

	<h1 style="color: red;">GOMAL UNIVERSITY</h1> <h2 style="color: blue;">JOURNAL OF RESEARCH</h2> <p>Gomal University, Dera Ismail Khan, Khyber Pakhtunkhwa, Pakistan ISSN: 1019-8180 (Print) ISSN: 2708-1737 (Online)</p>				
Website	www.gujr.com.pk	HEC Recognized	Social Sciences	CrossRef	DOI: 10.51380

PSYCHOSOCIAL FACTORS OF HEALTH AGENCY IN POST-SURGERY RECOVERY: A LIVED EXPERIENCE STUDY OF PATIENTS

Faiza Abdul Khaliq¹ & Shahnila Tariq²

¹PhD Scholar, Applied Psychology, University of Management & Technology, Lahore, Pakistan
²Associate Professor, Applied Psychology, University of Management & Technology, Lahore, Pakistan

KEYWORDS	ABSTRACT
<p>Psychosocial Factors, Lived Experiences, Health Agency, Abdominal Surgery, Patients, & Recovery</p>	<p>The aim of the current research was to explore the lived experiences of health agency among the patients post abdominal surgery during recovery phase. Psychosocial factors within a health agency play a profound role in shaping patients' post-surgery recovery, particularly when examined through a lived experience perspective. Thus, the data was collected through semi-structured interviews from adults who undergone abdominal surgery (N=5) and were in recovery phase. The patients were selected through the purposive sampling technique at age range 20-60 year onwards. Interpretative phenomenological analysis (IPA) was used to extract themes. Three themes were highlighted (1) Recovery as multidimensional journey, (2) Embodied and intentional health management during recovery and (3), the supportive relationships and future oriented recovery. It is concluded from data that during the recovery phase, where patients experienced the physical limitation, pains, emotional shocks, psychological distress, take active decisions, actively cope with stress, modify lifestyle behaviours, and fully participate in treatment choices, got strength from family and reconstructing life meaning and future goals. The results of study provide significant information and current study will offer practical insights to improve the post-surgery recovery outcomes through independence and self-management support by documenting lived experiences of the adults across lifespan.</p>
<p>Article History</p> <p>Date of Submission: 12-02-2026</p> <p>Date of Acceptance: 18-03-2026</p> <p>Date of Publication: 30-03-2026</p>	<p style="text-align: center;">  2026 Gomal University Journal of Research </p>
Corresponding Author	Shahnila Tariq: shahnila.tariq@umt.edu.pk
DOI	https://doi.org/10.51380/gujr-42-01-05

INTRODUCTION

The health agency is sense of control over life, that shape your own ideas and actions, and how individuals confidently manage health in various situations. While sustaining psychological stability being flexible in the face of variation or conflict is possible due to agency (Koskela & Paloniemi, 2023). Opening of abdominal cavity is abdominal surgery (Rajabiyazdi, Alam, Pal, Montanez, Law, Pecorelli & Fiore, 2021) which involves treating illness, ailments, or wounds

Khaliq & Tariq ... Psychosocial Factors Of

that affect liver, pancreas, gallbladder, bile ducts, lower digestive tract (stomach and bowels), or surrounding soft tissues. These can be carried out through minimally invasive techniques (laparoscopic), outdated open incision (laparotomy) (Courtney, Clymo, Dorudi, Moonesinghe & Dorudi, 2024; Debas, Chekol, Zeleke & Mersha, 2025). Recovery period include abdominal organs like hernia repair, liver, pancreas, bile ducts, gallbladder, spleen, stomach, intestines, appendix, urinary tract organs and reproductive organs (Mogoanta, Paitici & Mogoanta, 2021). Timeline of recovery varies from individual to individual and type of procedure. Laparoscopic procedure allows for same day discharge, back to work with in week or two, while laparotomy require around six weeks, more for recovery (McLemore, Hedrick, Rashidi, Popowich & Sylla, 2022).

