Journal of Health Sciences and Medical Development
Vol. 2, No. 01, pp. 27-42
journal.iistr.org/index.php/HESMED
DOI: 10.56741/hesmed.v2i01.280

Satisfaction on Nursing Management of Postoperative Complications Rendered by Surgical Staff Nurses in Philippines

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ARTICLE INFO

Article history
Received 16 February 2023
Revised 3 March 2023
Accepted 7 March 2023

Keywords
Caring
Complications
Hospital
Nursing Management
Postoperative

ABSTRACT

This study examined the satisfaction levels of surgical staff nurses and clients on the nursing management of postoperative complications in different hospitals in Iriga City, Philippines. The study investigated the personal and professional attributes of surgical staff nurses, the level of satisfaction of nursing care in preventing postoperative complications, the relationship between personal and professional attributes and interventions, and proposed measures based on the study's findings. The results showed that most surgical staff nurses were female, had a baccalaureate degree, attended training in the surgical area, and had 6 to 10 years of experience. Both staff nurses and patients were satisfied with the nursing management rendered in preventing postoperative complications, and there was no significant difference in satisfaction levels between clients and staff nurses. There was no significant relationship between the profile of staff nurses and the level of satisfaction with nursing care for preventing postoperative complications.

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Introduction

Nursing is considered a noble and caring profession. Nurses are involved in a variety of roles. They serve as caregivers and client advocates at three levels of prevention. One of which is the secondary level of prevention, which focuses on the early detection and swift treatment of diseases. Postoperative care is the care patients receive after a surgical procedure. The type of postoperative care needed depends on the type of surgery as well as the patient's health history. It often includes pain management and wound care. Postoperative care begins immediately after surgery. It lasts for the duration of the patient's hospital stay and may continue after discharge. As part of postoperative care, the healthcare provider will teach the patients about the procedure's potential side effects and complications.

Depending on the type of surgery and the organ that was operated on, postoperative consequences can range from mild, self-limiting issues to significant, life-threatening ones [1]. Complications can occur because of anesthesia, a reaction to the stress of surgery, or a device used during recovery. Common side effects include swelling, fever, chest infections, pneumonia, wound infections, urine retention, constipation, bleeding, or deep vein thrombosis. Typically, between one and three days after surgery, the majority of problems manifest themselves. Because this is the most important phase, the patient must stay in the hospital.

Postoperative problems are directly connected to poor surgical outcomes [2]. The elderly are the patients who are most impacted by the anesthetic, they added. The most typical neurologic problem in the elderly is delirium. Important anesthetic quality initiatives for the prevention of delirium in older surgical patients include the adoption of structured clinical protocols focused on delirium risk factor reduction, avoiding meperidine when managing postoperative pain, and cautious selection and titration of medications when sedation is required.

According to the survey's findings [3], patient mortality is the worst possible result of postoperative complications, so it is crucial to take into account all the reasons that may have contributed to this incidence. Sepsis is one of the frequent dysfunctions, they added. Within a few minutes of the procedure, the patient's torso exhibits substantial systemic reactions that are the hallmark of the complication. Additionally, the area has some localized heat, which can subsequently lead to fever.

According to the Surgery Encyclopedia, postoperative care involves examination, diagnosis, planning, intervention, and outcome assessment [4]. The level of postoperative care needed depends on the patient's preoperative health, the type of surgery, and whether it was done in a hospital or a day surgery facility. Patients who undergo surgery in a day surgery center typically only need a short period of post-op care before being sent home. During these hours, if post-anesthesia or postoperative difficulties arise, the patient must be admitted to the

hospital. Prior to being discharged, hospital patients may need to receive days or weeks of postoperative care from hospital professionals.

Nursing Assessment is regarded as the initial step in the process of providing individualized nursing or personal care [5]. It provides information that is essential for creating a plan of action to improve one's health. Before initiating treatment, nurses and other healthcare professionals can establish baseline data and the patient's current health status using this form. Nursing assessments may be conducted in a hospital, long-term care facility, community, or patient's home. According to a study by Ref. [6], nursing assessments are closely associated with post-discharge and in-hospital mortality. They claim that these evaluations are clinically relevant and trustworthy. Currently, unutilized nursing assessment data could help doctors provide better patient care. Nursing assessments may serve as sensitive markers of a patient's state given their mortality and dynamic character.

