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Post-operative patients' lived experience of patient safety practices: A descriptive phenomenological study

Abstract

Background: Patient safety is essential in perioperative nursing to prevent adverse events and ensure successful surgical outcomes, although fully managing all complications remains challenging. In low- to middle-income countries, such as the Philippines, unsafe care still contributes to patient deaths. The lack of comprehensive data on patient safety, particularly in public hospitals, highlights the urgent need to address this knowledge gap.

Purpose: This study explored the lived experiences of post-operative patients regarding patient safety practices at a public hospital in Iligan City, Philippines.

Methods: This study employed a qualitative descriptive phenomenological approach using in-depth interviews with fifteen purposively selected post-operative patients from surgical, obstetrics and gynaecology wards. Data collection was guided by an interview guide that was developed by the researchers and used open-ended questions. Interviews were audio-recorded, transcribed and analysed using Colaizzi's method.

Results: The study identified four key themes: informed care, patient and family empowerment, secure healthcare systems and challenges in care consistency. Patients stressed the importance of clear education and communication for safe decision-making. Active patient and family involvement, continuous nursing care and a safer hospital environment enhanced safety and recovery. However, issues like inadequate consent, delays, communication barriers, emotional neglect and insensitivity to patient needs indicated areas requiring improvement.

Conclusion: This study highlights the importance of informed care, patient and family empowerment and a safe healthcare environment, all of which are maintained through attentive nursing. However, persistent challenges like poor consent processes, delays, communication barriers and emotional neglect highlight the need for ongoing improvements to ensure consistent, patient-centred care that enhances safety, outcomes and patient trust.

Keywords: post-operative care, perioperative nursing, patient participation, family support, public hospital, patient-centred care

Introduction and background

Patient safety is the prevention of avoidable harm and reduction of healthcare risks through organised efforts that foster a culture and systems designed to minimise errors and lessen their impact¹. Nurses are essential to patient safety, as their continuous bedside presence enables them to

monitor clinical deterioration, identify errors or near misses and apply evidence-based practices for timely interventions².

In perioperative nursing, patient safety is essential, playing a crucial role in preventing adverse events and promoting successful surgical outcomes through vigilant monitoring, effective communication and structured safety protocols. Perioperative nurses not only balance maintaining surgical workflow

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momentum with safeguarding patients during a high-risk period, but also actively manage risks such as infection, errors and clinical worsening³. While patients and nurses generally report satisfaction with post-operative care, gaps remain in effectively addressing all complications, highlighting the need for continuous improvement and training⁴. Effective communication and strong patient-provider relationships contribute to a sense of safety; however, patients frequently lack adequate information to actively participate in their own safety². Additionally, heavy nurse workloads and unfamiliarity with safety protocols further hinder patient education and involvement⁵.

About one in ten patients suffer harm during hospitalisation, with over three million deaths globally each year linked to unsafe care: in low- to middle-income countries, including the Philippines, unsafe care accounts for up to four deaths per 100 people¹. However, comprehensive evidence on the state of patient safety in the Philippines remains limited⁶. Additionally, research on patient safety, especially within public hospitals, is scarce⁷ highlighting the importance of this study in addressing the knowledge gap by exploring the experiences of post-operative patients. Thus, this study explored and uncovered the meanings of the lived experiences of post-operative patients regarding patient safety practices in a public hospital in Iligan City, Philippines.

Aim and objectives

This study aimed to explore and understand the personal experiences of post-operative patients regarding the patient safety practices in a public hospital in Iligan City, Philippines. A descriptive phenomenological approach was applied to accomplish three objectives:

1. to investigate and gain a deep understanding of post-operative patients' lived experiences related to patient safety throughout their recovery
2. to identify and describe patients' perceptions of existing patient safety practices in the perioperative and post-operative phases within a public hospital setting

3. to uncover both the strengths and gaps in current patient safety protocols as experienced by patients.

Methods

Study design

This study employed a qualitative descriptive phenomenological approach.

Edmund Husserl laid the foundation for phenomenology as a philosophical discipline, introducing phenomenological reduction as its central methodological principle. This approach directs attention to raw, fundamental experiences to reveal the essence of phenomena⁸. Husserl's contributions serve as the cornerstone for both interpretivist and constructivist research approaches. Using this research design enabled a comprehensive exploration of the lived experiences of post-operative participants regarding patient safety.

