informed consent was obtained from each respondent prior to the administration of the questionnaire. It was clearly emphasized that participation was entirely voluntary, and respondents had the full right to refuse or withdraw from the study at any time without any form of penalty, loss of benefits, or effect on their medical care.

Confidentiality and anonymity were strictly upheld throughout the research process. Each respondent was assigned a unique identification code, and no names or personally identifiable information were recorded in the data set, analysis, or final report. This ensured that individual responses could not be traced back to specific respondents. All collected data were securely stored in password-protected electronic files, while any printed documents were kept in a locked cabinet accessible only to the primary researcher. Data were retained securely for five (5) months after completion of the study and were subsequently disposed of through permanent deletion of electronic files and shredding of physical documents to ensure complete data protection.

Privacy protection was also prioritized during data collection. Questionnaires were administered in a quiet, private, and controlled setting within the hospital to ensure that

respondents could answer freely without fear of judgment or external influence. The timing of data collection was carefully coordinated with hospital staff to avoid interference with perioperative care, reduce patient burden, and prevent disruption of clinical routines. The researcher ensured that respondents were not exposed to unnecessary psychological stress during the process, especially given their perioperative condition.

Voluntary participation was consistently emphasized before, during, and after data collection. Respondents were not coerced or pressured in any way to participate, and no incentives or monetary compensation were provided. Their decision to participate was respected at all times, reinforcing the ethical principle of autonomy.

After completing the questionnaire, respondents were debriefed and given the opportunity to ask questions or clarify concerns related to the study. Where appropriate, the researcher provided basic information on stress management and recovery coping strategies as a form of ethical reciprocity. Overall, these ethical safeguards ensured the protection of respondents' dignity, rights, privacy, and well-being throughout the research process.

Data Analysis

The statistical tools used in this study were employed to describe, summarize, and determine the relationships among the key variables, namely pre-operative anxiety, coping strategies, and post-operative recovery management.

Frequency and percentage were used to describe the demographic profile of the respondents and to present the distribution of categorical responses. These tools provided a clear summary of the respondents' characteristics and allowed the researcher to present

the proportion of respondents falling into specific categories, ensuring a comprehensive overview of the study population.

The weighted mean was used to determine the overall levels of pre-operative anxiety, coping strategies, and patients' perceived post-operative recovery management. This measure summarized the responses for each indicator and construct by computing the average weighted score, allowing the researcher to interpret the general level of each variable based on the Likert scale used in the study. In addition, the standard deviation was used to measure the variability or dispersion of responses around the weighted mean. This helped determine how consistent or varied the respondents' answers were in relation to their experiences and perceptions.

Finally, Pearson's Product Moment Correlation Coefficient was used to determine the significant relationship between the variables. Specifically, it measured the strength and direction of the relationship between pre-operative anxiety and post-operative recovery management, as well as between coping strategies and post-operative recovery management. This statistical tool was appropriate for assessing linear relationships between continuous variables and provided evidence on whether higher levels of anxiety were associated with poorer perceived recovery outcomes, and whether coping strategies had a significant relationship with improved recovery experiences among respondents.

RESULTS AND DISCUSSIONS

Level of the Respondents Pre-Operative Anxiety

Table 1 presents the level of pre-operative anxiety among patients undergoing elective surgical procedures in terms of fear of surgery, fear of anesthesia, uncertainty about outcomes, and physiological symptoms of anxiety. The findings reveal that patients experienced an extremely elevated level of pre-operative anxiety across all constructs. Fear of surgery ($M = 3.63$, $SD = 0.28$), fear of anesthesia ($M = 3.63$, $SD = 0.28$), uncertainty about outcomes ($M = 3.63$, $SD = 0.28$), and physiological symptoms of anxiety ($M = 3.64$, $SD = 0.29$) all fell within the range of extremely elevated anxiety. The overall mean of 3.63 ($SD = 0.28$) confirms a consistently high level of anxiety among respondents prior to surgery.

From the patients' perspective, this extremely elevated anxiety reflects a strong emotional response characterized by fear, worry, and anticipatory distress before undergoing surgery. Many patients tend to perceive surgery as a threatening and life-altering event, particularly due to unfamiliar environments, dependence on healthcare providers, and limited control over the situation. In the context of Lazarus and Folkman's Transactional Model of Stress and Coping, this level of anxiety may be understood as a result of primary appraisal, where patients interpret surgery as a significant threat, followed by secondary appraisal where perceived coping resources may be insufficient.

In terms of fear of surgery, the results suggest that patients experience intense apprehension about the surgical procedure itself, including concerns about pain, complications, and surgical success. This aligns with Friedrich et al. (2022) and Saklı & Ozsaker (2025), who emphasized that fear of surgery is commonly associated with increased postoperative pain and higher analgesic requirements. Such fear may stem from previous negative experiences, lack of exposure to surgical procedures, or insufficient preoperative education.

Similarly, fear of anesthesia indicates patients' anxiety about loss of consciousness, possible intraoperative awareness, and adverse anesthetic effects. According to Jovanovic et al. (2022) and B et al. (2025), this fear is often intensified by limited understanding of anesthesia procedures and uncertainty regarding anesthesiologist roles. From a theoretical perspective, this reflects cognitive appraisal of perceived vulnerability during unconsciousness, which heightens emotional distress and physiological arousal.

Uncertainty about outcomes further contributes to heightened anxiety, as patients are unable to clearly predict recovery trajectories, complications, or long-term results. Wu et al. (2023) and Dimitriadou et al. (2025) noted that ambiguity in surgical outcomes increases perceived threat and emotional instability. This uncertainty may also reflect inadequate preoperative communication or limited health literacy, which affects how patients interpret surgical information and expected recovery.

Physiological symptoms of anxiety, such as increased heart rate, sweating, and restlessness, indicate that psychological distress is already manifesting in physical form. Garza-Ulloa (2024) and Alimonaki et al. (2025) explained that such symptoms result from sympathetic nervous system activation and stress hormone release. From the patient's

experience, these physical reactions often reinforce emotional fear, creating a cycle where anxiety intensifies both psychologically and physiologically.

The low standard deviation values across all constructs suggest minimal variation among respondents, indicating that high anxiety levels were consistently experienced by most patients. This may be attributed to shared hospital-related stressors such as unfamiliar surgical environments, standardized preoperative routines, and limited individualized psychological preparation. Shebl et al. (2025) and Niyonkuru et al. (2025) also noted that pre-operative anxiety is often widespread yet under-recognized in clinical settings.

The extremely elevated level of pre-operative anxiety highlights a significant psychological burden among surgical patients. In relation to the study framework, this suggests that without adequate coping mechanisms, high anxiety may negatively influence post-operative recovery experiences. This finding implies the need for strengthened perioperative interventions such as structured preoperative education, psychological support, and nurse-led counseling to enhance patients' emotional readiness, reduce perceived threat, and improve overall recovery outcomes.