Ref. [7] found that job satisfaction, professional commitment, and involvement in hospital affairs were all poor predictors of adverse events in patients, particularly pain and postoperative bleeding complications. The study focused on the Safety and satisfaction of Patients with Nurse Care in the Perioperative. Care provided by postoperative nurses in turn served as a positive predictor. Sociodemographic information, opinions on the working environment, professional burnout, and job satisfaction were gathered for the nurses. Patients' safety and degree of satisfaction are assessed using questionnaires. There were both univariate and multivariate analyses used.

Challenges in the nursing practice environment have a significant impact on nurse work outcomes [8]. In the Philippines, the study investigated the connection between workplace outcomes and the nurse practice environment. Using the Practice Environment Scale of the Nursing Work Index (PES-NWI), the nursing practice environment was measured. Work outcomes were measured using four self-report scales: job satisfaction, job burnout, job stress, and nurse-assessed care quality. The data were analyzed using multiple linear regression. The nurse practice environment and nurse and organizational characteristics were consistently associated. The nurse practice environment also exhibited a substantial and positive link with perceived care quality and a significant and negative relationship with job burnout and stress, according to multivariate regression analysis. A positive work atmosphere greatly reduced job burnout and stress while raising the standard of patient care. When there is a lot of migration overseas, a good nurse practice environment may attract better nurses to the nation and subsequently cut down on migration. To increase professional job results and high-quality patient care, managers must concentrate on creating positive nurse practice settings.

From this, it may be inferred that no one has attempted to date to provide Nursing Management of Postoperative Complications by Surgical Staff Nurses at the four hospitals of Iriga City. The study aimed to determine the level of Satisfaction of Surgical staff nurses and clients on the Nursing Management of Postoperative complications in Hospitals of Iriga City. The study is premised on the following assumptions: the personal and professional attributes of the respondents vary, the Level of Satisfaction on the Nursing Care for preventing postoperative complications is much satisfied, and there are measures that can be proposed based on the findings of the study. The study is directed to test hypothesis

1. There is no significant difference in the level of satisfaction with the nursing care for preventing post-operative complications of the patients and the nurses.
2. There is no significant relationship between the Level of Satisfaction of Surgical staff nurses and clients on the Nursing Management of Postoperative complications.

Method

A. Research Design

The study is descriptive-evaluative-inferential-correlational research with questionnaires intended for the staff nurses to determine their satisfaction with post-operative interventions, management, and care. The results were assessed to answer the stated research question. The design was chosen to provide a deeper and better understanding of the types of nursing management given to post-operative patients. It is a correlational method since the study tested the null hypothesis that there is no signed agreement on the patient; satisfaction being rendered by the surgical staff nurses. Descriptive research involves the collection of data to answer questions concerning the current status of the study. Descriptive methods describe what is and allow an in-depth analysis of the conditions being looked into. This method was designed to determine and dissect the facts or current condition concerning the nature or characteristics of a group of people or a class of events which may involve, organization, classification, analysis, enumeration, and measurement, moreover, the process of descriptive research goes beyond mere gathering of data. It involves an element of interpretation of the meaning or significance of what is described.

B. Respondents

The respondents of the study were the surgical staff nurses with a permanent status at the surgical ward during the morning, afternoon, and evening shifts of CHMSC Lourdes Hospital, Our Lady of Mediatrix Hospital, Villanueva-Tanchulling Maternity Hospital, and Sta. Maria Josefa Foundation Hospital with a total of 54 and 41 post-operative clients in the four hospitals. One hundred percent enumeration was used.

C. Research Instrument

A self-made questionnaire was utilized by the researcher. It is composed of the identification of the most common postoperative complications and the patient-related and hospital-related risk factors. A nursing interventions checklist was also made. Moreover, the study used a 5-point Likert Rating scale as shown in Table 1.