Participants and setting

This study was conducted in a public hospital in Iligan City, Philippines. A purposive sampling technique was used to recruit 15 participants based on the following criteria: (1) 18 years or older; (2) at least 24 hours post-operative patient in either the surgical, obstetrics or gynaecology ward; (3) period of confinement at least three days, regardless of sex, type of the operation or the presence of complications; (4) willing to participate in the study; and (5) able to respond during the interview. Purposive sampling was employed to choose small, information-rich samples that provide deep insights.

Qualitative research generally involves between one and approximately 20 participants⁹. A sample size of 15 participants was deemed adequate as data saturation was achieved, with no new themes arising after these interviews. In qualitative phenomenological research, depth of understanding is valued more than the number of participants. To ensure diversity, purposive sampling was used with broad inclusion criteria, allowing individuals to participate regardless of sex, type of surgery or the presence or absence of complications. Additionally, participants were recruited from surgical, obstetrics and gynaecology wards to capture a wide range of patient experiences across different hospital

settings. The study included solely primary participants (patients), excluding any secondary informants such as family members or healthcare staff.

Data collection

After obtaining ethical approval for the study, the hospital administrator granted permission to conduct the study on the premises. The charge nurses of the surgical, obstetrics and gynaecology wards identified possible participants. Informed consent was obtained from each participant before the one-on-one interview. Data collection took place between December 2024 and January 2025. The researcher-designed interview guide was pretested on five patients at a hospital before the main study.

In each interview, an initial question was asked: 'Can you please tell me a story that best describes your experience as an operative patient in this hospital?' After this question, participants were probed using questions related to patient safety for further insights. Open-ended questions encouraged in-depth conversations during the semi-structured interviews. Each interview continued for 30 to 60 minutes until no new themes emerged. Interviews were audio-recorded with the participant's consent.

The audio from each interview was transcribed verbatim and translated from Cebuano, the local language, into English using the back-translation method. The first step of the back-translation method involved translating the original Cebuano text into English. Then a separate translator, who had no access to the original, translated the English transcript into Cebuano. The original and back-translated versions were then compared to detect any differences in meaning, clarity or cultural relevance. No significant discrepancies were found.

Data analysis

Data analysis followed Colaizzi's seven-phase framework for phenomenological data analysis¹⁰. The interview transcripts were first thoroughly analysed to gain an overall understanding of the participants' experiences. The second phase involved identifying and highlighting significant words and phrases as key points. In the third phase, meanings were formulated by repeatedly listening to the audio recordings while reading

the transcripts. For the fourth phase, the significant statements from phase three were grouped into clusters based on shared meanings and coded accordingly. Themes were developed in the fifth phase by expanding on the comprehensive descriptions of the post-operative patients' experiences. The sixth phase consisted of synthesising these comprehensive descriptions into a core structure, supported by relevant literature. In the final phase, the findings were validated through participants' confirmation.

Rigor and trustworthiness

This study applied five criteria to establish research trustworthiness: bracketing, credibility, transferability, dependability and confirmability¹. Bracketing was maintained through ongoing self-reflection by the researchers to set aside personal biases and accurately represent participants' experiences. Credibility was achieved by deeply engaging with the data and conducting member checks to verify the accuracy of the findings. Transferability was supported by purposive sampling that captured a diverse range of participant experiences, enhancing the applicability of results to other recovery settings. Dependability was ensured by verbatim transcription of audio-recorded interviews and thorough documentation of the data analysis process. Confirmability was strengthened by the participation of four researchers in the analysis, which helped ensure that findings were grounded in participant perspectives and minimised researcher bias. The reporting for this study followed the Standards for Reporting Qualitative Research (SRQR) guidelines².

Ethics

The study was granted approval by the Ethics Review Committee of the College of Health Sciences, Mindanao State University – Iligan Institute of Technology, Philippines, with reference code: CHS-0014-2024), on October 5, 2024. The intention of the study was communicated to the participants, emphasising their rights to decline or withdraw participation, the confidentiality of the data collected and the potential risks and benefits of the study.