LITERATURE REVIEW

The parenting styles and traditional values impacts how health agency develops, highlighting importance of supportive environments (Beyers, Soenens & Vansteenkiste, 2025). Older adults responded to the adaptive responses to recover sense of control and personal agency by taking proactive measures, such as following health protocols and using coping strategies. Subjective well-being lower for students with high degree of agency which stated that stress, displeasure result from having too much agency without enough support (Fedina, Bruk & Volosnikova, 2024). Positive relationship between dispositional agencies, a person's innate sense of control over their life is associated with decision making. Having a sense of agency alone is enough for care leavers; actively taking part in life decisions is essential to improve their well-being (Pepe, Biffi, Montà, Arciprete & Biggeri, 2024). Higher health agency patients are more likely to adopt long term health behaviours required for long recovery, actively cope with stress, and actively participate in treatment choices (Ekong, Monga, Daher, Sashank, Soltani, Nwangene & Soltani, 2024).

The major abdominal surgeries, older adults recovering at home reported significant confines due to ongoing pain, gastrointestinal distress, anxiety and depression which had an adverse effect on their day to day activities and mental wellbeing (Keny, Dillon, Russell, Colley, Yank & Tang, 2024). Older adults are not passably fortified to exercise active energy by information alone in housing, social care, and health contexts. All life doings that are in line with action-discussion, deliberation and dialogue are more successful in indorsing agency (Harding, 2023). State health agencies can use to promote healthy aging and equitable older adult health: paid family, sick leaves, healthy community design, fall prevention, telehealth growth & workforce strengthening (Pendergrast, Bethune, Shah & Sands, 2023). During exercising of health agency, older adults took part in activities like taking care of pets, avoiding sad news and attending religious activities (Flores, Oyague, Evangelista, Bonilla, Carrión & Reynolds, 2023). Inspiring shared agency results in systematic changes that improve youth health equity (Lorimer et al., 2022).

A study concluded that increase in personal agency has a negative relationship with anxiety & depression and a positive relationship with resilience and self-esteem (Nunes, Mota, Schoon, Ferreira & Matos, 2022). A study was conducted to find out the relationship between self-rated

Khaliq & Tariq ... Psychosocial Factors Of

health from early adulthood to midlife and personal agency, mainly the sense of mastery. The results concluded through the time, strong sense of mastery consistently predicted improved self-rated health. It also suggested that agency is a long term psychological tool for maintaining health (Mortimer & Staff, 2022). Another research was investigated to explore the participant's health related quality of life, self-care agency, and health promoting life style. Results showed a positive relationship amid health -related quality of life, self-care agency and health promoting lifestyle. Another study show environmental support, social interaction, individual motivation all have impact on the health agency of older adults (Juntunen, Lautamo, Pikkarainen & Lällä, 2022).

The children actively showed agency by starting conversation and activities, but institutional norms, teachers' reactions shape or restrict their agency (Sairanen, Kumpulainen & Kajamaa, 2022). Moreover, a study was conducted and results showed that agency have the conviction that once can affect the course of one's life is typically related with improved mental health, this relationships can become ambiguous as one enters adulthood. Results also concluded that when structural obstacles restrict their capacity to pursue their objectives, young adults with high agency may feel more stressed and depressed (Hitlin, Erickson & Brown, 2015). Patients actively negotiate their identities and agency, rejecting and redefining the roles that these texts and medical professionals have assigned them. This proves discrepancy amid patients' lived experiences, self-perceptions and institutional depictions of patient agency (Hunter, Franken & Balmer, 2015). One study highlighted that participation was eased by social support, planned exercises, positive faith about recovery, while keeping obstructions in mind that included pain severity, psychological distress, as well as lack of confidence (Vader, Doulas, Patel & Miller, 2021).

In another study it was concluded that through the continuous motivation and by adapting healthy habits the quality of life of patients improved overtime after facing challenges such as pain, weakness, dizziness, discomfort and body limitation (Shetty & Samuel, 2025). Recently a study was conducted in which results concluded that during the recovery phase, despite all the challenges, many participants reported psychological growth, increased self-awareness, and adaptive coping that reflected resilience and meaning-making overtime (Singh & Tiwari, 2025). It was also concluded that recovery was happened by developing healthy habits and self-love through self-care practices, that improves the decision-making, reduces stress, and strengthens emotional well-being (Crank, 2025). Nybergh et al. (2021) conducted a study and revealed that across gender roles, people's capacity to actively participate in rehabilitation, make informed decisions, regain control over their recovery process shaped health agency. Whereas, structural barriers, role expectations and lack of autonomy limited people's ability to act on their health needs, supportive environment also promoted agency (Van, Luijckx, Janssen, Rooij & Janssen, 2021).

Older adult's medication self-management indicated health agency through active decision-making, routine-setting and personal analysis based on their prescriptions that suit their daily routines as well as preferences (Dijkstra, Sino, Schuurmans, Schoonhoven & Heerdink, 2022).

Khaliq & Tariq ... Psychosocial Factors Of

In another study, it was found that during recovery phase individuals carefully experimenting with and controlling physical activity, learning to effort balance and rest shaped their agency (Humphreys, Kilby, Kudiersky & Copeland, 2021). Moreover, young men without jobs create their masculinities and health within structural boundaries. These masculine characters were recognized: protesting and staying positive, which limited agency and had a damaging effect on the health and connected masculinity, which reinforced agency and promoted well-being through the self-reflection, future positioning and public involvement (Hammarstrom et al., 2025).

Health agency is essential to the effective implementation of health promoting practices which focused on the implementation of specific health behaviors (DeSocio, Kitzman & Cole, 2003). Strong health agency enables people to actively seek help, identify issues early and adjust to new routines. People with less agency may fail to notice warning signs, put off receiving care, or find it difficult to reintegrate into daily life, putting recovery and mental well-being at risk (Holt-Lunstand, 2024). A study highlighted that in Pakistan health agency found low among middle aged people. The prevalence of open abdominal surgeries is 12.7%, among patients who are over 45, obese, diabetic, hypertensive. Thus, one big cohort study concluded that rate increased from 4.3% to 18.7% over a ten year period. In this connection, emergencies midline surgeries was 18.1%. The male gender, BMI over 25, wound infection, and poor healing are important risk factors (Ashraf, Rafiq, Rehman, Sultan & Khan, 2025). A total of 2243 abdominal surgeries were carried out on 107 patients, significant psychological and social effects, such as depression in 16% of patients & marital disruption in 12% reported (Latif, Shabbir & Hameed, 2016).

Research Objectives

1. To explore patients' lived experiences of recovery post abdominal surgery, including the physical, emotional and psychological dimensions.
2. To study how patients exercise health agency over decision making, self-care practices and adaptation during recovery phase after surgery.

Research Questions

1. How do patients experiences and exercise the health agency in post abdominal surgery?
2. How does recovery post abdominal surgery shape patient experiences, daily functioning and future life perspectives?

RESEARCH METHODOLOGY

The current research is based on an exploratory research design. The study aims to investigate and provide information about how patients experience the phenomenon in particular context. Interpretative Phenomenological Analysis (IPA) is considered as the most popular qualitative approach that is based on lived experiences (Tuffour, 2017). It focuses on the task of exploring complex experiences of a small number of participants, as well as divergence and convergence of experiences. This method is phenomenological because it involves a thorough analysis of the

participants. Therefore, it aims to investigate the patients' individual experiences regarding the phenomenon.

Participants & Settings

The lived experiences of health agency among patients post abdominal surgery was examined using the purposive sampling technique (maximum variation). The interviews were conducted from 5 participants who fulfilled the inclusion criteria, from both genders, age range 20-60 onwards, who undergone from the abdominal surgery and were in recovery phase. Surgeries included the digestive system (stomach, liver, pancreas, bile ducts, spleen, appendix, hernia, gallbladder, colon, small and large intestine), urinary & reproductive system (Courtney et al., 2024).

Research Instrument

The study collected data and participant responses using a semi-structured interview protocol. The reliability of interview guide's questions was verified through content validation. The tool is verified, revised, adjusted prior to interviewing five participants. Demographic information sheet included, age, gender, education, marital status, total children, professional status, family system, residence, health insurance, surgery of organ, nature of surgery, bed rest after surgery, health literacy, confidence in managing health decisions & willingness to follow guidelines post -surgery.

Interpretative Phenomenological Analysis (IPA)

IPA explains how individuals interpret their own and outside world, as well as the significance of particular experiences and events. The foundation of IPA include phenomenology, symbolic interactionism, hermeneutics, and ideography. The analytical procedure was as follows: (a) the interview transcripts were read repeatedly until it was understood, (b) emergent factors were noted and organized, (c) themes were described in detail and interrelationships were identified and (d) the themes were grouped to form the trustworthy collection of themes (Smith et al., 2021).

Research Procedure

To explore the lived experiences of health agency among patients post abdominal surgery, a purposive sampling technique was used to select participants who met the inclusion criteria. Once participants were identified, informed consent was obtained from them. Data collection was conducted through semi-structured interviews, conducted individually in a distraction free setting via phone calls. The interviews were audio recorded with the participants' consent. The interviews were transcribed and translated into English by keeping the real context of the verbatim. IPA was used for the data analysis, process involved identifying themes and patterns that emerge from the interviews. The researcher used codes to identify themes. Throughout the research, participants' identities were kept confidential, and pseudonyms were used in place of real names to ensure their privacy. The audio recordings and transcripts were stored securely, and only researcher had the access. Thus, to enhance trustworthiness and to ensure the rigor, member checking method was used. The findings were shared with expert for accuracy of the interpretation.

RESULTS OF STUDY

The results about diverse developed theme were presented in this section as three themes were highlighted in recent research. (1) Recovery as a multidimensional journey, (2) embodied and intentional health management during recovery (3) supportive relationships & future oriented recovery.

Theme 1: Recovery as a multidimensional journey

Physical Limitation, Pain & Bodily Awareness

Patients shared their views on how they felt during their recovery phase post abdominal surgery. Patients experienced physical limitation, pains, and bodily awareness. Some common experiences shared by PT1, PT2, PT3, PT4, PT5 were weakness, dizziness, body pains, cramps and immobility. I experienced severe weakness for first 10-12 days and felt dizzy even while going to washroom (Female PT1). I experienced pain and immobility for about one and a half months (Female PT3). I was not used to lying down for hours, since of continuous lying down, I developed severe back pain. I experienced severe cramps, I never experienced before (Female PT5).

Emotional Shock, Fear & Psychological Distress

Participants experienced and shared emotional shocks, fear and psychological distress during their post abdominal surgery recovery phase including mood swings, frustration, temper loss, anger issues, fear, uncertainty of survival and full recovery (PT1, PT2, PT3 and PT5). Finding out that my ovary had been removed was emotionally dreadful for me. When I read about the possible effects on the menstrual cycles and early menopause, it disturbed me deeply. As I am unmarried, I worried about marriage, fertility and future relationships. When people told me that recovery could take three to four months, I became frustrated. I started thinking whether I would be in the same condition for six months, whether I would be able to walk, go out, or live normally again, thoughts disturbed me psychologically (F-PT5). Another participant shared that doctors openly said that my survival was uncertain, that was very painful to hear (Female PT1).

Spiritual Coping & Meaning Making

The participants used religious, spiritual resources to cope with stress, find comfort and gain control. Spiritual coping and meaning making work together, spiritual coping provided tools like prayer and connection to facilitate the meaning making. Through this participant reframe challenges as opportunities for deeper understanding and transformation, fostering resilience. All participants shared their spiritual coping and meaning making as strong plan to deal with stressful time of life by praying, accepting, trusting God and maintaining spiritual activities (PT1, Pt2, PT3, PT4 & PT5). One participant shared, I felt deep gratitude, said Alhamdulillah. I strongly believe, Allah gave me strength and courage. My willpower comes from Allah and from mother. Thus, I feel that this experience has brought me closer to Allah than ever before (F-PT1).

Another participant shared I value the time God has given me and focus on my health and work according to my capacity. Therefore, I encourage trusting God for recovery (Male PT4).

Khaliq & Tariq ... Psychosocial Factors Of

Furthermore, one participant shared that I committed to not missing prayers. Initially, it was difficult to sit and pray, but now I can. I also aim to fast and maintain the spiritual activities (Female PT2). I rely on the faith and accept that I am in God's hands. I cope by talking to my husband and brother and by praying God. God gives me patience. I don't know when I will recover, I am still in recovery phase but still, Thank God (Female PT3). Moreover, one more participant shared that prayer, self-reflection and acceptance helped me cope with emotions (F-PT5).

Theme 2: Embodied & Intentional Health Management During Recovery

Active Decision Making & Self-Monitoring

The active decision making and self-monitoring involves high degree of personal responsibility and cognitive effort in making the choices, rather than acting on habit or leaving decisions to others. Participants reported that during recovery phase all the decisions were purely taken by them (PT1, PT2, PT3, PT4, PT5). One participant reported that after 17 days, I returned to my job at school. I climbed stairs slowly, step by step, and sat upon the same floor to take classes. I took frequent breaks between lessons. After school, I joined my academy work but reduced my workload significantly. I followed a pattern of teaching briefly, resting and then teaching again (F-PT1).

Another participant reported as doctors suggested that I should have rested for one month, but I did it properly for about 15 days. After that, I started being active in house, especially in the evenings. I moved from the bedroom to the kitchen and from kitchen to the lawn on same floor (F-PT2). One participant shared that I followed a soft diet as recommended by doctors for this month, and found manageable. I did not get angry or uncomfortable while following this diet. I maintained routine, performed light activities in avoiding overexertion. I monitor my weight and focus on gradual recovery. I have changed my habits to avoid working hard, prioritize my health. I believe taking care of myself and following the doctor's advice will help me recover (M-PT4).

Lifestyle Modifications

Lifestyle modifications refers to as a process of gradual adaptation of corrective habits such as the diet, physical activity, sleep, and stress management etc. to improve daily life. All the participants reported that they made changes in lifestyles related to diet, physical activities, stress management etc. (PT1, PT2, PT3, PT4 and PT5). Participant shared that after surgery I consciously reduced my workload. I stopped the online teaching and home tuitions. I limited myself to school, my own academy only. I now follow strict daily routine, including: drinking lukewarm water in morning, eating boiled eggs, fruits and porridge at fixed intervals, walking daily, either on the terrace or at home, taking rest between work sessions. I now prioritize diet, rest, and regular medical checkups every 2-3 months (PT1). According to one participant life has changed. I wound up my business, became a housewife and I am enjoying giving full time to health and family. Overall life, health and family management are top priorities now in my life.

Khaliq & Tariq ... Psychosocial Factors Of

No specific plan, but focus on staying fit, losing some weight, improving lifestyle, reducing junk food, moving towards organic food. Initially a bit negative in adopting a healthy lifestyle, but accepting it now. I want to do it positively without pressuring myself (Female PT2). A male patient reported that maintaining my health, performing work moderately are my priorities. I do not major future plans; I focus upon gradual recovery. Walking or physical activity before surgery does not make a significant difference now. I prioritize completing tasks within my health limits (Male PT4). One more patient shared I made several lifestyle changes. I modified my diet, reduced spices, avoid cold drinks, increased protein intake, maintained hydration, was stress management. Before surgery, I used to take a lot of stress and handle all tasks alone. I allow myself to take help and delay tasks if needed. I no longer burden myself unnecessarily (F-PT5).

Theme 3: Supportive relationships and future oriented recovery.

Family & Social Support

Family and social support plays an important role in life events. All patients reported that they had the strong support system during recovery phase (PT1, PT2, PT3, PT4, and PT5). After surgery, my sister managed all my food and care. She prepared special food such as porridge and minced meat. My brothers took responsibility for managing hospitalization period. After returning home, my sister, elder daughter provided strong emotional & physical support. My sister's colleagues visited me and brought fruits regularly. Patient shared that my workplace reduced my duties and allowed me to rest. At home, I am not allowed to do any household chores. I experienced a temporary reduction in income of around 30-40 thousand rupees. One colleague supported me financially with 20 thousands, which I used for food and medicine (Female, PT1). Another patient shared that my mother stayed with me for about 22 days and helped with diet and care. My mother had already made packets of food, I just have to stand and cook them later. My son supported me a lot (Female PT2). One more patient reported that my wife prepares my food and takes care of me during recovery. My son helps me with daily needs & chores. There are people around me to ensure I am never left alone. My family shared cost of operation. My family encouraged me to recover quickly and supported me emotionally (Male-PT4).

Doctor Patient Communication

Doctor patient communication is very important especially when people are not well. Almost all patients reported that they had good communication with their doctors (PT1, PT2, PT3, PT4, and PT5). Patient reported that I asked questions from doctors and searched online about the medicines and procedures being given to me. I wanted to know their effects before continuing treatment. I communicated confidently with doctors. Initially, I was not satisfied with some hospitals and doctors. Eventually, I came to CMH, where I found the doctors cooperative and clear in their explanations. I was satisfied with their guidance, and we decided to proceed with surgery there (female PT3). One patient shared her experience and reported that my doctor was supportive. She answered all my questions clearly and guided me properly. Talking to her increased my confidence. Still, I feel doctors should guide patients more realistically. Initially, I

Khaliq & Tariq ... Psychosocial Factors Of

was told recovery would take two weeks, but in reality, it took months, I am still recovering (F-PT5).

Reconstructing Life Meaning & Future Goals

All participants shared their experiences as a turning point of their life and they desired to go back to their routine life with the changed attitude that focused on healthy living, less stress and self-care etc. One patient wished that once I will get completely fit, I will try to keep myself fit. The doctors have also said that I have to lose my weight. Because it keeps increasing. I have to change my lifestyle. I have to reduce junk food. Add calcium and vitamins in diet. I have to go towards organic. This is my goal. I see is like a big goal (Female PT2). Another patient shared that I will work again but not as hard as before. I want to work according to my health. I will do work carefully (Male PT4). Additionally, one female patient shared that life was always a blessing, but after surgery and anaesthesia, I realized its value more deeply. Now, I want to live calmly, without stress, and go with the flow. When I think about my life after complete recovery, God willing, I imagine myself returning to my routine life. I will feel happy knowing that I am not dependent on anyone and that I am not a burden on anyone. I will make my life better. At the same time, I have decided that I will not live the way I used to before. I will not take unnecessary burdens or try to do everything on my own. If I need help, I will ask for it (F-PT5).

DISCUSSION

The goal of the study was to explore patient's lived experiences of recovery post abdominal surgery, including physical, emotional and psychological dimensions, furthermore to examine how patients exercise health agency through decision making, self-care practices, adaptation during recovery phase post abdominal surgery. Five patients were taken including genders who undergone from abdominal surgery and were in recovery phase. Examining interviews, data show three themes (1) Recovery as multidimensional journey, (2) embodied intentional health management during recovery (3), supportive relationships, future oriented recovery. Patients experienced, reported physical limitation, pains, bodily awareness, Emotional shock, fear, psychological distress, spiritual coping and meaning making, active decision making and self-monitoring, lifestyle modifications, will power, perceived recovery capacity, family social support, doctor patient communication and reconstructing life meaning as well as the future goals.

Theme 1: Recovery as a Multidimensional Journey

It was concluded from findings that participants from both genders exercised health agency despite physical dependence, immobility, limitation and pain (Vader et al., 2021). Almost all participants had experience of same symptoms and signs of physical limitation, dependence, pain, weakness, dizziness (Shetty & Samuel, 2025). Based on their experiences, they described that they were aware of their body signs and they knew when and how much to walk, when they need to take rest, how much and what to eat, and how to pace themselves (Li et al., 2021). Frustration, temper loss, anger issues, fear, mood swings, uncertainty of survival, ambiguity of recovery were reported by majority of female participants (Singh & Tiwari, 2025). Moreover,

findings of male participant depicted contrasting results, happiness and satisfaction from the life especially in post abdominal surgery reported by the male participant (Akortiakuma et al., 2022).

Findings of data revealed that all participants focused on spiritual coping as a main strategy for their recovery. Confidence, believe in prayers and acceptance of divine provided passionate stability for considerate their suffering (Stanca, 2025). Participants rebuilt sense post-surgery by reflecting upon mortality, dependence, and life priorities. Severe illness, pain, experience of anesthesia and unconscious for hours. focused on existential alertness. Participants expressed recovery goals that not only fixated on physical healing, but also engrossed upon living self-sufficiently, avoiding being a burden on others, stress management, prioritizing health, and making life resolution in sensible way (Pryor, 2025). Female participants defined an intentional shift away from overburdening, representative redefinition of self-care and self-worth (Crank, 2025). Whereas male participant emphasized upon patience, gratitude post-surgery life. These description by participants suggested that health crises indicated optimistic emotional change. Participant explanations show honest practical steps toward healthy life. In this context, health agency was familiar over strong-minded decisions and transformed gratitude for life (Taylor, 2021).

Theme 2: Embodied & Intentional Health Management During Recovery

Findings concluded that active decision making and self-monitoring showed how recovery post abdominal surgery became a point in life for exercising health agency in daily life. Patients reported that they were active and energetic decision makers during recovery (Resnicow et al., 2022). Female participants reported physical monitoring with mental and emotional reactions that contained psychological distress, stress, fears related to their generative health (Wieczorek et al., 2023). Their decisions explained inner distress beside physical recovery. Whereas, male participant also linked recovery to physical limits, and decisions were often interlinked with work, work adjustments, maintaining work productivity within health constraints (Nybergh et al., 2021). The genders indicated active engagement in recovery through intentional decision making, highlighted diversity of health agency across different contexts (Gordon et al., 2022). Results showed during recovery phase post abdominal surgery, participants deliberately made modifications in lifestyles, set priorities, restructured lives to avoid forthcoming hitches related to health (Maluchieva et al., 2024). Dietary change was one of frequently modification that was reported.

They moved to soft, oil free, low spice, protein rich food. They reported that they controlled food portions, carefully selected their food, increased hydration and avoid food that caused discomfort or hormonal disturbances. The participants reported slow movements, slow walk, limited stairs climbing and avoid heavy weights and task that involved to be in bending state (Loon et al., 2021). Majority participants intentionally made decision to reduce mental burden, seek help, keep balance and avoid unnecessary work load caused burnout. Recovery became a turning point for reevaluating their life. Findings concluded that health agency was exercised during recovery and lifestyle modifications worked as vital strategy (Kris-Etherton et al., 2021).

Khaliq & Tariq ... Psychosocial Factors Of

Results stated that will power played important role in adherence to medical treatment, pain tolerance, efforts towards recovery and activities. The findings highlighted its significance as a psychological aspect in health agency during recovery (DiMatteo et al., 2025). Both genders emphasized on standing of will power, inner strength, patience, self-control during recovery (Hollins, 2022), during early phase of recovery when stasis was concern, physical movements were slow and unpredictable that caused psychological distress in patience (Halter & Scotto, 2021).

Theme 3: Supportive Relationships and Future Oriented Recovery

During recovery participants highlighted health agency as a specific intentional choice and concern that they exercised. Though family and social support helped in diverse tasks related to routine life, prepared special recommended diet meals, gave emotional, moral, financial and physical support whenever it was needed (Simoes et al., 2021). They set limits upon activities, gave reminders about medicines, stopped them to involved in activities that were not good for the health yet, and allowed them to follow healthier routines (Dijkstra et al., 2022). However, participants repeatedly stated that decisions behaviors were originated from inside (Bhutani et al., 2021). While in recovery majority of the participant expressed that they were fully aware of medical treatments, they searched about medicines in advance and later asked questions from the doctors without any hesitation (Humphreys et al., 2021). Besides, it was reported from few participants that it was always a good idea to seek second opinion from other doctors (Vatn & Dahl, 2022). Participant shared that doctors must tell clearly about recovery time to patients, so they be mentally prepared for forthcoming life events and plan things accordingly (Islam et al., 2023).

Through the findings it was concluded that participants reported that recovery was not only to return to life as it was previously, doing the same old tasks in that manner (Rajabiyazdi et al., 2021). New goals were set by participants and they refused to follow the same lifestyle pattern which they followed before surgery (Mancuso et al., 2021). Moreover, findings suggested that participants stated that they will not take extra and unnecessary burden of work and they will never ignore their health at any cost, move towards balanced living and healthy life (Marks et al., 2024). Majority participants shared their experiences and expressed that they were in the state of burnout, ignored physical and mental health, and prioritized those things that weren't important (Olding et al., 2021). Now, their post-surgery future goals are based on timely rest, walk, exercise, healthy eating, healthy lifestyle, listening to inner self, and most importantly intended self-care (Singh & Tiwari, 2025; Steane, 2025). They learnt new health behaviors and want to implement in future intentionally that highlighted advanced features of health agency. This transformation demonstrated a significant change in health agency from reactive health management strategies to proactive, intentional, shrewd health management plans (Rachmad, 2022).

CONCLUSION

The recent study indicated that after abdominal surgery patient's capacity to exercise health agency within their personal and social context shaped the multidimensional and dynamic process of recovery. Recovery required self-control, will-power, decision making and active

participation in self-care activities, other than just only focused on physical healing. In reaction of physical and emotional needs, patients adapted and modified their daily life style routines & behaviors that showed recovery is constant and flexible practice rather than set of outcome. Furthermore, health agency was also influenced by social support, resources and facilities and interaction with healthcare providers. Results of recent study also showed that while focused on goal settings and future thinking helped the patients in motivating their healthy behaviors for recovery. They worked to continued self-esteemed, dignity sense of normalcy by regaining independence and fulfilling their roles. In addition to this, confidence, believe and meaning – making were found to be substantial psychological tools that endorsed emotional acceptance and psychological immunity. Role expectations and financial concerns had a great influenced on decision making related to recovery. Overall, study highlighted that recovery was a holistic experience that was linked to psychological flexibility, social context, reforming of meaning and identity rather than just a biological procedure. Patients revealed a change from reactive to proactive health behaviors that indicated mindfulness and accountability toward health for the long-run.

REFERENCES

- Akortiakuma, M. J. K., Dzansi, G., & Aziato, L. (2022). Psychological well-being of patients recovering from abdominal surgery: A qualitative study. *Perioperative Care and Operating Room Management*, 26(3), 100228.
- Ashraf, W., Rafiq, K., Rehman, T. U., Sultan, B., & Khan, Y. A. (2025). Frequency of Incisional Hernia in Patients with Previous Open Abdominal Surgeries. *Indus Journal of Bioscience Research*, 3(2), 509-514.
- Beyers, W., Soenens, B., & Vansteenkiste, M. (2025). Autonomy in adolescence: A conceptual, developmental and cross-cultural perspective. *European Journal of Developmental Psychology*, 22(2), 121-141.
- Bhutani, S., Cooper, J. A., & Vandellen, M. R. (2021). Self-reported changes in energy balance behaviors during COVID-19-related home confinement: cross-sectional study. *American Journal of Health Behavior*, 45(4), 756-770.
- Courtney, A., Clymo, J., Dorudi, Y., Moonesinghe, S. R., & Dorudi, S. (2024). Scoping review: The terminology used to describe major abdominal surgical procedures. *World Journal of Surgery*, 48(3), 574-584.
- Crank, M. (2025). *The Self-Love Workbook for Women: Proven Self-Care Strategies to Improve Decision Making, Reduce Stress, and Enhance Well-Being*. Gatekeeper Press.
- Debas, S. A., Chekol, W. B., