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## Psychological Care for Surgical Patients in Josefina Belmonte Duran Albay Provincial Hospital

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### Abstract

**Aim:** The study evaluated the psychological care provided to surgical patients at Josefina Belmonte Duran Albay Provincial Hospital (JBDAPH), Ligao City. It aimed in exploring the factors, impacts and significance of psychological care that gave basis on the plan of recommendations given to JBDAPH.

**Methodology:** Stratified sampling technique and a descriptive-correlational design with a survey questionnaire were employed in this research. The respondents which were surgical patients 18 years old and above, came from different wards of the hospital such as in the medical ward, pay ward and pedia ward but a larger number of respondents came from OB ward and surgery ward, respectively. The gathered data were then tallied, tabulated and analyzed using the percentage and frequency technique, weighted mean, and chi-square test.

**Results:** The results revealed that most patients were young adults, female, and married, with a majority undergoing obstetrics/gynecology procedures. Psychological care significantly contributes to patients' physical, psychological, social, and spiritual recovery. While intrinsic and extrinsic factors may not pose severe negative effects, financial challenges can hinder access to sustained psychological support. The impact of psychological care varied across different patient profiles. The proposed plan for Josefina Belmonte Duran Albay Provincial Hospital (JBDAPH), based on the study's findings, can serve as a reference for the institution to enhance and innovate its psychological care practices.

**Conclusion:** Psychological care has an impact to the surgical patients' health as a whole. It contributes to their physical, psychological, social, and spiritual recovery as a surgical patient.

**Keywords:** Psychological care, intrinsic and extrinsic factors, surgical patient

### INTRODUCTION

Psychological health is deeply intertwined with overall well-being. The old saying "mind over body" holds significant truth. While a strong body is crucial, a weak mind can lead to a more profound imbalance than a physically weak individual with a strong mental outlook. In the researchers' perspective, addressing mental health challenges is often more critical than solely focusing on physical strength. The term "psychological" is being used in the study instead of the word "mental". As a reference, psychological and mental are terms that are used interchangeably to describe similar issues. Both types of problems interfere with the levels at which a person function. However, these terms are often perceived in different ways and may affect how an individual with such problems is treated (Nichols, 2021). Recovering from surgery is difficult in the best of circumstances. But it is not only the physical aftermath that people have to be concerned with. It is also the mental and emotional impacts. Depression, anxiety, and PTSD symptoms are commonplace after surgery, but they do not have to be. Tending to mental wellness post-surgery will help smooth the recovery process — body, mind, and spirit. (Foley, 2021). As Gotter (2022) points out in the article, recovering from surgery can take time and involve discomfort. Many people feel encouraged that they are on the way to feeling better again. Sometimes, however, depression can develop. Depression is a complication that can happen after any type of

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surgery. It is a serious condition that needs attention so that people can find the treatments that can help them cope. Mental health in the Philippines has now begin to gain importance. The Department of Health under its prevailing Mental Health Program, established its mission to promote over-all wellness of all Filipinos, prevent mental, psychosocial, and neurologic disorders, substance abuse and other forms of addiction, and reduce burden of disease by improving access to quality care and recovery to attain the highest possible level of health to participate fully in society (World Health Organization, n.d.).

This research investigated the current state of psychological care offered to surgical patients at the Josefina Belmonte Duran Albay Provincial Hospital in Ligao City. It identified potential gaps or limitations in existing practices and assessed the effectiveness of psychological interventions in managing the emotional well-being and coping mechanisms of surgical patients within the hospital setting. The study can provide research-based practices that will enhance the quality of health services in the growing hospital.

### Objectives

This study aimed to evaluate the psychological care provided to surgical patients at Josefina Belmonte Duran Albay Provincial Hospital, Ligao City.

Specifically, it sought to:

1. determine the profile of surgical patients in terms of:
  - a. age
  - b. sex
  - c. civil status
  - d. employment status
  - e. religion
  - f. type of operation
2. investigate on the impact of psychological care to surgical patients in JBDAPH in terms of:
  - a. Physical impact
  - b. Psychological impact
  - c. Social impact
  - d. Spiritual impact
3. identify the factors that affect psychological care provided to surgical patients in JBDAPH in terms of:
  - a. Intrinsic factors
  - b. Extrinsic factors
4. test if there is a significant relationship between the profile of the surgical patients and the impact of psychological care; and
5. propose a plan to enhance the psychological care for surgical patients in JBDAPH.

### Hypothesis

This study was tested on the null hypothesis that there is no significant relationship between the profile of the patients and the impact of psychological care.

### METHODS

#### Research Design

A descriptive-correlational research method was utilized. it aimed to document the characteristics, behaviors, attitudes, opinions, or perceptions of the population being studied (Hassan, 2023).