Table 1. Example Table Scale Interval Verbal Interpretations

Range	Scale	Verbal Interpretation
4.20 – 5.00	5	Very Much Satisfied (VMS)
3.40 – 4.19	4	Much Satisfied (MS)
2.60 – 3.39	3	Moderately Satisfied (MOS)
1.80 – 2.59	2	Less Satisfied (LS)
1.00 – 1.79	1	Least Satisfied (LES)

D. Research Procedure

The researcher requested permission from the Dean of the Graduate Studies and Research of the University of Saint Anthony Iriga City, to seek approval from the hospital administrators to survey the surgical staff nurses and postoperative patients of CHMSC Lourdes Hospital, Our Lady of Mediatrix Hospital, Villanueva-Tanchulling Maternity Hospital and Sta. Maria Josefa Foundation Hospital. The researcher acquired consent from the chief nurses and the medical director of the four hospitals. After the request had been granted, the researcher proceeded to the data-gathering process.

The researcher personally distributed the questionnaire to the respondents of the study. Retrieval of the questionnaires was done 5 days to 1 week after the distribution. The results of the investigation were tallied, tabulated, computed, visualized in the graph, and statistically analyzed.

E. Statistical Tool

The researcher determines the result of the study in the aspect of descriptive correlational, utilizing the frequency and percentage distribution. The percentage technique was used to calculate the proportionate number of responses to a particular item. The weighted mean was used to quantify the respondents' self-assessments. Wilcoxon Rank-Sum Test of Two-Sample Test was used to determine the significant difference in the mean rank levels of two (2) or more variables specifically on the responses of patients and nurses on the level of satisfaction with the nursing care for preventing post-operative complications.

Results and Discussion

A. Personal and Professional Attributes

The data analysis showed that out of the total number of surgical staff nurses in four hospitals in Iriga City, eleven or 20.37% were 25 years old and below, twenty (37.04%) were between 26 and 35 years old, ten (18.52%) were between 36 and 45 years old, and thirteen (24.07%) belonged to the age range of 46 to 55 years old. The nurses in this age range are still capable of providing efficient nursing care and management to postoperative clients, as they possess the necessary knowledge, expertise, and commitment to their profession.

The majority of the surgical staff nurses were female, with forty-two (77.78%) of the total workforce, while male nurses accounted for twelve (22.22%). This can be attributed to the fact that more females study nursing courses than males. Among the nurses, fifty (93%) had baccalaureate degrees and were registered degree holders, while seven (7%) held master's degrees, and none had a doctorate degree. However, some nurses still need to pursue further education to stay updated with new trends and to better fulfill their professional roles.

Regarding work experience, twenty (37.04%) of the nurses had been in service for two years or less, followed by seventeen (31.48%) with six to ten years of experience, twelve (22.22%) with three to five years of experience, and five (9.26%) with eleven to fifteen years of experience. The data showed that most nurses do not stay long in their current employment, using their experience to find better opportunities abroad. However, some senior nurses preferred to stay in their current jobs.

Regarding attendance at related training courses, the majority of the participants who attended surgical courses were from the one-to-three-year (1-3) work experience group, accounting for 64.81% of the total number of participants. In the four-to-six-year (4-6) experience group, nineteen (35.17%) of the nurses attended training courses, while none from the seven-to-ten-year and above group attended any surgical-related training. It was found that the nurses were actively attending in-house or online training courses despite the pandemic, with only a few nurses not attending surgical-related courses

B. Level of Satisfaction Nursing Care for Preventing Postoperative Complication

1. Nursing Care

The role of nurses in the healthcare delivery system is distinctive and strategically important. As the main daily caretakers and the largest single occupational group in hospitals, registered nurses (RNs) perform a crucial role in these facilities. These considerations have a substantial impact on both the cost and the standard of care that is offered. Patients' postoperative satisfaction with the care they receive from surgical staff nurses is crucial since it has a significant impact on their recovery. sufficient improvements in social and health outcomes. However, the performance of surgical staff nurses in terms

of General Nursing Care, such as assessing the client's airway, assessing for circulation, checking for a capillary refill, regularly monitoring vital signs, promoting adequate ventilation, providing a quiet environment, and encouraging the client to take adequate rest, has been linked to patients' satisfaction. and alerting the doctor if treatments don't work or if the patient's current complaint differs significantly from their prior one.