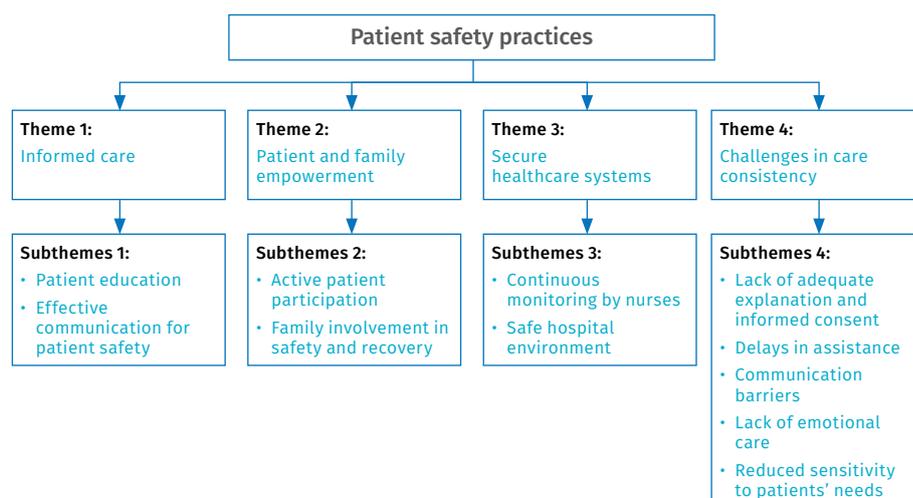


Figure 1: The emergent themes and subthemes of the study

Results

The 15 participants represented a broad age range from 20 to 61 years, with seven females and eight males. Most participants (n = 9, 60%) were married. Their occupations varied, with housewives being the largest group (n = 5, 33%), followed by unemployed individuals (n = 3, 20%). In terms of surgical history, participants had undergone different types of surgeries, the majority of which were major procedures (n = 11, 73%).

This study formulated four main themes and eleven subthemes (see Figure 1).

Theme 1: Informed care

The first theme, informed care, refers to the healthcare approach that empowers patients to make safe and knowledgeable decisions about their treatment and recovery. It has two subthemes: (1.1) patient education and (1.2) effective communication for patient safety.

1.1 Patient education

This subtheme refers to the role of patient education in promoting informed care, which is essential for ensuring patient safety. The participants shared the following accounts.

I felt very cold and initially blamed the air conditioning, but the nurse explained it, along with my breathing difficulties and dry throat, were all effects of the anaesthesia.

Participant 1

After surgery, I was taken to the ward and told to lie down without a pillow for two hours to avoid headaches. I was advised to begin with liquids, then soft foods like porridge and to gradually try sitting up, turning and standing instead of staying in bed continuously.

Participant 3

They instructed me to keep the wound clean, take the prescribed medicines and regularly clean the baby's navel.

Participant 8

1.2 Effective communication for patient safety

This subtheme refers to the important role of clear and timely communication from healthcare providers in maintaining patient safety. The participants shared the following statements.

The nurse instructed me to inform them if my wound feels tight or painful so they can check on me and give me a pain reliever.

Participant 2

They gave clear instructions about the medications, which made me feel safe taking them.

Participant 8

Theme 2: Patient and family empowerment

The second key theme, patient and family empowerment, relates to the nurse's role in enhancing the capacity of patients and their families to engage actively in

healthcare decision-making and actions. It has two subthemes: (2.1) active patient participation and (2.2) family involvement in safety and recovery.

2.1 Active patient participation

This subtheme describes patients' proactive involvement in overseeing and taking responsibility for their recovery and healthcare management after surgery. The participants shared the following.

The nurse told me to inform them if I had already farted so they can inform the doctor, so I could eat.
Participant 6

When I clean my wound on my own, I make sure I follow the nurse's teaching to avoid infection.
Participant 8

After surgery, I was advised to stretch regularly, lie on my side and walk to improve circulation and speed recovery.
Participant 12

2.2 Family involvement in safety and recovery

This subtheme refers to the family's active role in ensuring the patient's safety and supporting their recovery process after surgery. The participants shared the following.

I feel secure knowing I'm not alone; my mother's care helps me recover faster by assisting with tasks like bathroom visits, eating and repositioning when I'm uncomfortable.
Participant 9

I feel secure with my partner by my side; he encourages me to eat and take medicine on time, helps care for the baby, change diapers and put the baby to sleep, so I can rest.
Participant 10

While changing my wound dressing, the nurse taught my husband how to do it so we can manage it at home after discharge.
Participant 13

Theme 3: Secure healthcare systems

The third emergent theme, secure healthcare systems, pertains to the positive healthcare services and infrastructure received by the participants that ensure access to quality care. It has two subthemes: (3.1) continuous monitoring by nurses and (3.2) safe hospital environment.

3.1 Continuous monitoring by nurses

This subtheme describes the nurses' ongoing, comprehensive approach to providing attentive and high-quality care, ensuring patients' needs are consistently assessed and addressed throughout their recovery. Participant 12 shared the following experience.

Every three hours, a nurse checks on me, monitors my vital signs and replaces the IV bottle before it runs out. I appreciate their attentive care.
Participant 12

3.2 Safe hospital environment

This subtheme refers to the healthcare setting that the participants perceived as safe during their post-operative recovery in the hospital. The participants shared the following.