#### Population and Sampling

Since there were more operative cases in adults and elderly in the said institution located at Tuburan, Ligao City, Albay, the researchers gave emphasis on their perceptions as the respondents of the study. To be more specific, participants in the study were at least 18 years old who were about to undergo surgical procedure or had already been subjected to the contemplated surgical procedure in the same facility. The researcher conducted the study within the period of 4 months, which started from September 2023 to April 2024.

Moreover, the researchers utilized the stratified sampling method. Hence, the respondents gave representations in various surgical procedures and subsequently avoided any biases. According to the monthly surgical



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census of JBDAPH, an estimated average of 60 surgical cases in a month is being catered. In line with the research design and chosen sampling technique, the researchers had a total of 124 respondents for 3 consecutive months based on the Slovin's formula. The respondents were then grouped into two (2) strata, to wit: Major General Surgical Patients and Minor Surgical Patients.

### Instrument

A researcher-administered questionnaire was the tool used in the study. It was designed by the researchers by merging numerous related queries gathered through research to meet its purpose. The questionnaire which was submitted to the researchers' adviser were edited both in form and in substance. Subsequently, the noted deficiencies were corrected correspondingly, finalized, and approved by the adviser. Finally, the collected data were then subjected to data analysis.

### Data Collection

All data was personally obtained by the researchers from the respondents on their respective areas. After data collection, it was evaluated in accordance with the study's objective and all research directives.

### Treatment of Data

The gathered data were tallied, tabulated and analyzed using the percentage and frequency technique, weighted mean, and chi-square test in order to gauge the patients' responses on the impact of psychological care to surgical patients in JBDAPH and the factors that affects psychological care provided to surgical patients in JBDAPH.

### Ethical Considerations

To protect every person and organization engaged in the study's conduct, the researchers made sure that all research protocols concerning ethics in research were followed. The JBDAPH management granted the researchers ethical authority to perform the study.

## RESULTS and DISCUSSION

### 1. Profile of the Surgical Patients

The profile presented in this section are those of the surgical patients at Josefina Belmonte Duran Albay Provincial Hospital (JBDAPH).

**Table 1. Profile of the Surgical Patients**

Profile	Indicators	Frequency	Percentage	Rank
<b>Age</b>	<b>18-35 (young Adult)</b>	<b>57</b>	<b>45.97</b>	<b>1</b>
	<b>36-55(middle age adult)</b>	<b>34</b>	<b>27.42</b>	<b>2</b>
	<b>56 and above</b>	<b>33</b>	<b>26.61</b>	<b>3</b>
	<b>Total</b>	<b>124</b>	<b>100</b>	
<b>Sex</b>	<b>Male</b>	<b>45</b>	<b>36.29</b>	<b>2</b>
	<b>Female</b>	<b>79</b>	<b>63.71</b>	<b>1</b>
	<b>Total</b>	<b>124</b>	<b>100</b>	
<b>Civil Status</b>	<b>Single</b>	<b>42</b>	<b>33.87</b>	<b>2</b>
	<b>Married</b>	<b>71</b>	<b>57.26</b>	<b>1</b>
	<b>Widowed/Widower</b>	<b>11</b>	<b>8.87</b>	<b>3</b>
	<b>Total</b>	<b>124</b>	<b>100</b>	
<b>Employment Status</b>	<b>Employed</b>	<b>63</b>	<b>50.81</b>	<b>1</b>
	<b>Unemployed/Student</b>	<b>61</b>	<b>49.19</b>	<b>2</b>
	<b>Total</b>	<b>124</b>	<b>100</b>	
<b>Religion</b>	<b>Roman Catholic</b>	<b>120</b>	<b>96.77</b>	<b>1</b>
	<b>Iglesia ni Cristo</b>	<b>3</b>	<b>2.42</b>	<b>2</b>
	<b>Other Religion</b>	<b>1</b>	<b>0.81</b>	<b>3</b>
	<b>Total</b>	<b>124</b>	<b>100</b>	
<b>Major</b>		<b>62</b>	<b>50</b>	<b>1.5</b>



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Type of Operation	Minor	62	50	1.5
	<b>Total</b>	<b>124</b>	<b>100</b>	

**a. Age.** Exhibited in Table 1, were the age group of the respondents, to wit: young adults from ages 18 to 35 years old; middle-age adults ranging from 36 to 55 years old; and the older adults with ages 56 and above. Out of the one hundred twenty-four (124) surgical patients, fifty-seven (57) or 45.97 percent belong to the age group of 18-35 years old; Thirty-four (34) or 27.42 percent belong to the age group 36-55 years old; and thirty-three (33) or 26.61 percent belong to the age group 56 and above. Thus, majority of the surgical patients were young adults due to a larger number of cases of caesarian section. The age of conception was most likely to happen during this age group. A detailed understanding is required of how the age profile of surgical patients is changing over time. (Fowler et al., 2019)