Table 1

Level of the Respondents Pre-Operative Anxiety
(n=100)

Constructs	M	StDev	Interpretation
Fear of Surgery	3.63	0.28	Extremely Elevated Anxiety
Fear of Anesthesia	3.63	0.28	Extremely Elevated Anxiety
Uncertainty About Outcomes	3.63	0.28	Extremely Elevated Anxiety

Physiological Symptoms of Anxiety	3.64	0.29	Extremely Elevated Anxiety
Overall Level of Pre-Operative Anxiety	3.63	0.28	Extremely Elevated Anxiety

Scale: 3.26-4.00 (Extremely Elevated Anxiety); 2.50-3.25 (Moderately Elevated Anxiety); 1.75- 2.50 (Mild Anxiety); 1.00-1.75 (Minimal Anxiety)

Level of the Respondents Coping Strategies

Table 2 presents the level of coping strategies among patients in terms of problem-focused coping, emotion-focused coping, social support seeking, and cognitive reframing prior to surgery. The results show that respondents demonstrated a highly utilized level of coping strategies across all constructs. Problem-focused coping obtained a mean score of 3.69 (SD = 0.32), while emotion-focused coping, social support seeking, and cognitive reframing each registered a mean of 3.71 (SD = 0.32, 0.32, and 0.30, respectively). The overall mean of 3.71 (SD = 0.32) indicates that patients consistently engaged in adaptive coping behaviors during the pre-operative period. The relatively low standard deviations further suggest that responses were clustered closely around the mean, reflecting a generally uniform pattern of coping among respondents. These findings suggest that, from the patients' perspective, coping is actively practiced as a response to the stress of impending surgery. The high level of problem-focused coping indicates that patients tend to seek information, clarify concerns, and prepare themselves cognitively and practically for surgery. This reflects an attempt to regain a sense of control over an otherwise uncertain medical situation. Emotion-focused coping, which was similarly high, shows that patients also regulate their emotional responses through relaxation, positive thinking, and other self-soothing strategies. Social support seeking highlights the reliance on family members,

friends, and healthcare providers for reassurance and emotional stability, while cognitive reframing indicates that patients attempt to reinterpret surgery as beneficial rather than threatening. From a theoretical standpoint, these results align with the Transactional Model of Stress and Coping, which explains that individuals evaluate stressful events and respond through cognitive and behavioral coping efforts depending on perceived demands and available resources (Lazarus & Folkman, 1984; Aldwin, 2022). In this context, surgery is appraised as a significant stressor, but patients appear to mobilize both problem-focused and emotion-focused strategies to manage their anxiety. The presence of multiple coping mechanisms suggests that patients are not relying on a single approach but are instead using a combination of adaptive responses, consistent with the dynamic nature of coping described in the theory. Literature further supports these findings, showing that surgical patients commonly engage in mixed coping strategies to manage pre-operative anxiety and improve emotional readiness (Godor et al., 2024; Oorthuys et al., 2022; Leis et al., 2024). Problem-focused coping has been associated with improved understanding of surgical procedures and better adherence to preoperative instructions, which enhances preparedness (Nguyen et al., 2022; Aldwin, 2022; Lee & Kim, 2023). Emotion-focused coping has been shown to reduce physiological stress responses such as elevated heart rate and cortisol levels, thereby improving emotional stability (Nguyen et al., 2022; Lee & Kim, 2023). Likewise, social support seeking has been identified as a protective factor that buffers anxiety and strengthens coping capacity (Aldwin, 2022; Nguyen et al., 2022), while cognitive reframing promotes psychological resilience by helping patients view surgery in a more positive light (Lee & Kim, 2023; Nguyen et al., 2022). The high and consistent use of coping strategies may be attributed to increased patient exposure to preoperative

information, interactions with healthcare providers, and reliance on family support systems. It may also reflect heightened awareness of surgery-related risks, prompting patients to actively engage in stress management behaviors. However, despite these adaptive strategies, coping effectiveness may still vary depending on individual psychological resilience, health literacy, and the severity of pre-operative anxiety.

The findings imply that patients demonstrate strong adaptive coping behaviors in managing surgical stress, which may contribute to better psychological readiness for surgery. From a patient-centered perspective, this highlights the importance of reinforcing coping mechanisms through structured preoperative education, emotional support, and nurse-led interventions to further enhance perioperative well-being and recovery outcomes.

Table 2

Level of Coping Strategies
(n=100)

Constructs	M	StDev	Interpretation
Problem-Focused Coping	3.69	0.32	Highly Utilized Coping
Emotion-Focused Coping	3.71	0.32	Highly Utilized Coping
Social Support Seeking	3.71	0.32	Highly Utilized Coping
Cognitive Reframing	3.71	0.30	Highly Utilized Coping
Overall Level of Coping Strategies	3.71	0.32	Highly Utilized Coping

Scale: 3.26-4.00 (Highly Utilized Coping); 2.50-3.25 (Moderately Utilized Coping); 1.75- 2.50 (Slightly Utilized Coping); 1.00-1.75 (Rarely Utilized Coping)

Level of the Respondents Post-Operative Recovery Management

Table 3 presents the level of post-operative recovery management among patients in terms of pain management, physiological stability, complication prevention, and functional recovery following surgery. The results show that respondents experienced an excellent level of post-operative recovery management across all indicators. Pain management obtained a mean score of 3.65 (SD = 0.32), physiological stability and complication prevention each recorded a mean of 3.64 (SD = 0.32), while functional recovery had the highest mean of 3.67 (SD = 0.33). The overall mean of 3.65 (SD = 0.32) indicates that patients consistently perceived their recovery experience as highly satisfactory. The low and close standard deviation values suggest minimal variability among responses, indicating a generally uniform recovery experience among the respondents.

From the patients' perspective, these findings reflect a positive and well-supported recovery experience following surgery. The high level of pain management suggests that postoperative discomfort was effectively controlled, allowing patients to move, rest, and participate in recovery activities with minimal distress. This is important because unmanaged pain can heighten stress responses and delay healing, while effective pain control promotes comfort and early mobilization. Physiological stability further indicates that patients experienced steady vital signs and effective monitoring throughout the recovery period, contributing to a sense of safety and physical security during a vulnerable phase of care.

The high rating for complication prevention suggests that patients felt adequately protected from postoperative risks such as infection, bleeding, or other surgical

complications. This may reflect effective nursing surveillance, timely interventions, and adherence to postoperative protocols. Functional recovery, which obtained the highest mean, indicates that patients perceived a gradual and successful return to independence and daily activities. From their viewpoint, this reflects the effectiveness of rehabilitation support, discharge planning, and encouragement to resume normal functioning.

Theoretically, these findings can be interpreted through Orem's Self-Care Deficit Nursing Theory (Orem, 2001), which emphasizes the role of nursing support in helping patients regain self-care abilities after periods of temporary incapacity, such as surgery. In this context, postoperative recovery management reflects the nursing system assisting patients until they are able to resume self-care independently. The high levels across all constructs suggest that the nursing system effectively bridged patients' temporary self-care deficits, particularly in pain management, mobility, and complication prevention.

Supporting literature indicates that coordinated postoperative care significantly enhances recovery outcomes by improving physiological stability, reducing complications, and promoting functional independence (Alanazi et al., 2024; Al Muhamidh et al., 2025; Silveti et al., 2024). Effective pain control has been linked to faster recovery and improved participation in rehabilitation activities (Zhang et al., 2023; Kumar et al., 2023), while stable physiological conditions are associated with reduced risk of postoperative complications and earlier mobilization (Silva et al., 2024; Kumar et al., 2023). Similarly, structured complication prevention strategies, such as early ambulation and wound care, contribute to safer and more efficient recovery trajectories (Brown et al., 2023; Zhang et al., 2023).

The consistency of responses across constructs may be attributed to standardized hospital protocols, consistent nursing care practices, and structured postoperative monitoring within the surgical unit. It may also reflect patients' reliance on healthcare staff during recovery, especially in the immediate postoperative period when self-care capacity is still limited.

The findings indicate that patients experienced effective and well-coordinated postoperative recovery management. From a patient-centered perspective, this underscores the importance of maintaining holistic surgical care that integrates pain control, physiological monitoring, complication prevention, and rehabilitation support to ensure safe, efficient, and satisfying recovery outcomes.