Staying in this hospital feels safe because it's clean.
Participant 1

I can say that, even though this is a public hospital, the safety measures are better now than before.
Participant 11

I feel safe in the hospital because both my baby and I were saved. It's much safer here than at home, where there is little to no medical equipment available.
Participant 3

Theme 4: Challenges in care consistency

The fourth theme, challenges in care consistency, refers to the variability and irregularities in the provision of perioperative care. It has five subthemes: (4.1) lack of adequate explanation and informed consent, (4.2) delays in assistance, (4.3) communication barriers,

(4.4) lack of emotional care and (4.5) reduced sensitivity to patients' needs.

4.1 Lack of adequate explanation and informed consent

This subtheme describes the process of securing consent by having patients sign forms without providing a thorough discussion or ensuring their full understanding of the procedure. Participant 12 stated the following.

I was not explained [sic] or asked for permission. Two other patients and I were told that we are for the caesarean section, then intrauterine device (IUD) insertion after, then they let us sign. They did not thoroughly discuss IUD, but I just signed up, so that I can go on with a caesarean section to save my baby.
Participant 12

4.2 Delays in assistance

This subtheme refers to the delays some patients experienced when asking for help or receiving medical care, often caused by the busy hospital environment. The participants shared the following experiences.

We are well taken care of right away, except when there's an emergency and the nurses get busy, which is understandable.
Participant 4

There was a delay in reinserting my intravenous fluid because it was dislodged and they had to remove it. I waited until morning before they could insert the IVF.
Participant 7

4.3 Communication barriers

This subtheme captures how patients experience difficulties understanding instructions because healthcare staff are often busy, leading to unclear or incomplete communication. The participants shared the following.

Sometimes, when they give us instructions, we can't hear them clearly because they're busy.
Participant 5

The nurse gave me several medications and when I asked if I needed to take them all at once, she said she would stop giving me medication if I refused.

Participant 10

4.4 Lack of emotional care

This subtheme refers to the absence or insufficiency of attention to patients' emotional and psychological needs during healthcare delivery. Participants shared the following.

They do monitor me, but their monitoring is mostly just checking vital signs. They don't always ask how I'm feeling.

Participant 14

Sometimes, the nurses scold me a bit, like when my IVF gets disturbed, they tell me to refrain from moving the IV insertion site to avoid dislodgement and reinsertion.

Participant 4

4.5 Reduced sensitivity to patients' needs

This subtheme refers to situations where patients felt that nurses were not attentive or empathetic to their emotional or physical needs, contributing to an overall sense of discomfort and frustration. Participant 15 shared the following.

I feel uncomfortable approaching nurses, so I usually manage alone. The first time I asked for help moving and sitting up, I called multiple times with another patient, but no one responded.

Participant 15

The participants emphasised the critical role of clear education and effective communication in enabling safe and informed decision-making during recovery. Active participation of patients and involvement of family members further strengthened safety and healing by providing both practical assistance and emotional support. Continuous monitoring by nurses and a clean, safe hospital environment contributed significantly to patients' sense of security and satisfaction with care. However, challenges such as

inadequate informed consent, delays in assistance, communication barriers, emotional neglect and reduced sensitivity to patient needs highlighted areas where the consistency and quality of care could improve.

Discussion

The lived experiences of post-operative patients offer critical insights into patient safety practices, which are essential for improving healthcare quality, especially in resource-limited public hospital settings. Understanding these experiences helps to highlight both strengths and gaps in safety protocols during the perioperative period. By focusing on patients' perspectives, this approach enabled an in-depth understanding of how existing patient safety practices are perceived and experienced, and where improvements can be made to foster safer care environments.

Informed care

The first theme, informed care, underscores the crucial role of empowering patients to make safe, knowledgeable decisions about their treatment and recovery. This empowerment is deeply rooted in providing comprehensive patient education and fostering effective communication, which are instrumental in enhancing patient safety and promoting positive health outcomes. Patient education (subtheme 1.1) is a cornerstone of informed care, particularly in the post-operative setting, as it directly impacts patient safety and recovery outcomes. Patient education was exhibited by nurses through instructing patients to lie flat without a pillow to prevent headaches, begin with liquid foods before soft diets and gradually progress to sitting or standing to avoid complications like dizziness or blood clots. Well-informed patients are more likely to adhere to post-operative care plans and research shows that individualised education reduces post-operative complications and improves adherence to recovery protocols¹³.