**b. Sex.** Out of the total one hundred twenty-four (124) surgical patients, the majority were females that were comprised of seventy-nine or 63.71 percent and the minority were the male surgical patients that were comprised of forty-five (45) or 36.29 percent. As shown in Table 1, there were more female surgical patients than of the male surgical patients. As per yearly census in JBDAPH Operating Room, most of the operations done were ob/gyne cases such as caesarian section, hysterectomy, ligation and curettage. Therefore, more female clients were being served and became respondents in this undertaking. Moreover, caesarian section cases were expected to be on the young adult age group which are respondents from 18-35 years old as presented in Table a. Thus, giving a justification on why there were more females and young adult age group in the total number of respondents.

Sociodemographic characteristics, such as sex, have been shown to influence health care delivery. Acute care surgery models are effective in decreasing mortality and morbidity after emergency surgeries, but sex-based differences in delivery and outcomes have not been explored (Rucker et al., 2019). Whilst this reduction in length of stay after caesarean section has not been found to be associated with adverse maternal health outcomes, the psychosocial impact and women's experiences have not been systematically reviewed. (Digenis et al., 2020)

**c. Civil Status.** Seventy-one (71) or 57.26 percent of the total respondents are married; Forty-two or 33.87 percent are single; and eleven (11) or 8.87 percent are widowed/widower. Hence, the majority of the respondents might already have their own family. With this numbers, it gave relevance to the results of the percentage on the profile of the surgical patients.

**d. Employment Status.** Of the one hundred twenty-four respondents, sixty-three (63) or 50.81 percent are employed and sixty-one or 49.19 percent are unemployed or are still students. It showed that the ratio of employed to unemployed surgical patients are almost the same with only a difference of 1.62 percent. It also implies that even though the respondents were employed, still they opted to be admitted at JBDAPH which is a government hospital that might have a relevance in the succeeding discussions of the result of the study.

**e. Religion.** Of the total respondents, there are one hundred twenty surgical (120) patients that are Roman Catholic; Three (3) or 2.42 percent are Iglesia ni Cristo (INC); and one (1) or 0.81 percent is from other religion. It is a fact that the Philippines is a catholic country since the time of the Spanish colonization (Asael, 2023). Thus, the culture, tradition and lifestyle of Catholics might therefore have a relevance in their need for psychological care during their admission as a surgical patient.

**f. Type of Operation.** In line with the chosen sampling technique, it is expected to have a 50/50 result of the type of operation from each respondent. The researcher, as explained from the previous chapter chose the Stratified Sampling to give equal representations from the types of operation. As indicated in the above matrix, both the Major and the Minor operations have sixty-two (62) respondents each for a total of one hundred twenty-four (124) number of respondents.

## 2. Impact of Psychological Care to Surgical Patients

This part revealed the impact of psychological care to surgical patients via the weighted mean of each indicator and the average weighted mean of each impact. Psychological care in this study stated four impacts to wit:

**a. Physical Impact.** On table 2, the surgical patients consider psychological care impactful because it helps alleviate or lessen their discomfort of pain thus it ranked 1st out of 5 indicators with a weighted mean of 3.33 within physical impact. Consequently, the respondents find psychological care important to their physical recovery also impactful with a weighted mean of 3.31 and falls on rank 2; in rank 3.5 with a weighted mean of 3.10 are 2 indicators stating that psychological care gives surgical patients ease in coping with their daily routine in life and it also helps them return to their normal sleeping pattern. Lastly in rank 5, the surgical patients also find it impactful in terms of

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boosting their energy and/or appetite with a weighted mean of 3.09. It was clearly revealed that all indicators in the physical impact with an average weighted mean of 3.19 is interpreted as impact. The researcher can now infer that surgery patients' psychological well-being has a significant impact on their physical health condition specially in reducing pre and post operative pain and that they require psychological care to assist them heal from their physical damage and recovery.

Psychological characteristics widely influence the pathophysiological mechanisms underlying the neuroendocrine and inflammatory response to surgical stress, potentially interfering with surgical outcomes (Villa et al, 2020).

**Table 2. Physical Impact of Psychological Care to Surgical Patients**

Indicator	Weighted Mean	Interpretation	Rank
You find psychological care important in your physical recovery.	3.31	Impact	2
Psychological care helps alleviate or lessen your discomfort or pain.	3.33	Impact	1
Psychological care gives you ease in coping with your daily routine in life?	3.10	Impact	3.5
You find psychological care helpful in boosting your energy and/or appetite.	3.09	Impact	5
Psychological care helps you return to your normal sleeping pattern?	3.10	Impact	3.5
<b>Average Weighted Mean</b>	<b>3.19</b>	<b>Impact</b>	

**b. Psychological impact.** As reflected in Table 3, rank 1 of the indicators which stated that psychological care helps reduce or control their anxiety/nervousness/fear/uncomfortable feelings is viewed as impact, with a weighted mean of 3.43. According to the responders in rank 2, psychological care is helpful in overcoming psychological challenges in terms of surgical recovery. The weighted mean for it is 3.37. Two indications with a weighted mean of 3.11 (impact) and a rank of 3.5 indicate that it improves surgery patients' capacity to focus, think clearly, and overcome distractions, as well as their outlook on life. The final indication, which has a weighted mean of 3.05 and ranks fifth, shows that receiving psychological care aids in thinking through both short- and long-term recovery goals. Finally, the average weighted mean of 3.21 indicates that psychological impact has an overall interpretation of impact for surgical patients. To conclude, psychological care to surgical patients is relevant for their psychological needs during surgical recovery period. It helps them specially in reducing their anxiety pre and post surgically. With this results, interpretations and existing studies, the psychological impact of psychological care is congruent and reliable. Thus, gave more substantial evidence in the field of mental/psychological health research.

Increasingly, evidence suggests that psychological factors have an impact on surgical outcomes in both the short and long term. (Levett & Grimmert, 2019)

**Table 3. Psychological Impact of Psychological Care to Surgical Patients**

Indicator	Weighted Mean	Interpretation	Rank
Psychological care helps you to reduce or control anxiety/ nervousness/fear/uncomfortable feelings.	3.43	Impact	1
You find psychological care helpful in overcoming psychological challenges in terms of your surgical recovery.	3.37	Impact	2
Psychological care gives you encouragement to have a more positive outlook in life.	3.11	Impact	3.5
Psychological care improves your ability to focus and think clearly and overcome distractions.	3.11	Impact	3.5
Psychological care helps you to think of your short- and long-term goals for your recovery.	3.05	Impact	5



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**Average Weighted Mean** **3.21** **Impact**

**c. Social Impact.** The average weighted mean of 3.12 in Table 4 indicates that the psychological care provided to surgical patients is interpreted as impact. In rank 1, the indication suggesting that psychological care makes it easier for respondents to cooperate and collaborate with those involved in their treatment has a weighted mean of 3.23, which is viewed as impact. Ranking second with a weighted mean of 3.15, which is also considered significant, indicates that it gives them the confidence to deal with situations both during and after their course of treatment. It is said in rank 3 (weighted mean: 3.11; impact) that it encourages respondents to have flexible communication styles with their friends and family. Next, rank 4 has a weighted mean of 3.06, which is also interpreted as impact because it indicates that, in spite of their surgery, it helps them manage their social lives. Finally, the sign in rank 5 indicates that it facilitates their daily relationships with other individuals. It can be inferred that psychological care enhances patients' social health that can hasten their surgical recovery. Furthermore, psychological care is paramount in the cooperation and collaboration between the patients and healthcare team.

Each of the biological, psychological and social dimensions of the pain experience should be considered and understood in order to provide optimum pain management in the postoperative setting. (Small and Laycock, 2020)

**Table 4. Social Impact of Psychological Care to Surgical Patients**

Indicator	Weighted Mean	Interpretation	Rank
<b>Psychological care contributes in helping you cope with your social life despite of your surgical operation.</b>	<b>3.06</b>	<b>Impact</b>	<b>4</b>
<b>Psychological care encourages you to have adaptive techniques to communicate openly with your family/friends.</b>	<b>3.11</b>	<b>Impact</b>	<b>3</b>
<b>Psychological care helps you to engage in daily interactions with others.</b>	<b>3.03</b>	<b>Impact</b>	<b>5</b>
<b>Psychological care gives you ease in cooperation and collaboration with the people involved in your treatment.</b>	<b>3.23</b>	<b>Impact</b>	<b>1</b>
<b>Psychological care gives you confidence to face encounters during and after your treatment outcomes.</b>	<b>3.15</b>	<b>Impact</b>	<b>2</b>
<b>Average Weighted Mean</b>	<b>3.12</b>	<b>Impact</b>	

**d. Spiritual Impact.** As seen on Table 5, the indicator's rank 1 shows that it aids surgical patients in considering their spiritual needs, and its weighted mean of 3.24 is particularly interpreted as impact. The Rank 2 indicator, which has a weighted mean of 3.19 and is interpreted as impact, indicates that it motivates individuals to engage in their religious activities more, which may aid in their recuperation. Ranking 3, with a weighted mean of 3.17 (impact) indicates that it aids in their understanding of their faith and confidence in their judgment. With a weighted mean of 3.14 for the rank 4 indicator, it indicates that it aids in their recognition of the value of life and is also interpreted as impact. Finally, rank 5 with an impact interpretation and a weighted mean of 3.14 indicates that it aids in overcoming of the respondents' fears related to surgery and/or dying. With an average weighted mean of 3.18, an impact interpretation of the overall outcome of the spiritual impact of psychological care on surgical patients has been provided. This implies that spiritual health for surgical patients is also influential in their recovery specially in terms of spiritual reflections.