Results specifically showed that surgical staff nurses rated highest on the indicator Encouraging the client to take adequate rest (WM=4.92) while assessing for circulation was rated the least (WM=4.11) with AWM=4.49, findings reflected that surgical staff nurses are "Very Much Satisfied in rendering postoperative general nursing care. A similar study was conducted by Ref. [9] focusing on Patient Satisfaction in the Pre- and Post-Operative Periods in a Teaching Hospital. The aim of the study was to assess the level of patient satisfaction in the pre-operative and post-operative periods associated with surgical services and associated factors.

Table 2. Mean Responses of the Respondents on Their Satisfaction of Nursing Care

Indicators	NURSES			PATIENTS					
	WM	**VI**	**R**	**WM**	**VI**	**R**	**AWM**	**VI**	**R**
1. Assessing the client's airway.	4.43	VMS	5	4.41	VMS	5	4.42	VMS	5
2. Assessing for circulation.	4.11	MS	8	4.71	VMS	3	4.41	VMS	6
3. Checking for capillary refill.	4.37	VMS	6.5	4.12	MS	7	4.25	VMS	8
4. Monitoring vital signs regularly.	4.8	VMS	2	4.09	MS	8	4.45	VMS	4
5. Promoting adequate ventilation.	4.48	VMS	3.5	4.29	VMS	6	4.39	VMS	7
6. Providing quiet environment.	4.37	VMS	6.5	4.7	VMS	4	4.54	VMS	3
7. Encouraging the client to take adequate rest.	4.92	VMS	1	4.73	VMS	2	4.83	VMS	1
8. Notifying physician if interventions are unsuccessful or if current complaint is a significant change from patient's past experience.	4.48	VMS	3.5	4.85	VMS	1	4.67	VMS	2
AWM	4.50	VMS		4.49	VMS		4.50	VMS	

Nursing Assessment is very important and is the first step in the process of individualized nursing or personal care [10]. It provides information that is critical to the development of a plan of action that enhances personal health status. With this form nurses and other healthcare workers can establish baseline data and the patient's current health condition before providing care. Nursing Assessment can be carried out in a hospital, long-term care, community, or home setting.

For the patients indicators specifically showed that rated highest on the indicator notifying the physician if interventions are unsuccessful or if the current complaint is a significant change from the patient's past experience. (WM=4.85) while monitoring vital signs regularly was rated the least (WM=4.09) with AWM=4.49, findings reflected that postoperative patients were "Very Much Satisfied general nursing care rendered by surgical

staff nurses. Surgical staff nurses and patients indicators apparently both nurses and patients satisfaction showed that surgical staff nurses (AWM=4.49) While patients (AWM=4.55) showed "Very Much Satisfied "In rendering postoperative general nursing care.

2. Encourage Early Ambulation

Apparently, the surgical staff nurses along with the domain were averagely considered as encouraging early mobilization as shown in Table 3. Assessing the client's ability to perform Activities of Daily Living. Assessing the level of consciousness. Assisting the client in the position of comfort. Encouraging early ambulation to facilitate tissue healing. Encouraging the client to perform ROM exercises. Assisting the clients in breathing and turning exercises. Encouraging the patient to wear shoes or slippers with nonskid soles when ambulating. "Very Much Satisfied" from top to down to the bottom ranks, were: Apply best postoperative nursing care and management. As for the nurse's indicator number 2 which is 2. Assessing the level of consciousness. (VMS=4.61) with AWM=4.13, findings reflected that surgical staff nurses are "Much Satisfied in rendering postoperative general nursing care.

Table 3. Mean Responses of the Respondents on Their Satisfaction of Nursing Care

Indicators	NURSES			PATIENTS					
	VM	VI	R	WM	VI	R	AWM	VI	R
1. Assessing for the client's ability to perform Activities of Daily Living.	3.61	MOS	6	3.39	MOS	6	3.50	MS	6
2. Assessing the level of consciousness.	4.61	VMS	1	4.60	VMS	2	4.61	VMS	2
3. Assisting the client in the position of comfort.	4.20	VMS	5	4.53	VMS	4	4.37	VMS	4
4. Encouraging early ambulation to facilitate tissue healing.	4.50	VMS	2	4.81	VMS	1	4.66	VMS	1
5. Encouraging early ambulation of facilitate tissue healing.	4.33	VMS	4	4.59	VMS	3	4.46	VMS	3
6. Assisting the clients in breathing and turning exercises.	4.46	VMS	3	4.21	VMS	5	4.34	VMS	5
7. Encouraging the patient to wear shoes or slippers with nonskid soles when ambulating.	3.20	MOS	7	3.21	MOS	7	3.21	MOS	7
AWM	4.13	MS		4.19	MS		4.16	MS	

Patient apparently, the indicator number four Encouraging early ambulation to facilitate tissue healing. (VMS=4.81) with AWM=4.16 showed that "Very Much Satisfied "In rendering postoperative in encouraging early mobilization to facilitate tissue healing. Surgical staff nurses and patients' indicators apparently both nurses and patients satisfaction showed that surgical staff nurses (AWM=4.13) While patients (AWM=4.16) showed that "Much Satisfied "In rendering postoperative. And Much Satisfied in rendering postoperative general nursing care. in encouraging early mobilization to facilitate tissue healing.

Stressors has the highest occurrence and what stressors are related to nurse outcomes, such as job satisfaction, perceived quality of care, and turnover intention [11]. Numerous stressors have been identified in nursing practice, but it is unclear if specific stressors are related to nurse outcomes.

3. Ensure Adequate Nutrition

Careful analyses of the data on Table 4 show that the highest number of the respondents to Ensure adequate nutrition were rank number 1, Monitoring the input and output regularly rendered by surgical staff nurses (VMS=4.62) showed" Very Much Satisfied "while the patients satisfaction ensuring adequate nutrition showed Encouraging to eat once permitted as number 1, in the rank (VMS=4.78) In this table no.5 presented the (AWM=4.26) of surgical staff nurses. And patients (AWM=4.20) the findings revealed "Very Much Satisfied".

In the study of Ref. [12], burst abdomen represents one of the most frustrating and difficult post-operative complications experienced by surgeons who do a significant volume of surgery. Burst abdomen occurs because of various preoperative, operative and postoperative predisposing factors which can be prevented to some extend by having knowledge regarding them [12]. Burst abdomen can be treated successfully to decrease morbidity and mortality due to it.

Table 4. Mean Responses of the Respondents on the Level of Satisfaction in Ensuring Adequate Nutrition

Indicators	NURSES			PATIENTS					
	VM	VI	R	WM	VI	R	AWM	VI	R
1. Assessing the return of peristalsis by auscultation of the abdomen	4.09	MS	7	3.85	MS	5	3.97	MS	6
2. Auscultating bowel sounds to evaluate bowel motility	3.80	MS	8	3.78	MS	7	3.79	MS	8
3. Assessing for presence of nausea or vomiting	4.28	VMS	5	4.29	VMS	4	4.29	VMS	3
4. Monitoring the Input and Output regularly	4.62	VMS	1	4.68	VMS	2	4.65	VMS	1
5. Encouraging to eat once permitted	4.31	VMS	4	4.78	VMS	1	4.55	VMS	2
6. Promoting adequate nutrition by selecting healthy foods	4.20	VMS	6	4.31	VMS	3	4.26	VMS	4
7. Conducting health teachings	4.35	VMS	3	3.56	MS	8	3.96	MS	7
8. Including the significant others while conducting health teachings	4.6	VMS	2	3.82	MS	6	4.11	MS	5
AWM	4.26	VMS		4.13	MS		4.20	VMS	

4. Preventing Skin Breakdown and Pressure Sores

Apparently another indicators included herein obtained arranged in descending order were: Surgical staff nurses have answered, Prevent skin breakdown and pressure sores, no. 9 indicator highest rank (VMS=4.56) "Very much satisfied" wherein patients indicator

no. 4 Nothing for the presence of drainage taking into consideration (amount, color, viscosity) as no. 1 rank and both indicator no. 7 (Providing the client with a smooth, firm and wrinkled free foundation in which sit to avoid skin trauma) as lowest rank respectively, while the Average Weighted Mean (AWM=4.26) reflects Surgical staff nurses " Very Much Satisfied" compared to the patients were the average weighted mean (AWM=4.06) verbal interpretation " Much Satisfied".

Table 5. Mean Responses of the Respondents on the Level of Satisfaction in Preventing Skin Breakdown and Pressure Source

Indicators	NURSES			PATIENTS					
	VM	VI	R	WM	VI	R	AWM	VI	R
1. Assessing for skin integrity and tissue trauma.	3.39	MOS	9	4.46	VMS	2	3.93	MS	6
2. Assessing for signs of infection.	4.46	VMS	4	4.32	VMS	5	4.39	VMS	4
3. Assessing the surgical wound for discoloration, bleeding, swelling or edema.	4.48	VMS	3	3.93	MS	6	4.21	VMS	5
4. Nothing for the presence of drainage taking into consideration (amount, color, viscosity).	4.41	VMS	5	4.49	VMS	1	4.45	VMS	2.5
5. Assessing the incision site for bleeding, and intactness of dressing.	4.52	VMS	2	4.37	VMS	4	4.45	VMS	2.5
6. Maintaining skin hygiene by bathing the client.	4.24	VMS	6	2.15	LS	9	3.20	MOS	9
7. Providing the client with a smooth, firm and wrinkled free foundation on which to sit to avoid skin trauma.	4.09	MS	8	3.15	MOS	8	3.62	MS	8
8. Turning patient from side to side every hour.	4.16	MS	7	3.51	MS	7	3.84	MS	7
9. Doing wound care aseptically.	4.56	VMS	1	4.39	VMS	3	4.48	VMS	1
AWM	4.26	VMS		3.86	MS		4.06	MS	

Immediately after the operation, the main danger is sudden hemorrhage from the operated area, producing shock [13]. Specifically, in case of abdominal operations, the most common complication during the recovery period is paralytic ileus or failure of the intestine to work. Ref. [13] mentioned that Urinary tract infection (UTI) is the most common nosocomial infection overall, making up about 40% of all hospital-acquired infections. Nearly all patients will have a urinary catheter placed during and shortly after surgery, making this a common source of contamination and infection. Ref. [14] mentioned that women who undergo caesarean section have a risk for systemic infection which is quite common, and symptoms can include a smelly discharge, a fever, or a heavy or irregular bleeding.

5. Provide Adequate Pain Control

Table 6. Presented indicators. Provide adequate pain and control wherein indicator no. 3 (Administering medications per doctor's order). Showed the highest rank (WM=4.57) for

surgical staff nurses as respondents providing a "Very Much Satisfied" nursing care and management, similarly to patients satisfaction (WM=4.71) "Very Much Satisfied" the (AWM=4.26) surgical staff nurses "Very Much Satisfied" (AWM=4.04) "Much Satisfied" as responded by the patients.

Table 6. Mean Responses of the Respondents on the Level of Satisfaction in Providing Adequate Pain Control

Indicators	NURSES			PATIENTS					
	WM	VI	R	WM	VI	R	AWM	VI	R
1. Assessing the client's pain using the pain scale.	3.53	MS	6	3.41	MS	5	3.47	MS	6
2. Assisting the client in diversional activities.	4.48	VMS	2	3.34	MOS	6	3.91	MS	5
3. Administering medications per doctor's order.	4.57	VMS	1	4.71	VMS	1	4.64	VMS	1
4. Instructing the client to use pain medications as ordered, not allowing pain to become sever before taking the prescribed dose.	4.28	VMS	5	3.59	MS	3	3.94	MS	3
5. Providing warm or cold compress.	4.35	VMS	4	3.51	MS	4	3.93	MS	4
6. Determining the client's ability to tolerate warm and cold compress application.	4.37	VMS	3	4.34	MOS	2	4.36	VMS	2
AWM	4.26	VMS		3.82	MS		4.04	MS	

C. Significant Difference in the Level of Satisfaction on Nursing Care for preventing post-operative complications of the patients and nurses

Results given in Table 7 reflected that Satisfaction on Nursing Management of Post Operative Complications Rendered by Surgical Staff Nurses at Four Hospitals in Iriga City, Indicator number 1 wherein General Nursing Care it ranked "first" with an over-all mean of 4.55 Results indicated that both Surgical staff nurses and Patients "Very Much Satisfied" VMS with regards to General Nursing Care.

While indicator number 3 which is Adequate Nutrition was noted as the next ranked or "Second"and having an over-all mean of 4.20 indicating that it is also " Very Much Satisfied " VMS Compromising ranked " third " Early Ambulation " Much Satisfied " MS among the Satisfaction on Nursing Management. Preventing Skin Breakdown and Pressure Source are having the "fourth" it can further gleaned from the results of 4.06 and fifth Providing Adequate Pain Control 4.04 respectively "Much Satisfied".

Table 7. Summary on the Level of Satisfaction

Indicators	Nurses			Patients					
	WM	I	R	WM	I	R	AWM	I	R
1. General Nursing Care	4.49	VMS	1	4.49	VMS	1	4.55	VMS	1
2. Early Ambulation	4.13	MS	5	4.19	MS	2	4.16	MS	3
3. Adequate Nutrition	4.26	VMS	3.2	4.13	MS	5	4.20	VMS	2
4. Preventing Skin Breakdown and Pressure Source	4.26	VMS	3.2	3.86	MS	3.5	4.06	MS	4
5. Providing Adequate Pain Control	4.26	VMS	3.2	3.82	MS	2.5	4.04	MS	5
AWM	4.28	VMS		4.10	MS		4.2	VMS	

D. Significant relationship between personal and professional attributes and interventions rendered by the surgical staff nurses

Table 8 showed that on the test of the significant relationship, the computed X^2 value on gender = 0.701 and tabular X^2 value is 9.488; computed X^2 value on Age = 1.009 and tabular X^2 value is 21.026; computed X^2 value on Educational Attainment = 0.173 and tabular X^2 value is 15.507; computed X^2 value on Years of Experience in Surgical Area = 1.123 and tabular X^2 value is 21.026; computed X^2 value on Trainings Attended = 11.624 and tabular X^2 value is 21.026; all X^2 computed values was lesser the tabular values at .05 level of significance accepting the null hypothesis, thus indicating no significant relationship on the level of satisfaction on the nursing care for preventing post-operative complications of the patients and the nurses.

Table 8. Significant Relationship

Profile	df	ɗ	Tabular Value (TV)	Computed Value (CV)	Decision	Conclusion
Sex	4	0.05	9.488	0.701	Accepted H_0	Not Significant
Age	12	0.05	21.026	1.009	Accepted H_0	Not Significant
Educational Attainment	8	0.05	15.507	0.173	Accepted H_0	Not Significant
Years of Experience in Surgical Area	12	0.05	21.026	1.123	Accepted H_0	Not Significant
Trainings Attended	12	0.05	21.026	11.624	Accepted H_0	Not Significant

Data revealed in table 9 shows the results of the test of significant difference between the level of satisfaction of surgical staff nurses and patients. Since then, U2 computed value of 6 is greater than the U tabular value of 2 at 0.05 level of significance with N1 = 5 and N2 = 5 degree of freedom, the null hypothesis is accepted which means that the there is no significant difference between the level of satisfaction of nurses and patients. It implies that patients and surgical staff nurses agree and are both satisfied with the nursing management of post-operative complications. It furthers implies that the post-operative care management are well taken by the patients.

Table 9. Significant Difference

df	ɗ	Tabular Value (TV)	Computed Value (CV)	Decision	Conclusion
$N_1 = 5$	0.05	2	$U_1 = 19$	Accepted Ho	Not Significant
$N_2 = 5$			$U_2 = 6$		

Since then, U2 computed value of 6 is greater than the U tabular value of 2 at 0.05 level of significance with N1 = 5 and N2 = 5 degree of freedom, the null hypothesis is accepted which means that the there is no significant difference between the level of satisfaction of nurses and patients.

To support findings as mentioned by Ref. [15] concluded that holistic assessment and care are inseparable from the nursing process. Holistic nursing practice informed by a philosophy of holism balancing art and science recognizes the interconnected of body, mind, and spirit. Holistic practice draws on knowledge, theories, expertise, intuition, and creativity. In a study conducted by Ref. [16], nursing assessments are strongly correlated with in-hospital and post-discharge mortality. According to them these assessments are clinically meaningful and valid. Nursing assessment data, which are currently unused, may allow physicians to improve patient care. The mortality and the dynamic nature of nursing assessments suggest that nursing assessments are sensitive indicators of a patient's condition.

E. Post Operative Nursing Management

With the help of the results and findings of this study, the researcher was able to conceptualize and create a brochure that will serve as additional reference guide to the hospitals, in which surgical staff nurses render satisfactorily nursing care and management to postoperative patients. The output shall provide additional nursing care strategies in relation to performance standards, and compliance with hospital protocols and postoperative care and management which are being rendered by surgical staff nurses to postoperative patients.

The brochure is composed of preoperative and postoperative nursing care in order to enhance surgical staff nurses towards rendering nursing care and management monitoring, assessment and observation skills which are essential in postoperative care. Surgical staff nurses can support postoperative patients' recovery.

Conclusion

The findings above lead to the following conclusions: Firstly, the majority of surgical staff nurses are female, baccalaureate degree holders, between 25 years old and below, have six to ten years of experience, and have attended surgical-related trainings. Secondly, both staff nurses and patients are satisfied with the nursing management provided, particularly in preventing postoperative complications. Thirdly, there is no significant difference in satisfaction levels between patients and staff nurses regarding postoperative complications. Fourthly, there is no significant correlation between the profile of staff nurses and the satisfaction level of nursing care in preventing postoperative complications. Finally, the Postoperative Management Brochure is an effective guide for postoperative care.

The implications of the findings and conclusions can be significant for the nursing profession and healthcare facilities. The high percentage of female surgical staff nurses suggests that efforts should be made to encourage more men to pursue nursing as a career. Additionally, the significant number of baccalaureate degree holders among the staff nurses implies that hospitals and healthcare facilities should prioritize hiring nurses with higher levels of education to provide better patient care. The high attendance rates for surgical-related trainings among staff nurses indicate that hospitals should continue to invest in continuing education programs to keep their nurses up-to-date with the latest trends and advancements in the field. The fact that both staff nurses and patients are satisfied with the nursing care provided is a positive reflection on the quality of care being offered, and healthcare facilities should continue to prioritize providing excellent care to patients. Finally, the Postoperative Management Brochure serves as an effective guide for postoperative care, and healthcare facilities should continue to use such resources to enhance the quality of care provided to their patients.

Recommendation

The researchers made the following recommendations based on their findings and conclusions:

1. The surgical staff nurses should attend seminars and broaden their knowledge about post-operative complications and utilize available resources to improve their skills in handling post-operative patients. The hospital administrators may encourage or conduct their own seminars to help the staff nurses gain more knowledge about preventing postoperative complications. The hospital may also review and improve their sanitary protocols to provide a conducive environment for postoperative recovery.
2. The hospital administration should maintain the level of satisfaction of patients on the postoperative care rendered by surgical staff nurses.
3. The hospital should support the continuing education activities of the surgical staff nurses to maintain the level of satisfaction of their patients in postoperative complications.
4. The hospital administration should continuously work on personal and professional development and reflect on the nursing care for preventing postoperative complications.
5. The Postoperative Management Brochure may be used as a reference for surgical staff nurses.

Conflict of Interest

The authors declare that there is no conflict of interest.

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