Table 3

Level of the Respondents Post-Operative Recovery Management
(n=100)

Constructs	M	StDev	Interpretation
Pain Management	3.65	0.32	Excellent Recovery
Physiological Stability	3.64	0.32	Excellent Recovery
Complication Prevention	3.64	0.32	Excellent Recovery
Functional Recovery	3.67	0.33	Excellent Recovery
Overall Level of Post Recovery Management	3.65	0.32	Excellent Recovery

Scale: 3.26-4.00 (Excellent Recovery); 2.50-3.25 (Good Recovery); 1.75- 2.50 (Fair Recovery); 1.00-1.75 (Poor Recovery)

Significant Relationship between the Level of the Respondents Pre-Operative Anxiety and the Level of Post-Operative Recovery Management

Table 4 presents the relationship between pre-operative anxiety and post-operative recovery management among surgical patients in terms of pain management, physiological stability, complication prevention, and functional recovery. The results show that all computed values between the constructs of pre-operative anxiety (fear of surgery, fear of anesthesia, uncertainty about outcomes, and physiological symptoms) and post-operative recovery indicators were weak and not statistically significant ($p > 0.05$). Specifically, fear of surgery showed very weak correlations with pain management ($r_s = 0.186$, $p = 0.064$), physiological stability ($r_s = 0.093$, $p = 0.359$), complication prevention ($r_s = 0.065$, $p = 0.518$), and functional recovery ($r_s = 0.089$, $p = 0.379$). Similar negligible and non-significant relationships were observed for fear of anesthesia, uncertainty about outcomes, and physiological symptoms of anxiety across all recovery domains. These findings indicate that pre-operative anxiety did not significantly influence patients' perceived post-operative recovery management, resulting in the acceptance of the null hypothesis.

From the patients' perspective, these results suggest that despite experiencing high levels of anxiety before surgery, their recovery experiences were not noticeably affected in terms of pain control, stability, complication prevention, or return to function. In other words, even when patients entered surgery with emotional distress, their actual recovery experience was shaped more by what happened after surgery particularly the care they received rather than how they felt beforehand.

The absence of significant relationships may be explained by the strength and consistency of postoperative care provided in the clinical setting. Standardized pain

management protocols, continuous monitoring, early mobilization, and structured nursing interventions may have minimized variability in recovery outcomes. As a result, patients with different levels of pre-operative anxiety may have experienced relatively similar recovery trajectories. This suggests a “buffering effect,” where effective clinical care reduces the potential impact of psychological distress on recovery outcomes.

Supporting literature indicates that well-structured perioperative systems can stabilize physiological responses and enhance recovery regardless of pre-existing anxiety levels (Zhang et al., 2023; Kumar et al., 2023). Advances in anesthetic management, patient monitoring, and nursing care also contribute to safer and more predictable recovery outcomes, reducing the influence of emotional factors such as fear and uncertainty (Jovanovic et al., 2022; B et al., 2025). Similarly, clear discharge planning, consistent postoperative guidance, and rehabilitation protocols have been shown to standardize recovery experiences and minimize outcome differences among patients (Dimitriadou et al., 2025; Oh et al., 2024). Continuous monitoring and timely interventions further ensure physiological stability even among patients experiencing pre-operative physiological anxiety (Alimonaki et al., 2025; Shebl et al., 2025).

Theoretically, these findings can be interpreted using the Transactional Model of Stress and Coping by Lazarus and Folkman (1984), which emphasizes that stress outcomes depend not only on the presence of a stressor but also on coping resources and environmental support (Aldwin, 2022; Smith et al., 2023). In this study, although surgery was appraised as a stressor (pre-operative anxiety), the availability of coping strategies and strong clinical support systems may have reduced its influence on recovery outcomes. Coping Theory further supports this interpretation by highlighting that adaptive coping

strategies and emotional regulation can buffer stress effects and promote adjustment (Folkman & Lazarus, 1980; Nguyen et al., 2022). Additionally, Orem's Self-Care Deficit Nursing Theory (2001) explains that nursing interventions compensate for patients' temporary inability to meet self-care needs after surgery, thereby supporting recovery regardless of psychological state (George, 2022; Patel & Kumar, 2023). Empirical studies similarly show that structured nursing care and self-care support improve recovery outcomes even among patients with elevated anxiety levels (Lee et al., 2022; Nguyen et al., 2022).

The findings suggest that pre-operative anxiety does not have a direct or statistically significant relationship with post-operative recovery management among the respondents. Instead, recovery outcomes appear to be more strongly influenced by effective nursing care, standardized clinical protocols, and structured perioperative systems. From a patient-centered perspective, this highlights that while emotional distress is important, high-quality postoperative care plays a more decisive role in shaping actual recovery experiences.

Table 4

Significant Relationship between the Level of the Respondents Pre-Operative Anxiety and the Level of Post-Operative Recovery Management

Variables		Pain Management	Physiological Stability	Complication Prevention	Functional Recovery
Fear of Surgery	r_s	0.186	0.093	0.065	0.089
	p	0.064	0.359	0.518	0.379
	I	Accept Ho	Accept Ho	Accept Ho	Accept Ho
Fear of Anesthesia	r_s	0.040	0.114	0.028	0.013
	P	0.690	0.257	0.783	0.898
	I	Accept Ho	Accept Ho	Accept Ho	Accept Ho

Uncertainty About Outcomes	r_s	0.116	0.034	0.030	0.100
	P	0.252	0.738	0.767	0.321
	I	Accept Ho	Accept Ho	Accept Ho	Accept Ho
Physiological Symptoms of Anxiety	r_s	0.006	0.016	0.001	0.109
	p	0.957	0.876	0.990	0.280
	I	Accept Ho	Accept Ho	Accept Ho	Accept Ho

*P value Scale: *** $p < .001$ (Highly Significant); ** $p < 0.01$ (Highly Significant); * $p < 0.05$ (Significant); $p > 0.05$ (Not significant)*

Significant Relationship between the Level of the Respondents Coping Strategies and Post-Operative Recovery Management

Table 5 presents the relationship between coping strategies and post-operative recovery management among surgical patients in terms of pain management, physiological stability, complication prevention, and functional recovery. The results show mixed and partially significant relationships between the different coping strategies and recovery domains. Problem-focused coping demonstrated weak and non-significant relationships across all indicators, including pain management ($r_s = 0.022$, $p = 0.825$), physiological stability ($r_s = 0.072$, $p = 0.479$), complication prevention ($r_s = 0.057$, $p = 0.574$), and functional recovery ($r_s = 0.131$, $p = 0.195$), leading to the acceptance of the null hypothesis. Emotion-focused coping showed significant relationships with physiological stability ($r_s = 0.166$, $p = 0.099^*$) and complication prevention ($r_s = 0.248$, $p = 0.013^{**}$), resulting in partial rejection of the null hypothesis in these domains. Seeking social support showed no significant relationships across all recovery indicators. Meanwhile, cognitive reframing showed a highly significant relationship with pain management ($r_s = 0.338$, $p < 0.001^{***}$), while remaining non-significant for physiological stability, complication prevention, and functional recovery.

From the patients' perspective, these findings suggest that coping does not uniformly influence all aspects of recovery. Instead, its effects appear selective, depending on the type of coping strategy used and the specific recovery outcome experienced. While patients may actively try to manage stress through different coping mechanisms, not all of these efforts necessarily translate into measurable improvements in physical recovery outcomes such as stability or functional restoration.

The non-significant findings for problem-focused coping across all domains suggest that although patients might seek information or prepare themselves mentally for surgery, these actions alone might not be enough to influence actual recovery outcomes. This may be because postoperative recovery is more strongly shaped by clinical care systems such as pain management protocols, monitoring, and rehabilitation than by preoperative cognitive preparation alone. In settings with standardized perioperative care, the effect of individual coping efforts may be less visible in measurable clinical outcomes.

Emotion-focused coping showed limited but significant relationships with physiological stability and complication prevention. This suggests that emotional regulation strategies such as relaxation, breathing exercises, and calming techniques may help stabilize the body's stress response during recovery. Patients who are able to manage emotional distress may experience less physiological strain, which can support better healing conditions. This aligns with evidence that emotional regulation can reduce sympathetic nervous system activation and improve biological stability during stressful medical events (Nguyen et al., 2022; Aldwin, 2022).