The study of Divasini and Mohamad (2019) also revealed that adults use adaptive coping mechanisms, such as seeking for social and professional assistance, practicing self-management, spirituality, and optimism, as well as providing and receiving support from loved ones, for support over the psychological complications that are experienced following major surgery. Based on the aforementioned findings and research, it can be inferred that psychological support has an effect on spirituality and, therefore, enhances the overall health status of a patient recovering from surgery.



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**Table 5. Spiritual Impact of Psychological Care to Surgical Patients**

Indicator	Weighted Mean	Interpretation	Rank
Psychological care helps you to reflect on your spiritual needs.	3.24	Impact	1
Psychological care helps you recognize the significance /value of your life.	3.15	Impact	4
Psychological care helps you to better understood your faith and trust in your decisions.	3.17	Impact	3
Psychological care encourages you to participate more on your religious practices that can contribute to your recovery.	3.19	Impact	2
Psychological care helps you resolve fear regarding surgery and or the fear of death or dying.	3.14	Impact	5
<b>Average Weighted Mean</b>	<b>3.18</b>	<b>Impact</b>	

**2. Factors Affecting Psychological Care**

**Table 6. Intrinsic Factors Affecting the Psychological Care to Surgical Patients**

Indicator	Weighted Mean	Interpretation	Rank
Lack of motivation to undergo psychological care	1.74	Not at all	4
There is the feeling of waste of time, money and effort to undergo psychological care	2.02	Moderately Affect	5
Refusal to undergo psychological care because you think that it will invade your privacy.	1.66	Not at all	2
You consider psychological care as unimportant or is the least of your priority.	1.71	Not at all	3
Psychological care is against your religious/cultural beliefs/practices.	1.44	Not at all	1
<b>Average Weighted Mean</b>	<b>1.71</b>	<b>Not at all</b>	

**a. Intrinsic Factors.** In order to highlight the results as reflected in table 6, they are ranked as follows based on their weighted mean: Rank 1 indicates that the surgical patient is willing to receive psychological care because it does not conflict with their cultural or religious beliefs or practices, and has a weighted mean of 1.44. The majority of respondents are Roman Catholic, as indicated in the matrix of the profile of the respondents, table a., which has a significant impact on their psychological state and willingness, both of which have a major impact on the outcome. Rank 2 has a weighted mean of 1.66, which indicates that receiving psychological care does not violate their privacy; Rank 3 has a weighted mean of 1.71, which is also interpreted as not at all and indicates that surgical patients believe receiving psychological care is important and does not rank lowest on their list of health priorities; rank 4 has a weighted mean of 1.74, which indicates that they are motivated to receive psychological care. Finally, rank 5, which has a different weighted mean of 2.02 and is regarded as moderately affect, indicates that some surgical patients' psychological treatment has little effect on the time, money, and effort required to receive it. The average weighted mean for this factor is 1.71, meaning that there is no discernible effect or with a not at all interpretation. That is to say, inherent characteristics typically have no bearing on surgical patients' willingness to get psychological care specially in terms of religious/cultural beliefs/practices. Also, with the average result, it can be implied that patients are willing and are motivated to undergo psychological care. Gotter (2022) said that recovering from surgery can take time and involve discomfort. These variables depend on the perspective, actions, and disposition of the surgical patient toward



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psychological care. Extrinsic factors, such as the patients' financial capacity, may have an impact on one indicator that was different from other intrinsic indicators.

**Table 7. Extrinsic Factors Affecting the Psychological Care to Surgical Patients**

Indicator	Weighted Mean	Interpretation	Rank
Lack of support from your family and or friends to undergo psychological care.	1.90	Not at all	3
Financial challenges hinder you from seeking psychological support.	2.20	Moderately Affect	5
The hospital or healthcare team did not implement psychological care post operatively.	1.85	Not at all	2
The nurses and or doctors lack the training and skills in psychological care.	1.83	Not at all	1
The psychological care is not being implemented due to lack of healthcare workforce.	1.91	Not at all	4
<b>Average Weighted Mean</b>	<b>1.94</b>	<b>Not at all</b>	

**b. Extrinsic Factors.** The notion that physicians and/or nurses lack the necessary knowledge and expertise to provide psychological care is indicated in table 7 as having the highest ranking of the five indicators, with a weighted mean of 1.83, and is interpreted as not at all. The idea of a hospital or healthcare team that did not provide psychological treatment after surgery came in a close second with a weighted mean of 1.85, which is likewise interpreted as not at all. With a weighted mean of 1.90, ranking third among the five indications, lack of support from friends and/or family is still interpreted as not at all. The idea that psychological care should not be provided because of a shortage of healthcare workers ranks fourth, with a weighted mean of 1.91, which is interpreted as not at all. The concept that financial difficulties prevent people from getting psychiatric treatment comes in last on rank 5, with a weighted mean of 2.20 and a distinct definition of moderate affect. With an average weighted mean of 1.94, one of the five indicators for the extrinsic factors has been interpreted as having a moderately affect, meaning that this component as a whole generally interpreted as not at all. This implies that there is no influence from exogenous influences on surgical patients' willingness to receive psychological care. Analyzing these data leads to the straightforward conclusion that there is a widespread issue, particularly with regard to health care. Both internal and external elements are impacted by financial concerns, which call for a distinct strategy to address in order to avoid impeding the surgical patient's readiness to receive psychological treatment.

In connection to the study of Torres and Macindo (2018), quality information acquisition and supportive interpersonal care assimilation which can be found in the extrinsic factors is integral in psychological care.

**4. Relationship Between the Profile of the Surgical Patients and the Impact of Psychological Care**

**a. Relationship Between the Profile and The Physical Impact of Psychological Care.** The test of significance using the chi square test in table 8 tested the relationship between the profile of the surgical patients and the physical impact of psychological care. With regards to the surgical patients age, sex, civil status, and employment status, the computed X2 value with a significance level of 0.05 yielded the p-values that were greater than its significance level as presented in the above matrix. Hence, the null hypotheses were accepted confirming that there is no significant relationship between the age, sex, civil status, and employment status of the surgical patients to the physical impact of psychological care. This implies that the physical impact of psychological care on the surgical patients, no matter what group age the respondents belong to, whether the respondent is male or female, with various civil status and employment status can have various degrees of impact on them that do not merely depend on their profile respectively. On the other hand, the p-values of the respondents' religion and type of operation resulted in a lesser value than its significance level of 0.05 as shown also in the table. Therefore, the null hypotheses were rejected and were interpreted as significant implying that the religion of the respondents and the type of operation they had undergone whether it is a minor or a major operation has a significant effect on the physical impact of psychological care for them. Moreover, the physical impact of psychological care for a catholic can differ from a respondent with a



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different religion. In the same manner for the type of operation on which the physical impact of psychological care for the respondents may vary depending on the type of operation.

**Table 8. Relationship Between the Profile and The Physical Impact of Psychological Care**

Indicator	Computed X2 Value	p-value	Decision on H0	Interpretation
Age	4.4999	0.60935	Accepted	Not Significant
Sex	7.3625	0.61198	Accepted	Not Significant
Civil Status	8.5909	0.197927	Accepted	Not Significant
Employment Status	7.481	0.058049	Accepted	Not Significant
Religion	13.4942	0.035826	Rejected	Significant
Type of Operation	8.2173	0.041729	Rejected	Significant

According to Konstantopoulou (2023) who is a registered health psychologist, the distress on major surgical procedure and many patients can experience overwhelming emotions such as fear, anxiety or anger, even if the actual procedure does not pose a real threat to their well-being. The patient can be dealing with a lot of additional problems in addition to feeling overwhelmed due to lack of knowledge regarding the procedure and negative emotions.

**b. Relationship Between the Profile and The Psychological Impact of Psychological Care.** The significance testing for the relationship between the profile and the psychological impact of psychological care was then determined utilizing the same statistical tool in Table 8, which is the chi square test. As presented in Table 9, three (3) out of six (6) profile have p-values lower than 0.05 significance level. The age group, employment status and religion were interpreted as significant and their null hypotheses were rejected. This implies that psychological care on its impact to their psychological wellbeing can be differ due to their age group, whether the respondents were young adults, middle-aged adults or older adults and also with their employment status whether the surgical patients were employed or unemployed. At the same time, religion can also affect the psychological impact of psychological care to the respondents.