Clear and timely communication between healthcare providers and patients is essential for ensuring patient safety during the post-operative recovery process. The participants highlighted the

importance of receiving clear instructions from nurses and doctors regarding their post-operative care. Such guidance helps patients adhere to necessary precautions, reducing the risk of adverse events during recovery. Respectful communication reduces uncertainty, fosters patient engagement in decision-making and enhances adherence to treatment plans¹⁴. These factors contribute to better health outcomes and a stronger focus on patient safety¹⁵. Moreover, clear communication fosters trust between patients and healthcare providers, which is essential for a successful recovery.

Patient and family empowerment

The second theme, patient and family empowerment, highlights the crucial role nurses have in strengthening the capacity of patients and their families to engage actively in healthcare decision-making. Subtheme 2.1, active patient participation, emphasises patients taking responsibility for their health, supported by nursing guidance and education. Participants' accounts illustrate this empowerment, such as reporting symptoms like wound pain or bowel movements, independently managing wound care following nurse instruction and adhering to prescribed physical activities to promote healing. These experiences affirm the essential importance of patient education and empowerment in promoting active participation, which ultimately leads to better recovery outcomes after surgery. Engaging patients in post-operative care cultivates a sense of empowerment and participation in their recovery, which ultimately leads to improved health outcomes¹⁶.

Subtheme 2.2 underscores the important contribution of family members in promoting patient safety and facilitating recovery following surgery. Participants shared how family involvement offers practical help and emotional comfort, both key to healing. Research confirms that well-designed family participation improves patient outcomes without causing harm¹⁷. Additionally, including family during nursing bedside handovers is important, especially for elderly or heavily medicated patients, as it enables involvement in treatment discussions and reduces stress from a lack of information¹⁸.

Secure healthcare systems

The third theme, secure healthcare systems, highlights the importance of reliable healthcare services and infrastructure in providing quality care. Subtheme 3.1, continuous monitoring by nurses, stresses attentive and consistent care essential for patient wellbeing during recovery. This thorough, proactive approach showcases the nurses' professionalism and dedication, helping patients feel safe and well cared for. The patients' appreciation is justified, as such attention effectively promotes their recovery and comfort. These findings demonstrate that ongoing nursing vigilance is key to effective healing and patient satisfaction. Post-operative nursing care should include close monitoring of patients to detect early warning signs and prevent potential complications¹⁹.

Subtheme 3.2, safe hospital environment, reflects the participants' perception of the healthcare setting as a safe environment during their post-operative recovery. Participant comments emphasise factors such as cleanliness, improved safety measures and access to medical equipment that contribute to this sense of security. Participants highlighted safety as linked to hospital cleanliness, improved safety protocols and the hospital's capacity to provide critical care – factors that all enhance patient protection compared to home. Collectively, participants' comments underscore the importance of a clean, well-equipped and well-managed healthcare environment in fostering patient confidence and supporting effective recovery. Prioritising patient comfort during healing is essential, particularly by addressing issues like indoor air pollution²⁰.

Challenges in care consistency

The fourth theme, challenges in care consistency, reveals shortcomings in nursing practices that could compromise patient safety. Lack of adequate explanation and informed consent (subtheme 4.1) poses a significant patient safety concern. When consent is obtained solely through signed forms without thorough discussion or ensuring patient understanding, it compromises patient autonomy and safety. Research shows that while many patients report receiving

information about surgical procedures, nearly half feel uncomfortable with their surgeons, and communication gaps persist regarding treatment risks and alternatives²¹. This gap can cause patients to consent under pressure or without full understanding, as shown by a participant who signed for both a caesarean section and IUD insertion, prioritising her baby's urgency over the IUD details.

Nurses have a crucial role in closing this communication gap by advocating for patients, clarifying information and ensuring comprehension before surgery²². Moreover, studies indicate that patients undergoing emergency surgeries often have poorer recall and satisfaction with the consent process compared to elective surgeries, underscoring the need for improved communication strategies in urgent settings²³. Therefore, perioperative nursing practice must prioritise comprehensive patient education, encourage questions and verify understanding to uphold ethical standards and enhance patient safety. This includes active involvement in the consent process, supporting shared decision-making and ensuring that consent is truly informed rather than a mere formality²⁴. Failure to do so endangers patient safety and exposes healthcare providers and institutions to legal liability.