Social support seeking did not show significant relationships with any recovery domains. From a patient perspective, this may indicate that although emotional reassurance

from family and healthcare providers was important for comfort, it might not directly influence measurable clinical recovery indicators. It is also possible that institutional nursing care already provided sufficient support, reducing the additional measurable effect of external social support on recovery outcomes.

Cognitive reframing showed a strong and significant relationship with pain management, suggesting that patients who reinterpret surgery in a more positive or manageable way tend to experience better pain outcomes. This supports the idea that cognitive interpretation plays a key role in shaping pain perception, where viewing pain as temporary or meaningful may reduce its intensity and emotional burden.

Theoretically, these findings are consistent with the Transactional Model of Stress and Coping by Lazarus and Folkman (1984), which explains that coping outcomes depend on how individuals appraise stress and apply coping strategies (Aldwin, 2022; Smith et al., 2023). In this case, coping strategies function as secondary appraisal responses that may either buffer or have limited influence on recovery depending on the domain involved. Coping Theory further supports the idea that the effectiveness of coping depends on the fit between the strategy and the stressor, which may explain why cognitive reframing had a stronger effect on pain than other coping forms (Folkman & Lazarus, 1980; Nguyen et al., 2022). Additionally, Orem's Self-Care Deficit Nursing Theory (2001) helps explain why some coping strategies showed limited effects, as structured nursing care, monitoring, and clinical interventions may compensate for or override individual coping efforts during recovery (George, 2022; Patel & Kumar, 2023).

The findings suggest that coping strategies influence post-operative recovery in a selective and domain-specific manner. While most coping strategies did not show broad

effects across all recovery indicators, emotion-focused coping and cognitive reframing demonstrated meaningful relationships with specific outcomes such as physiological stability, complication prevention, and pain management. These results highlight the importance of strengthening adaptive coping skills particularly emotional regulation and cognitive reframing while recognizing that structured nursing care remains the dominant factor shaping overall recovery outcomes.

Table 5

Significant Relationship Between the Level of Coping Strategies and the Level of Post-Operative Recovery Management

Variables		Pain Management	Physiological Stability	Complication Prevention	Functional Recovery
Problem-Focused Coping	r_s	0.022	0.072	0.057	0.131
	p	0.825	0.479	0.574	0.195
	I	Accept Ho	Accept Ho	Accept Ho	Accept Ho
Emotion-Focused Coping	r_s	0.151	0.166**	0.248**	0.156
	P	0.133	0.099	0.013	0.121
	I	Accept Ho	Reject Ho	Reject Ho	Accept Ho
Social Support Seeking	r_s	0.979	0.162	0.024	0.075
	P	0.338	0.107	0.812	0.459
	I	Accept Ho	Accept Ho	Accept Ho	Accept Ho
Cognitive Reframing	r_s	0.338***	0.064	0.003	0.128
	p	< 0.001	0.530	0.979	0.204
	I	Reject Ho	Accept Ho	Accept Ho	Accept Ho

*P value Scale: *** $p < .001$ (Highly Significant); ** $p < 0.01$ (Highly Significant); * $p < 0.05$ (Significant); $p > 0.05$ (Not significant)*

Chapter 4

SUMMARY, FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

Summary

This study examined the relationship between pre-operative anxiety, coping strategies, and post-operative recovery management among surgical patients, with emphasis on how patients' psychological responses before surgery and their coping behaviors influence perceived recovery outcomes such as pain management, physiological stability, complication prevention, and functional recovery. Specifically, it sought to answer the following research questions: What is the level of the respondents pre-operative anxiety among patients in terms of fear of surgery, fear of anesthesia, uncertainty about outcomes, and physiological symptoms of anxiety? What is the level of the respondents coping strategies among patients in terms of problem-focused coping, emotion-focused coping, social support seeking, and cognitive reframing? What is the level of the respondents post-operative recovery management among patients in terms of pain management, physiological stability, complication prevention, and functional recovery? Is there a significant relationship between pre-operative anxiety and post-operative recovery management among patients? and Is there a significant relationship between coping strategies and post-operative recovery management among patients?

The study utilized a quantitative, descriptive-correlational research design to determine the relationships among the identified variables. It was conducted in a tertiary

government hospital in Ozamiz City, Misamis Occidental, Philippines. The healthcare institution caters to a diverse population of patients undergoing elective surgical procedures. The respondents were 100 post-operative patients selected through purposive sampling, with the sample size determined using the Raosoft sample size calculator. Researcher-made questionnaire were used as the primary data-gathering instrument, which underwent content validation by experts and reliability testing through a pilot study to ensure clarity, validity, and internal consistency. Data were analyzed using descriptive statistics such as frequency, percentage, weighted mean, and standard deviation, and inferential statistics using Spearman's rho to determine the relationships among variables.

Findings

The following were the findings of the study:

1. Patients exhibited an extremely elevated level of pre-operative anxiety across all constructs, indicating consistently high emotional and physiological distress prior to surgery.
2. Patients demonstrated a highly utilized level of coping strategies across all constructs, indicating active and consistent use of adaptive cognitive and behavioral mechanisms to manage pre-operative stress.
3. Patients experienced an excellent level of post-operative recovery management across all domains, reflecting effective pain management, physiological stability, complication prevention, and functional recovery based on their perceived recovery experiences.

4. There was no significant relationship between the level of pre-operative anxiety and post-operative recovery management across all domains, leading to the acceptance of the null hypothesis.

5. There were mixed results in the relationship between coping strategies and post-operative recovery management, with mostly non-significant relationships. However, emotion-focused coping showed a significant relationship with physiological stability and complication prevention, while cognitive reframing showed a significant relationship with pain management, leading to partial rejection of the null hypothesis for these specific domains.

Conclusions

Based on the findings of the study the following are the conclusions:

1. Patients were generally experiencing extremely elevated levels of anxiety before surgery, indicating a strong and consistent emotional burden during the pre-operative phase.

2. Patients highly utilized coping strategies, suggesting that they actively and consistently engaged in adaptive cognitive and behavioral mechanisms to manage pre-operative stress.

3. Patients achieved an excellent level of post-operative recovery management, reflecting highly favorable recovery outcomes, effective clinical care, and successful restoration of physiological stability and functional ability.

4. Pre-operative anxiety showed no significant direct relationship with post-operative recovery management, indicating that patients still achieved excellent recovery outcomes

regardless of their anxiety levels, likely due to effective perioperative care and nursing interventions.

5. Coping strategies demonstrated selective but meaningful contributions to recovery outcomes, with certain adaptive strategies showing significant positive associations with specific aspects of post-operative recovery management, supporting their role in enhancing targeted recovery experiences.

Recommendations

Based on the findings and conclusions of the study, the following are the recommendations:

1. Perioperative nurses, and patient educators may sustain and strengthen routine pre-operative anxiety screening and psychological preparation programs by integrating standardized assessment tools, structured patient education, and relaxation-based interventions as part of routine perioperative care, in response to the consistently extremely elevated pre-operative anxiety levels identified among patients.

2. Nurse supervisors may continue reinforcing effective coping behaviors among surgical patients by integrating guided breathing techniques, cognitive reframing exercises, stress management education, and appropriate family involvement into pre-operative teaching, in support of the study finding that patients already demonstrate a highly utilized level of coping strategies.

3. Clinical nurses and surgical teams may maintain and further strengthen existing post-operative care protocols by ensuring consistent implementation of pain management strategies, continuous monitoring, early mobilization, complication prevention measures,

and structured discharge planning, in line with the study's finding of an excellent level of post-operative recovery management among patients.

4. Healthcare administrators and quality improvement teams may continue integrating psychological support within established perioperative care pathways, ensuring that emotional care and coping support complement strong clinical management systems, consistent with findings showing that pre-operative anxiety has no significant direct relationship with post-operative recovery outcomes.

5. Perioperative nursing staff may sustain targeted support for effective coping strategies, particularly emotion-focused coping and cognitive reframing, through structured patient education and ongoing guidance before and after surgery, as these strategies were shown to have significant relationships with specific aspects of recovery management such as pain management, physiological stability, and complication prevention.

6. Future researchers may expand and strengthen evidence by including larger and more diverse patient populations, applying longitudinal designs, and incorporating additional psychological and clinical variables to further clarify and deepen understanding of the relationships among pre-operative anxiety, coping strategies, and post-operative recovery outcomes.

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Appendix A

PRE-OPERATIVE ANXIETY QUESTIONNAIRE

Direction: Read each statement carefully. Place a check mark (✓) on the 4-point Likert scale provided to indicate your level of agreement or disagreement with each statement. Be guided by the following scale:

4 – Strongly Agree (SA); 3 – Agree (A); 2 – Disagree (D); 1 – Strongly Disagree (SD)

Fear of Surgery <i>Kahadlok sa Operasyon</i>	Responses			
	4	3	2	1
1. I feel anxious when I think about the upcoming surgery. <i>Makabati ko og kabalaka kung maghunahuna ko sa umaabot nga operasyon.</i>				
2. I am worried that something might go wrong during the surgery. <i>Nagkabalaka ko nga basin adunay dili maayong mahitabo panahon sa operasyon.</i>				
3. I feel tense when discussing the surgical procedure with my doctor. <i>Makabati ko og kakulba kung hisgutan ang pamaagi sa operasyon uban sa akong doktor.</i>				
4. I feel nervous about the steps and process of the surgery. <i>Makabati ko og nerbiyos mahitungod sa mga lakang ug proseso sa operasyon.</i>				
5. I am afraid of experiencing pain or discomfort during the surgery. <i>Nahadlok ko nga basin makasinati ko og kasakit o dili komportableng pagbati panahon sa operasyon.</i>				
Fear of Anesthesia <i>Kahadlok sa Anesthesia</i>				
1. I feel unsure whether the surgery will be successful.				

<i>Dili ko sigurado kung magmalampuson ba ang operasyon.</i>				
2. I worry about possible complications after the surgery. <i>Nagkabalaka ko sa posibleng mga komplikasyon human sa operasyon.</i>				
3. I am anxious about how my recovery process will go. <i>Nakabati ko og kabalaka kung unsaon pagdagan sa akong proseso sa pag-ayo (recovery).</i>				
4. I feel uneasy about the long-term effects of the surgery. <i>Dili ko komportable sa hunahuna mahitungod sa dugayng epekto sa operasyon.</i>				
5. I am concerned about whether the surgery will improve my health. <i>Nabalaka ko kung makapaayo ba gyud sa akong kahimsog ang operasyon.</i>				
Uncertain about Outcomes <i>Dili Sigurado sa Resulta sa Operasyon</i>				
1. I feel unsure whether the surgery will be successful. <i>Dili ko sigurado kung magmalampuson ba ang operasyon.</i>				
2. I worry about possible complications after the surgery. <i>Nagkabalaka ko sa posibleng mga komplikasyon human sa operasyon.</i>				
3. I am anxious about how my recovery process will go. <i>Nakabati ko og kabalaka kung unsaon pagdagan sa akong proseso sa pag-ayo (recovery).</i>				
4. I feel uneasy about the long-term effects of the surgery. <i>Dili ko komportable sa hunahuna mahitungod sa dugayng epekto sa operasyon.</i>				
5. I am concerned about whether the surgery will improve my health. <i>Nabalaka ko kung makapaayo ba gyud sa akong kahimsog ang operasyon.</i>				
Physiological Symptoms of Anxiety <i>Mga Pisikal nga Sintomas sa Kabalaka</i>				
1. I experience a rapid heartbeat when I think about the surgery.				

<i>Makasinati ko og paspas nga pagpitik sa kasingkasing kung maghunahuna ko sa operasyon.</i>				
2. I feel tense or stiff in my muscles before the surgery. <i>Makabati ko og panuhot o pagkagahi sa akong mga kaunoran sa dili pa ang operasyon.</i>				
3. I experience sweating or trembling when preparing for surgery. <i>Makasinati ko og pagpangsingot o pagkurog samtang nangandam para sa operasyon.</i>				
4. I feel nauseated or have a loss of appetite due to anxiety. <i>Makabati ko og pagluya sa tiyan o kawalay gana mokaon tungod sa kabalaka.</i>				
5. I experience difficulty sleeping or restlessness before the surgery. <i>Makasinati ko og kalisod sa pagkatulog o pagkabalisa sa dili pa ang operasyon.</i>				

Appendix B

LEVEL OF COPING STRATEGIES QUESTIONNAIRE

Direction: Read each statement carefully. Place a check mark (✓) on the 4-point Likert scale provided to indicate your level of agreement or disagreement with each statement. Be guided by the following scale:

4 – Strongly Agree (SA); 3 – Agree (A); 2 – Disagree (D); 1 – Strongly Disagree (SD)

Problem-Focused Coping <i>Pag-atubang sa Problema nga Pamaagi</i>	Responses			
	4	3	2	1
1. I ask my healthcare provider questions to better understand my condition or surgery. <i>Mangutana ko sa akong healthcare provider aron mas masabtan nako ang akong kahimtang o operasyon.</i>				
2. I seek accurate information about the procedure to reduce my worries. <i>Mangita ko og husto ug tukmang impormasyon mahitungod sa pamaagi aron maminusan ang akong kabalaka.</i>				
3. I follow medical advice carefully to manage my situation effectively. <i>Sundon nako pag-ayo ang tambag medikal aron epektibong madumala ang akong kahimtang.</i>				
4. I prepare myself mentally and physically for the surgery. <i>Andamon nako ang akong kaugalingon sa panghunahuna ug sa pisikal para sa operasyon.</i>				
5. I make specific plans to handle challenges related to my surgery or recovery. <i>Maghimo ko og piho nga mga plano aron maatubang ang mga hagit nga may kalabotan sa akong operasyon o pag-ayo (recovery).</i>				
Emotion-Focused Coping <i>Pagdumala sa Emosyon nga Pamaagi</i>				

1. I try to calm myself when I start feeling anxious about the surgery. <i>Paningkamotan nako nga pakalmahon ang akong kaugalingon kung magsugod ko og kabalaka mahitungod sa operasyon.</i>				
2. I engage in activities that help me relax (e.g., prayer, music, deep breathing). <i>Mag-apil ko sa mga kalihokan nga makatabang sa akong pagpahayahay (pananglitan: pag-ampo, pagpaminaw og musika, lawom nga pagginhawa).</i>				
3. I avoid thinking too much about the surgery to reduce stress. <i>Likayan nako ang sobra nga paghunahuna sa operasyon aron maminusan ang tensiyon.</i>				
4. I express my feelings to release emotional tension. <i>Ipahayag nako ang akong gibati aron maibsan ang emosyonal nga tensiyon.</i>				
5. I try to accept the situation even if it makes me uncomfortable. <i>Paningkamotan nako nga dawaton ang sitwasyon bisan og dili kini komportable para kanako.</i>				
Social Support Seeking <i>Pagpangita og Sosyal nga Suporta</i>				
1. I talk to family members about my fears or concerns regarding the surgery. <i>Makig-istorya ko sa akong pamilya mahitungod sa akong kahadlok o kabalaka bahin sa operasyon.</i>				
2. I seek reassurance from healthcare professionals about my condition. <i>Mangayo ko og kasigurohan gikan sa mga healthcare professionals mahitungod sa akong kahimtang.</i>				
3. I rely on close friends or loved ones for emotional support. <i>Mosalig ko sa akong suod nga mga higala o minahal alang sa emosyonal nga suporta.</i>				
4. I ask others for advice on how to cope with my anxiety.				

<i>Mangayo ko og tambag sa uban kung unsaon pag-atubang sa akong kabalaka.</i>				
5. I feel comforted when someone accompanies me during hospital visits. <i>Makabati ko og kahupayan kung adunay mokuyog kanako panahon sa pagbisita sa ospital.</i>				
Cognitive Reframing <i>Pagbag-o sa Panghunahuna</i>				
1. I remind myself that the surgery is meant to improve my health. <i>Gipahinumdum nako ang akong kaugalingon nga ang operasyon gihimo aron mapalambo ang akong kahimsog.</i>				
2. I try to focus on positive outcomes rather than possible complications. <i>Paningkamotan nako nga magpokus sa positibo nga resulta imbis sa posibleng mga komplikasyon.</i>				
3. I view the surgery as a step toward recovery rather than a threat. <i>Tan-awon nako ang operasyon isip usa ka lakang padulong sa pag-ayo imbis nga hulga.</i>				
4. I tell myself that temporary discomfort will lead to long-term benefits. <i>Isulti nako sa akong kaugalingon nga ang temporaryo nga kasakit magdala og dugayng benepisyo.</i>				
5. I try to see the situation as a challenge that I can overcome. <i>Paningkamotan nako nga tan-awon ang sitwasyon isip usa ka hagit nga akong malampasan.</i>				

Appendix C

LEVEL OF POST-OPERATIVE RECOVERY MANAGEMENT QUESTIONNAIRE

Direction: Read each statement carefully. Place a check mark (✓) on the 4-point Likert scale provided to indicate your level of agreement or disagreement with each statement. Be guided by the following scale:

4 – Strongly Agree (SA); 3 – Agree (A); 2 – Disagree (D); 1 – Strongly Disagree (SD)

Pain Management <i>Pagdumala sa Kasakit</i>	Responses			
	4	3	2	1
1. My pain is regularly assessed by the healthcare team after surgery. <i>Kanunay nga gisusi sa healthcare team ang akong kasakit human sa operasyon.</i>				
2. I receive pain medication promptly when I need it. <i>Madawat nako ang tambal sa kasakit dayon kung kinahanglan nako.</i>				
3. The pain management interventions provided help reduce my discomfort. <i>Ang mga pamaagi sa pagdumala sa kasakit nga gihatag makatabang sa pagpakunhod sa akong kakulba o kasakit.</i>				
4. I am informed about ways to manage my pain at home. <i>Gipahibalo ko sa mga paagi kung giunsa pagdumala ang akong kasakit sa balay.</i>				
5. My pain is controlled well enough for me to rest and recover. <i>Ang akong kasakit kontrolado og igo aron makapahuway ug makarecover ko.</i>				
Physiological Stability <i>Kalig-on sa Lawasnon nga Kahimtang</i>				
1. My vital signs (e.g., blood pressure, heart rate) are closely monitored after surgery. <i>Ang akong vital signs (pananglitan: presyon sa dugo, pitik sa kasingkasing) kanunay nga gisubay human sa operasyon.</i>				

2. I feel physically stable during my recovery period. <i>Makabati ko nga lig-on ang akong lawas atol sa akong panahon sa pag-ayo (recovery).</i>				
3. Any unusual physical symptoms are addressed immediately by the healthcare team. <i>Ang bisan unsang dili normal nga sintomas sa lawas dali nga giatiman sa healthcare team.</i>				
4. I receive proper care to maintain normal breathing and circulation. <i>Madawat nako ang husto nga pag-atiman aron mapadayon ang normal nga pagginhawa ug sirkulasyon sa dugo.</i>				
5. I am monitored to ensure my body is responding well to treatment. <i>Gisubay ko aron masiguro nga maayo ang reaksyon sa akong lawas sa tambal o treatment.</i>				
Complication Prevention <i>Paglikay sa mga Komplikasyon</i>				
1. I am educated about warning signs of possible complications. <i>Gipahibalo ko bahin sa mga timailhan sa posibleng komplikasyon.</i>				
2. Healthcare providers follow strict hygiene and safety protocols during my care. <i>Ang mga healthcare provider mosunod sa istrikto nga hygiene ug safety protocols sa akong pag-atiman.</i>				
3. I am encouraged to follow instructions to prevent infections or other complications. <i>Gi-awhag ko nga sundon ang mga instruksyon aron malikayan ang impeksyon o ubang komplikasyon.</i>				
4. Preventive measures (e.g., early ambulation, wound care) are clearly explained to me. <i>Klaro nga gipatin-aw sa ako ang mga preventive measures (pananglitan: sayo nga paglakaw, pag-atiman sa samad).</i>				
5. I feel that appropriate steps are taken to reduce my risk of post-surgical complications.				

<i>Makabati ko nga husto ang gihimong mga lakang aron maminusan ang risiko sa komplikasyon human sa operasyon.</i>				
Functional Recovery <i>Pagbalik sa Normal nga Paglihok sa Lawas</i>				
1. I am assisted in gradually resuming physical activities after surgery. <i>Gitabangan ko sa hinay-hinay nga pagbalik sa pisikal nga kalihokan human sa operasyon.</i>				
2. I receive guidance on exercises or movements that promote recovery. <i>Madawat nako ang giya sa mga ehersisyo o lihok nga makatabang sa akong pag-ayo.</i>				
3. I am able to perform basic daily activities as my recovery progresses. <i>Makabuhat ko sa mga bata kang buluhaton sa adlaw-adlaw samtang nagpadayon ang akong recovery.</i>				
4. I feel that my strength and mobility improve over time. <i>Makabati ko nga nagakaayo ang akong kusog ug lihok sa paglabay sa panahon.</i>				
5. I am supported in regaining independence during my recovery period. <i>Gisupportahan ko sa pagbalik sa akong independensya atol sa akong panahon sa recovery.</i>				



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MU-REB-010/03 March 2022

INFORMED CONSENT FORM (PORMA SA NASABTAN NGA PAGTUGOT)

Name of the Researcher/Investigator

(Nagtuon): Andrea Mae Arcamo

Course: Master of Arts in Nursing

College: Graduate School

Email / Contact Number: andreamaearcamo@gmail.com / 09565432442

Thesis Title: **PRE-OPERATIVE ANXIETY AND COPING STRATEGIES IN RELATION TO POST-OPERATIVE RECOVERY MANAGEMENT**

PART I. INFORMATION SHEET

Introduction (Pasiuna)	Good day! I am <u>Andrea Mae G. Arcamo</u>, the principal researcher/investigator of the study entitled “<u>PRE-OPERATIVE ANXIETY AND COPING STRATEGIES IN RELATION TO POST-OPERATIVE RECOVERY MANAGEMENT</u>.” I am a graduate student under the program <u>Master of Arts in Nursing</u> at Misamis University in Ozamiz City. In this vein, I am respectfully seeking your voluntary participation, being qualified to give your informed consent to take part in this study. Before you decide whether to participate or not in this study, please read the succeeding information about the study and feel free to ask questions anytime should there be anything you do not understand or want to clarify. If you agree to answer the interview, you will be asked to affix your name and signature on this form for which you will be given a copy. <i>(Maayong adlaw! Ako si <u>Andrea Mae G. Arcamo</u>, ang nagpahigayon sa pagtuon kabahin sa “<u>PRE-OPERATIVE ANXIETY AND COPING STRATEGIES IN RELATION TO POST-OPERATIVE RECOVERY MANAGEMENT</u>.” Ako usa ka estudyante sa Misamis University sa Ozamiz City. Ako nagapili kanimo isip participant nga maoy mutubag sa gikinahanglang impormasyon niining gihimong pagtuon. Ako matinahurong naghangyo sa inyong bulontaryo nga pag-apil niini nga pagtuon. Gikinahanglan nga ikaw naa sa saktong edad ug naay kakayahan nga mohatag sa pagtugot aron makaapil niini nga pagtuon. Sa dili pa ka mohukom sa pag-apil niini nga interview, palihug sa pagbasa sa mga impormasyon sa ubos ug gawasnon ka nga</i>
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	<i>makapangutana kon adunay wala nimo nasabtan o gusto nimong iklaro. Kung motugot ka sa pagahimoon nga interview, papirmahon ka niini nga porma ug tagaan usab ka ug imong kaugalingong kopya.</i>
Purpose (<i>Katuyoan</i>)	This study aims to determine the relationship between pre-operative anxiety and coping strategies in relation to management in post-operative recovery among patients in a government tertiary hospital. Specifically, it seeks to assess the level of pre-operative anxiety among surgical patients, identify the coping strategies they utilize, and examine how these psychological factors influence post-operative recovery outcomes such as pain control, length of hospital stays, and overall recovery progression. <i>(Kini nga pagtuon nagtinguha sa pagtino sa relasyon tali sa pre-operative anxiety ug mga pamaagi sa pag-atubang (coping strategies) kalabot sa pagdumala sa post-operative recovery sa mga pasyente sa usa ka government tertiary hospital. Sa espesipiko, kini nagtinguha sa pagsusi sa lebel sa pre-operative anxiety sa mga pasyente nga moagi og operasyon, pag-ila sa mga coping strategies nga ilang gigamit, ug pagtan-aw kung giunsa sa mga sikolohikal nga hinungdan ang pag-impluwensya sa resulta sa post-operative recovery sama sa pagkontrol sa kasakit, gidugayon sa pagpabilin sa ospital, ug kinatibuk-ang pag-uswag sa pagkaayo.)</i>
Type of Research Intervention (<i>Matang sa Interbensyon sa Pagtuon</i>)	The study will use a researcher-developed 4-point Likert-scale questionnaire to assess pre-operative anxiety, coping strategies, and post-operative recovery management among patients undergoing elective surgery. <i>(Ang pagtuon mogamit og usa ka researcher-developed nga 4-point Likert-scale nga questionnaire aron masusi ang pre-operative anxiety, mga pamaagi sa pag-atubang (coping strategies), ug pagdumala sa post-operative recovery sa mga pasyente nga moagi og elective surgery.)</i>
Selection of Participants (<i>Pagpili sa mga Partisipant</i>)	The respondents of this study are: 1) patients aged 18 years and above who are scheduled for elective surgery, 2) those able to understand and respond to the questionnaire, and 3) those who provide informed consent to participate in the study you are one of those selected. You have been identified through purposive sampling, a non-probability sampling method, to select participants who meet specific inclusion criteria and are directly undergoing surgical procedures. <i>(Ang mga respondente niini nga pagtuon mao ang:</i> <i>1. mga pasyente nga nag-edad og 18 ka tuig pataas nga naka-iskedyul para sa elective surgery,</i>

	2. <i>kadtong makahimo sa pagsabot ug pagtubag sa questionnaire, ug</i> 3. <i>kadtong mohatag og informed consent aron moapil sa pagtuon.</i> <i>Ikaw usa sa mga napili nga respondente. Nakaila ka pinaagi sa purposive sampling, usa ka non-probability sampling nga pamaagi, aron mapili ang mga partisipante nga nagtagbo sa espesipikong inclusion criteria ug direkta nga moagi sa surgical procedures.)</i>
Voluntary Participation (<i>Boluntaryo nga Partisipasyon</i>)	Your participation has to be voluntary and will not affect your situation or status in any way, including your relationship with the researcher. You are free to decide if you will take part or not. If you decide to participate, you are free not to answer any questions that you do not prefer to answer. <i>(Boluntaryo ang imong pag-apil ug kini dili makaapekto sa imong sitwasyon o estado apil na imong relasyon sa nagtuon. Gawasnon ka nga modesisyon kung kung moapil ka niini nga pagtoon o dili. Kung modesisyon ka nga moapil, gawasnon ka nga dili motubag sa bisan asa nga pangutana nga dili nimo gusto nga tubagon.)</i>
Procedure (<i>Pamaagi</i>)	The participants will be given ample time when to undertake the interview. The interviews will be undertaken once or several times when necessary. The researcher will transcribe the interviews to be used for the analysis of the data. The information and data provided by you as a participant will be utilized for this study alone and will be treated with the utmost confidentiality. <i>(Ang mga partisipante pagahatagan og igong panahon sa pag-apil sa interview. Ang interview pwedeng himoon kausa nga higayon o sa makadaghan depende sa panginanghalanon. Isulat sa nagtuon ang interviews para sa pag-analisa sa datos. Ang mga impormasyon ug datos nga nakuha gikan kanimo isip ka partisipante gamiton lamang niining research og hatagan og tumang pag-amping nga dili mabutyag.)</i>
Duration (<i>Gidugayon</i>)	Answering the questionnaires may require you to spend thirty (30) minutes in accomplishing them. <i>(Ang pagtubag sa mga questionnaire mahimong magkinahanglan kanimo og traynta (30) ka minuto aron kini makompleto.)</i>
Risks and Discomforts (<i>Risgo ug Kahasol</i>)	The respondents will be protected from physical, social, or economic risks. In case the items in the survey instrument are too personal and make you feel uncomfortable, you may decline to answer any or all questions and may terminate your involvement at any time you choose. <i>(Ang mga partisipante ginaprotektahan sa pisikal, sosyal o ekonomikanhong risgo. Kung pananglitan adunay mga pangutana nga personal ra kaayo o kung dili ka komportable, mamahimong dili ka motubag o mobalibad sa pagtubag sa bisan asa o sa tanang mga</i>

	<i>pangutana ug moatras sa pag-apil sa bisan unsang panahon nga imong gusto.)</i>
Benefits (Kaayohan)	This study is beneficial to you because this study aims to generate meaningful insights to improve perioperative care, patient coping strategies, and postoperative recovery outcomes. <i>(Makabenepisyo kini nga pagtuon kanimo tungod kay kini nagtinguha sa paghimo og makahuluganon nga mga kaalam aron mapaayo ang perioperative care, mga pamaagi sa pag-atubang sa pasyente (coping strategies), ug mga resulta sa postoperative recovery.)</i>
Reimbursements (Hulip nga bayad)	There will be no monetary expenses or costs on your part as a respondent, nor any monetary compensation for your participation in this study. However, personal protective equipment (PPE) like face masks, alcohol and face shields may be provided during the gathering of the research data. <i>(Wala kay magasto sa imong pag-apil niini nga pagtuon ug dili usab ka bayaran ug kwarta sa imong pag-apil niini nga pagtuon. Apan adunay nga personal protective equipment (PPE) sama sa face masks, alcohol ug face shields nga pwede nga mahatag sa panahon sa pagkuha sa mga datos)</i>
Confidentiality of Data (Pag-amping sa Datos)	Only the researcher will have access to the information and responses of the participants. The personal identifying information of the participants will only be used for research analysis and will be treated with the utmost confidentiality. During the study, all data will be kept in a locked, secure filing cabinet, of which will be discarded 6 months after the publication of the results. <i>(Ang nagtuon lamang ang makakita sa mga impormasyon ug tubag sa respondents. Ang mga datos nga makuha i-analisa ug hatagan og tumang pag-amping aron dili ibutyag. Sa panahon sa pagtuon, ipahimutang sa usa ka selyadong filing cabinet ang tanang datos nga pagagub-on human sa 6 kabulan gikan sa pag-publish sa resulta.)</i>
Sharing of Findings (Pagpaambit sa Nakaplagan)	The results of this study will be presented during the thesis/dissertation final defense of the researcher. Also, the research findings may be shared through publications and conferences with the assurance that the identities of the respondents will remain confidential. A printed copy of the completed study will be provided to the participants. <i>(Ang mga resulta niini nga pagtuon ipresenta sa panahon sa final defense sa thesis/ dissertation sa nagtuon. Ang mga nakaplagan sa</i>

	<i>pagtuon posible nga ipaambit pinaagi sa mga publications ug conferences nga adunay kapanigurohan nga dili mabutyag ang pagkatawo sa mga partisipante. Pagahatagan og isa ka giimprinta nga kopya sa kumpleto nga pagtuon ang mga partisipante.)</i>
Rights to Refuse or Withdraw (Katungod sa Pagpalibabad o Pag-undang)	You are free to withdraw or terminate participation at any stage of the study, without the need to give any reason. You will not be penalized in case of termination of participation. <i>(Gawasnon ka nga moatras or moundang sa pag-apil sa bisan asa nga punto sa pagtuon nga dili na magkinahanglan pa ug rason. Dili ka ipamulta sa pag-atras o pag-undang.)</i>
Who to Contact (Kinsa ang Kontakon)	Should there be any queries as a parent, you can contact the researcher through the following details: <i>(Kung adunay mga pangutana, mamhimo nga mokontak pinaagi aning mga detalye:)</i> Name of the Researcher (Ngalan sa Nagtuon): <u>Andrea Mae G. Arcamo</u> Cellphone Number/s: <u>09565432442</u> e-mail ad: <u>andreamaearcamo@gmail.com</u> STATEMENT BY THE RESEARCHER (PAGPADAYAG SA NAGTUON) I will read the Information sheet to the potential participant. With the best of my ability, I make sure that the participant will understand the interview questions and that possible follow-up interviews may be undertaken. <i>(Akong pagabasahon ang mga nasulat niining Information Sheet ngadto sa potensyal nga partisipante. Kutob sa akong mahimo siguroon nako nga masabtan sa partisipante ang mga pangutana sa interview ug ang possible nga follow-up nga interviews.)</i> I can assure that the participant will be given an opportunity to ask questions about the study, and all the questions raised will be answered fully. I can likewise assure that the participant will not be coerced into giving consent that must be free and voluntary. <i>(Gisiguro ko nga ang partisipante mahatagan og panahon sa pagpangutana kabahin niining pagtuon og ang tanang pangutana nga iyang gihatag matubag sa hingpit. Siguroon ko usab ang maong partisipante dili mapugos sa paghatag sa pagtugot nga kinahanglan nga gawasnon og boluntaryo.)</i>

	A copy of this Informed Consent Form will be provided to the participant. <i>(Ang kopya sa niining Informed Consent Form ihatag ngadto sa respondent.)</i> Print Name of Researcher (Ngalan sa Nagtuon): <u>ANDREA MAE G. ARCAMO</u>
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PART II. CERTIFICATE OF CONSENT

This research entitled “PRE-OPERATIVE ANXIETY AND COPING STRATEGIES IN RELATION TO POST-OPERATIVE RECOVERY MANAGEMENT” by Andrea Mae G. Arcamo with the aim of gathering information and data pertaining to pre-operative anxiety and coping strategies in relation to post-operative recovery management, has been presented and explained to me clearly. Since the study involves respondents who underwent elective surgery, I am chosen as one of the participants.

(Kini nga pagtuon gititulohan, “PRE-OPERATIVE ANXIETY AND COPING STRATEGIES IN RELATION TO POST-OPERATIVE RECOVERY MANAGEMENT.” ni Andrea Mae G. Arcamo, nga adunay tumong sa pagkuha og impormasyon ug datos kabahin sa pre-operative anxiety and coping strategies in relation to post-operative recovery management, gipresenta ug gipasabot og klaro kanako. Tungod kay ang pagtuon kay kabahin sa mga respondent na hing agi ug elective na opera, ako napilian isip usa sa mga partisipante.

I have read the foregoing Informed Consent Form, or it has been read to me. I had the opportunity to ask questions, which were subsequently answered fully. I consent voluntarily to be a participant of this study.

(Akong nabasa ang nauna nga Informed Consent Form, o gibasa kini kanako. Natagaan ako og higayon nga makapangutana nga natubag sa hingpit. Ako mosugot nga boluntaryo nga mahimong participant sa niining pagtuon.)

Print Name of Participant (Ngalan sa Partisipante): _____

Signature of Participant (Pirma sa Partisipante): _____

Date: [MM/DD/YYYY]_____

If Illiterate (Kung dili makasulat ug makabasa)

If the respondent is illiterate, a witness who is literate will sign. The respondent will choose him/ her and who is without connection with the researcher or the research group to attest this undertaking. The respondent will affix his thumb print.

[Kung ang participant kay dili makabasa o makasulat, mopirma ang usa ka makabasa ug makasulat nga testigo. Ang respondent ang mopili kaniya nga walay koneksyon sa nagtuon o sa iyang grupo para mopamatuod sa gimbuhaton. Ang respondent mobutang sa iyang tamla (thumb print)].

Name and Signature of the Witness
(Ngalan ug Pirma sa Testigo)

Thumb mark

CURRICULUM VITAE

PERSONAL DATA

Name	: Andrea Mae Arcamo Cartajenas
Age	: 28 years old
Birthdate	: October 13, 1997
Civil Status	: Married
Religion	: Roman Catholic
Home Address	: Block 5 Lot 14 Camella Homes, Labo, Ozamiz
City	
Parents	: Mr. and Mrs. Maico P. Arcamo
Spouse	: Vincent Paul M. Cartajenas
Child	: Amelia Antoinette A. Cartajenas
	Sofia Elouise A. Cartajenas

EDUCATION

Graduate	:	Master of Arts in Nursing Major in Nursing Education and Administration Misamis University, Ozamiz City May 2026
College	:	Bachelor of Science in Nursing Misamis University

Ozamiz City

April 2018

Secondary : La Salle University Integrated School
Ozamiz City
March 2014

Elementary : Ozamiz City Central School
Ozamiz City
March 2010

PROFESSIONAL ELIGIBILITY : Registered Nurse
November 2018

WORK EXPERIENCES

June 2024 - Present : Nurse 2
Mayor Hilarion A. Ramiro Sr. Medical
Center
Maningcol, Ozamiz City

December 2021 - June 2024 : Nurse 1
Mayor Hilarion A. Ramiro Sr. Medical
Center
Maningcol, Ozamiz City

July 2019 - December 2021 : Nurse – Job Order
Mayor Hilarion A. Ramiro Sr. Medical
Center
Maningcol, Ozamiz City

January 2019 - June 2019 : Nurse – Job Order
 SM LAO Memorial Hospital
 Manabay, Ozamiz City

SEMINARS/TRAININGS

- 50th Annual Convention And Scientific Meeting And 52nd Founding Anniversary with The Theme: Celebrating Five Decades of Commitment and Collaboration: Forging A Cohesive and Exemplary Perioperative Nursing Practice – July 5-6, 2025
- Nursing Case Presentation Titled Buzz, Bite, Battle: Dengue on Focus – June 24, 2025
- 3rd Leadership Webinar with the Title of Mentoring Emerging Leaders in the Perioperative Nursing Practice – June 7, 2025
- Back To Basic 2.0 "Strengthening Surgical Foundations - Safety Checklist, Post-Operative Care & Sterilization!" - June 7, 2025
- 30th Annual Convnetion Entitled Accelerating Progress, Seeing Beyond Horizons – May 22-23, 2025
- Phicna Inc. 30th Founding Anniversary And 27th Annual Convention 2025 with the Theme "Propelling Excellence, Advancing Resilience, And Leadrship in Infection Prevention and Control" – May 21, 2025
- 16th Pre-Convention to Phics and 25th Annual Meeting 2023, Entitled "Phicna @ 28: Leading Nurses and HCWs Into Greater Heights of IPC" – May 24, 2023



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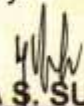
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