**Table 9. Relationship Between the Profile and The Psychological Impact of Psychological Care**

Indicator	Computed X2 Value	p-value	Decision on H0	Interpretation
Age	12.6467	0.049002	Rejected	Significant
Sex	4.1254	0.24824	Accepted	Not Significant
Civil Status	8.2499	0.220362	Accepted	Not Significant
Employment Status	9.096	0.028041	Rejected	Significant
Religion	16.7636	0.010193	Rejected	Significant
Type of Operation	1.2353	0.744546	Accepted	Not Significant

Aside from these three (3), the null hypotheses of the other profile of the respondents which were the sex, civil status, and type of operation were accepted thus, making the relationship not significant. Having these results, it can be implied that whether they are male or female, single, married or widowed, or had undergone either minor or major operation, the psychological impact of psychological care for them are not affected by the above-stated profiles.

In line with the psychological impact, according to a foreign article written by Foley (2021), it is stated that the psychological effects of surgery are addressed along with steps you can take to maintain your mental health as you recuperate. After surgery, recovery can take some time, and many patients experience anxiety and depression because their wounds are not healing as fast as they would want.

**c. Relationship Between the Profile and The Social Impact of Psychological Care.** Only in terms of sex out of the six (6) profile of the respondents was interpreted as not significant and its null hypothesis was rejected in terms of the social impact of psychological care to the surgical patients. In contrast to sex, the remaining profiles which were the age group, civil status, employment status, religion and type of operation that has p-values greater than the 0.05 significance level were interpreted to have a significant relationship on the social impact of psychological



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care. Thus, their stated null hypotheses were rejected. This only mean that the sex of the surgical patients, whether they are males or females, do not affect the impact of psychological care socially. On the other hand, as seen in Table 10, the social impact of psychological care may vary due to their age group, civil status, employment status, religion and the type of operation that they have undergone

**Table 10. Relationship Between the Profile and The Social Impact of Psychological Care**

Indicator	Computed X2 Value	p-value	Decision on H0	Interpretation
Age	18.9493	0.00425	Rejected	Significant
Sex	3.1697	0.366195	Accepted	Not Significant
Civil Status	13.1955	0.040035	Rejected	Significant
Employment Status	12.763	0.005178	Rejected	Significant
Religion	21.9702	0.001226	Rejected	Significant
Type of Operation	12.694	0.005347	Rejected	Significant

According to Divaasini and Mohamad (2019), surgical patients' recovery can be significantly impacted by receiving psychological care, particularly in their social health, which is increasingly important to our mental health in this day and age.

Given the results, almost all parts of the profile were deemed significant on how they are impacted socially by psychological care. The society is a great deal on how individuals mold themselves into a man of the society. People are able to find and express themselves because of the society they live in. People are influenced by the society, the environment where they dwell. Adjusting themselves as an individual that fits their age, status, and even in religion per se.

**d. Relationship Between the Profile and The Spiritual Impact of Psychological Care.** As depicted in table 11, One (1) out of the six (6) profiles of the surgical patients had a p-value of less than the 0.05 significance level which is the religion of the respondents with a p-value of 0.001391. Hence, it is interpreted as significant and the null hypothesis was rejected in terms of the spiritual impact of psychological care. This is highly expected because this section speaks about the spiritual impact and the religion of the surgical patients. The rest of the profile were with p-values greater than 0.05 which were the age, sex, civil status, employment status and type of operation done. Therefore, their respective null hypotheses were accepted and were interpreted as not significant. This interpretation gave the researcher a concrete result wherein the type of religion whether catholic, Iglesia ni Cristo and other religions had an effect on their spiritual impact in terms of psychological care. In contrary, the remaining profiles do not have a significant effect on the impact of psychological care spiritually. Thus, explaining that although individuals have different religions and practices, still, people have similarities on their belief as a rational human being.

**Table 11. Relationship Between the Profile and The Spiritual Impact of Psychological Care**

Indicator	Computed X2 Value	p-value	Decision on H0	Interpretation
Age	6.3363	0.38659	Accepted	Not Significant
Sex	6.81	0.078206	Accepted	Not Significant
Civil Status	4.53	0.605345	Accepted	Not Significant
Employment Status	0.1518	0.94961	Accepted	Not Significant
Religion	21.6672	0.001391	Rejected	Significant
Type of Operation	1.1563	0.678504	Accepted	Not Significant

**5. Plan of recommendations to JBDAPH towards the Care of Surgical Patients**

The recommended plan is meant to be used by the hospital in considering the research's results and conclusions. It seeks to support the delivery of patient care that is comprehensive.



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**Table 12. Proposed Plan to Enhance the Psychological Care for Surgical Patients in JBDAPH**

Areas/ Concern	Objectives	Activities/ Strategies	Responsible Person	Expected Outcome
Profile of the Surgical Patient	To gather accurate data and assessment from the surgical patients or support system upon admission	History taking that includes initial psychological assessment	Emergency Room Resident and Nurse on Duty	Accurate initial assessment that includes history taking and present psychological/mental status
Impact of Psychological care	To integrate psychological management to surgical patients and support system preoperatively	Continuation of psychological assessment through creating rapport	Surgeon/ ROD/NOD	A more in-depth assessment and management to surgical patients specifically in terms of giving pre operative psychological care
	To be able to assess present psychological status of surgical patients and subsequently give outright management to lessen their anxiety.	Inclusion of psychological care assessment as a part of the pre operative checklist		A more collaborative care and relationship between the surgical patients, their support systems and the healthcare team members
	To create rapport between the OR team and the surgical patient intraoperatively	Integration of psychological management such as counselling patients and support system to the care of clients to reduce pre surgical anxiety.		Encouraged openness of surgical patients to their support system and the healthcare team.
	To assess the present status specifically involving the psychological status of the surgical patients	Integrating psychological care to ward NOD endorsement to OR NOD	OR team (Surgeon, Anesthesiologist , OR Nurse)	Decreased anxiety and other worries of the patients and support system Gained rapport even for a short period of time Surgical patients' psychological status will immediately be addressed before the operation starts.
		Conducting present status psychological assessment of OR NOD upon endorsement		



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Factors of  
Psychological  
care

To decrease the  
perceived pain and  
anxiety of the  
patients  
postoperatively

To encourage  
collaboration and  
open communication  
with the patient and  
support system

Continuing  
psychological care as a  
part of the post  
operative care  
management by OR to  
PACU psychological  
assessment  
endorsement;  
thoroughly assessing  
the post op patients  
through orientation and  
counselling, including  
the support system

PACU NOD; OR  
NOD  
Other health  
care team

Decreased perceived pain  
and anxiety by the  
surgical patients

Encouraged collaboration  
and open communication  
with the patient and  
support system

To give holistic  
discharge plan for  
every patient that my  
support them and  
their family in the  
recovery phase  
outside the hospital.

Integration of  
psychological  
interventions such as  
counselling and  
discharge psychological  
status in the discharge  
plan of the surgical  
patient

Ward NOD/  
Attending  
physician

Holistic discharge plan for  
every patient that may  
support them and their  
family in the recovery  
phase outside the  
hospital.

Performing exit  
interview to patients  
and support system  
prior to discharge

Continuity of  
psychological  
assessment and  
diagnosis in the follow  
up check-up of patients

To promote  
psychological health  
and recovery to every  
client including their  
family/support system

During assessment  
period in every phase  
of hospitalization until  
follow up, nurses and  
or ROD/attending  
physicians should refer  
patients experiencing  
major anxiety or  
depressions to  
specialists such as  
psychiatrists or  
psychologists or even  
to nurses or social  
workers with  
psychological health  
trainings

Healthcare  
team and  
hospital  
administrators

Holistic and quality health  
care where psychological  
care is embedded through  
every assessment up until  
follow ups

To facilitate quality  
psychological  
intervention under  
competent healthcare  
professionals

Patient and support  
system will be served with  
utmost care thus  
contributing to their fast  
recovery

Integration of  
psychological care  
assistance to  
programs of the

Patient and support  
system will continue to  
seek psychological care  
for it free of charge.



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hospital that will not require huge financial requirement to achieve this goal

Wellness clinic in the hospital can also create a program under its service to give psychological interventions for such cases. Healthcare members should undergo trainings and seminars regarding psychological intervention

## Conclusions

Based on the salient findings of the study, the following conclusions were made:

1. The larger part of the surgical patients was of young adults ranging from age 18-35, females, married, and were roman catholic. Given the majority classification of the profiles, it can be implied that the respondents had undergone obstetrical or gynecological cases.
2. Psychological care has an impact to the surgical patients' health as a whole. It contributes to their physical, psychological, social, and spiritual recovery as a surgical patient.
3. The intrinsic and extrinsic factors affecting the majority of surgical patients to seek psychological care do not pose any serious or negative effect on them. Financial challenges however might affect or interfere with their perception to continue or maintain their psychological needs as part of their surgical recovery.
4. There are various considerations in determining the significance of the relationship between the profile and the impact of psychological care.
5. The plan of proposal to JBDAPH is based from the results and findings of the study. It may serve as a reference to the institution for them to practice and innovate.

## Recommendations

The findings and conclusions led to the formulation of the following recommendations:

1. Exploration of profiles in future researches. Highlighting or focusing on one or two profiles only to give specific results and conclusions.
2. Exploring further impacts such as emotional impact can be included in the future endeavor.
3. Scrutinizing other areas of the factors, intrinsic and extrinsic will explore and expose more evidences to improve psychological care management.
4. The areas found significantly related to the impact of psychological care can be specifically and further be explored as a future study.
5. As cited in the plan of proposal, inclusion of psychological care from admission up to follow ups is integral.

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