Delays in assistance (subtheme 4.2) within the perioperative setting present significant challenges to patient safety and quality of care. This subtheme reflects patients' experiences of waiting for help or medical interventions due to the busy hospital environment. While some delays are understandable during emergencies, prolonged waits, such as the case where a patient had to wait until morning for reinsertion of a dislodged intravenous fluid line, can jeopardise patient outcomes by delaying essential treatments and increasing discomfort²⁵. Perioperative nursing involves maintaining the momentum of the patient's surgical journey while ensuring safety, but these dual demands can create tension that contributes to delays in care delivery⁷. Delays in assistance may stem from factors such as staff workload, resource limitations and communication inefficiencies, all of which have been linked to increased patient stress and

potential adverse events²⁶. Addressing delays in assistance requires systemic efforts to balance workload, optimise resource allocation and foster a culture of responsiveness to uphold high standards of perioperative care.

Subtheme 4.3, communication barriers, reflects a critical challenge in healthcare delivery, where patients struggle to understand instructions due to healthcare staff being busy or distracted. Effective, patient-centred communication between patients and healthcare providers is essential for optimal care and recovery, embodying nursing values that prioritise individualised and responsive care tailored to each patient's concerns, beliefs and circumstances¹⁴. One participant noted that staff being busy often makes instructions unclear, highlighting how workload and competing demands can hinder effective communication. When healthcare workers are rushed or preoccupied, important information may be delivered in a hurry or be unclear, increasing the risk of misunderstandings, non-compliance and adverse events, as poor communication increases the risk of patient safety incidents²⁷. The multifaceted nature of communication barriers emphasises the need for targeted interventions to improve nurse–patient interactions and enhance care quality²⁸.

Subtheme 4.4, lack of emotional care, occurs when healthcare workers focus primarily on physical assessments, such as checking vital signs, while neglecting to inquire about or address how patients are feeling emotionally, leading to a gap in holistic care. Emotional care is frequently neglected in healthcare settings because the system prioritises physical treatment. Furthermore, when nurses are constrained by heavy workloads and limited time, they often struggle to build meaningful relationships with patients²⁹. Nurses should not neglect emotional health as it is a vital component of patient care, as strong emotional support fosters psychological comfort and aids physical recovery³⁰.

Subtheme 4.5, reduced sensitivity to patients' needs, captures situations where patients perceive nurses as inattentive or lacking empathy toward their emotional and physical requirements. This can lead to feelings of discomfort, frustration and isolation, ultimately impacting patient

safety and satisfaction. The participant's experience of feeling uncomfortable approaching nurses for help and being ignored despite multiple calls for assistance, illustrates the emotional and practical consequences of this reduced sensitivity. When patients do not feel heard or supported, they may withhold requests for help, potentially risking their wellbeing and having a negative impact on their recovery. When healthcare professionals overlook patients' emotional and personal needs, it can adversely affect both the overall patient experience and recovery outcomes. Patient-centred care addressing both physical and emotional aspects, is crucial for enhancing patient satisfaction and safety³¹. When providers actively engage with patients and listen to their concerns, it leads to better hospital experiences and improved recovery³². However, in busy settings, particularly in public hospitals, patient engagement is often neglected, causing some patients to feel isolated and unsupported.

Limitations

This study's findings have several limitations. Its focus on a single public hospital in Iligan City, Philippines limits generalisability to other settings. The small qualitative sample offers detailed patient perspectives but may be affected by recall bias. The study did not include views from healthcare providers and families. Communication, health literacy and resource challenges may vary elsewhere. Furthermore, the study captures experiences only at one post-operative point and explores emotional care only briefly, not long-term. Despite providing valuable insights, further research is needed to understand patient safety more comprehensively across different contexts.

Conclusion and recommendations

The lived experiences of post-operative patients provide invaluable insights into patient safety practices, revealing both strengths and critical gaps within perioperative care, particularly in resource-limited public hospital settings. This study highlights the vital importance of informed care through comprehensive patient education and

clear communication, patient and family empowerment in recovery and the role of a secure healthcare environment sustained by continuous nursing vigilance. However, challenges such as inadequate informed consent, delays in assistance, communication barriers, emotional neglect and reduced sensitivity to patient needs persist, underscoring the urgent need for ongoing improvements in nursing practices, education and hospital systems to ensure consistent, holistic and patient-centred care. Addressing these issues will not only enhance safety and health outcomes but also foster trust and empower patients during their surgical recovery journey.

Conflict of interest and funding statement

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References

1. World Health Organization (WHO). Patient safety [Internet]. Geneva: WHO; 2023 [cited 2025 Jul 17]. Available from: www.who.int/news-room/fact-sheets/detail/patient-safety
2. Sarkhosh S, Zhaleh A, Hamid R. Engaging patients in patient safety: A qualitative study examining healthcare managers and providers' perspectives [Internet]. *BMC Nurs*. 2022[cited 2025 Jul 17];21(1):374. DOI: 10.1186/s12912-022-01152-1
3. McGarry O, Hannigan A, De Almeida MM, Severoni S, Puthooppambal SJ, MacFarlane A. What strategies to address communication barriers for refugees and migrants in health care settings have been implemented and evaluated across the WHO European Region? Copenhagen: WHO Regional Office for Europe; 2018 [cited 2025 Jul 17]. Available from: www.ncbi.nlm.nih.gov/books/NBK534365
4. Fucio MP, Fucio AL, Romero CB. Satisfaction on nursing management of post-operative complications rendered by surgical staff nurses in Philippines [Internet]. *J Health Sci Med Dev*. 2023[cited 2025 Jul 17];2(1):27–42. Available from: <https://journal.iistr.org/index.php/HESMED/article/view/280>

5. Phillips J, Malliaris AP, Bakerjian D. Nursing and patient safety [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2021 [cited 2025 Jul 17]. Available from: <https://psnet.ahrq.gov/primer/nursing-and-patient-safety>
6. Metrics matter [Internet]. *Acta Med Philipp*. 2024[cited 2025 Jul 17];58(1). Available from: <https://actamedicaphilippina.upm.edu.ph/index.php/acta/article/view/9583>
7. Watanabe KC, Nieve BB. Patient safety climate, burnout and safety outcome measures among nurses in selected private hospitals in Davao City, Philippines [Internet]. *Int J Multidiscip Res*. 2024[cited 2025 Jul 17];6(2). Available from: www.ijfmr.com/papers/2024/2/17960.pdf
8. Rodriguez A, Smith J. Phenomenology as a healthcare research method [Internet]. *Evid Based Nurs*. 2018 [cited 2025 Jul 17]; 21(4):96–8. DOI: 10.1136/eb-2018-102990
9. Subedi KR. Determining the sample in qualitative research [Internet]. *Scholars J*. 2021[cited 2025 Jul 17];4:1–13 Available from: <https://files.eric.ed.gov/fulltext/ED618228.pdf>
10. Morrow R, Rodriguez A, King N. Colaizzi's descriptive phenomenological method [Internet]. *Psychologist*. 2015[cited 2025 Jul 17];28(8):643–4. Available from: https://eprints.hud.ac.uk/id/eprint/26984/1/Morrow_et_al.pdf
11. Ahmed SK. The pillars of trustworthiness in qualitative research [Internet]. *J Med Surg Public Health*. 2024[cited 2025 Jul 17];2:100051. DOI: 10.1016/j.gjmedi.2024.100051
12. O'Brien BC, Harris IB, Beckman TJ, Reed DA, Cook DA. Standards for reporting qualitative research [Internet]. *Acad Med*. 2014[cited 2025 Jul 17];89(9):1245–51. DOI: 10.1097/ACM.0000000000000388
13. Maheta B, Shehabat M, Khalil R, Wen J, Karabala M, Manhas P et al. The effectiveness of patient education on laparoscopic surgery post-operative outcomes to determine whether direct coaching is the best approach: Systematic review of randomized controlled trials [Internet]. *JMIR Perioper Med*. 2024[cited 2025 Jul 17];7:e51573. DOI: 10.2196/51573
14. Kwame A, Petrucka PM. A literature-based study of patient-centered care and communication in nurse-patient interactions: Barriers, facilitators and the way forward [Internet]. *BMC Nurs*. 2021[cited 2025 Jul 17];20(1):158. DOI: 10.1186/s12912-021-00684-2
15. Jensen LWH, Rahbek O, Lauritsen REK, Kold S, Dinesen B. Patient perspectives on communication pathways after orthopedic surgery and discharge and evaluation of team-based digital communication: Qualitative exploratory study [Internet]. *JMIR Hum Factors*. 2024[cited 2025 Jul 17];11:e49696. DOI: 10.2196/49696

16. Alshammari J, Dhahi S, Alanazi S, Otaish M, Alruwaili S, Mater A et al. The importance of nursing role in post-operative patient care [Internet]. *Gland Surg*. 2024[cited 2025 Jul 17];13(2). Available from: www.glandsurgery.net/index.php/GS/article/view/113/101
17. Determeijer JJ, Van Waard JD, Leopold SJ, Spijker R, Agyemang C, Van Vugt M. The barriers and facilitators family caregivers experience when participating in resource-limited hospital care: A qualitative systematic review [Internet]. *BMJ Glob Health*. 2024[cited 2025 Jul 17];9(11):e015956. DOI: 10.1136/bmjgh-2024-015956
18. Ghosh M, O'Connell B, Nguyen HT, Coventry L, Towell-Barnard A, Gallagher O et al. Patient and family involvement in nursing bedside handover: A qualitative descriptive study of consumer perceptions of nursing care [Internet]. *Nurs Rep*. 2025[cited 2025 Jul 17];15(2):51. DOI: 10.3390/nursrep15020051
19. Tyson E, Creagh-Brown B. Post-operative care [Internet]. *Medicine*. 2018[cited 2025 Jul 17];46(12):750–3. DOI: 10.1016/j.mpmed.2018.09.003
20. Tian Y. A review on factors related to patient comfort experience in hospitals [Internet]. *J Health Popul Nutr*. 2023[cited 2025 Jul 17];42(1):87. DOI: 10.1186/s41043-023-00465-4
21. Kumru S, Yiğit P, Demirtaş M, Fındık H. Informed consent in surgical practice with patients' experiences: A cross-sectional study [Internet]. *Patient Exp J*. 2023 [cited 2025 Jul 17];10(3):42–8. DOI: 10.35680/2372-0247.1768
22. Strini V, Schiavolin R, Prendin A. The role of the nurse in informed consent to treatments: An observational-descriptive study in the Padua Hospital [Internet]. *Clin Pract (Lond)*. 2021[cited 2025 Jul 17];11(3):472–83. DOI: 10.3390/clinpract11030063
23. Kebede BF, Tesfa TB, Hiwot AY, Genie YD. Knowledge of surgical informed consent and associated factors among patients undergone obstetric and gynecologic surgery at Jimma Medical Center, Jimma, Ethiopia, 2020: An institutional based cross-sectional study [Internet]. *Perioper Med (Lond)*. 2023[cited 2025 Jul 17];12(1):4. DOI: 10.1186/s13741-023-00295-2
24. Shah P, Thornton I, Kopitnik NL, Hipskind JE. Informed consent. In: *StatPearls* [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan– [updated 2024 Nov 24, cited 2025 Jul 17]. Available from: www.ncbi.nlm.nih.gov/books/NBK430827
25. Davis EM, Feinsmith S, Amick AE, Sell J, McDonald V, Trinquero P et al. Difficult intravenous access in the emergency department: Performance and impact of ultrasound-guided IV insertion performed by nurses [Internet]. *Am J Emerg Med*. 2021[cited 2025 Jul 17];46:539–44. DOI: 10.1016/j.ajem.2020.11.013
26. Garcia C, Abreu L, Ramos J, Castro C, Smiderle F, Santos J et al. Influence of burnout on patient safety: Systematic review and meta-analysis [Internet]. *Medicina*. 2019[cited 2025 Jul 17];55(9):553. DOI: 10.3390/medicina55090553
27. Keshtkar L, Bennett-Weston A, Khan AS, Mohan S, Jones M, Nockels K et al. Impacts of communication type and quality on patient safety incidents [Internet]. *Ann Intern Med*. 2025[cited 2025 Jul 17]. DOI: 10.7326/annals-24-02904
28. Alharazi RM, Abdulrahim RJ, Mazuzah AH, Almutairi RM, Almutary H, Alhofaian A. Barriers and factors affecting nursing communication when providing patient care in Jeddah [Internet]. *Clin Pract (Lond)*. 2025[cited 2025 Jul 17];15(1):19. DOI: 10.3390/clinpract15010019
29. Butalid RM. Exploring the challenges encountered and strategies employed by nurses when confronted with moral decisions: Implication on moral competence [Internet]. *Malays J Nurs*. 2023[cited 2025 Jul 17];15(2):125–33. Available from: <https://ejournal.lucp.net/index.php/mjn/article/view/2103>.
30. Pan WJ, Wang SF. Understanding patients' emotional needs to strengthen therapeutic relationships: A deep insight into narrative nursing [Internet]. *World J Psychiatry*. 2025[cited 2025 Jul 17];15(3). DOI: 10.5498/wjp.v15.i3.103093
31. Jang H, Lee M, Lee NJ. Communication education regarding patient safety for registered nurses in acute hospital settings: A scoping review protocol [Internet]. *BMJ Open*. 2022[cited 2025 Jul 17];12(2):e053217. DOI: 10.1136/bmjopen-2021-053217
32. Marzban S, Najafi M, Agolli A, Ashrafi E. Impact of patient engagement on healthcare quality: A scoping review [Internet]. *J Patient Exp*. 2022[cited 2025 Jul 17];9. DOI: 10.1177/23743735221125439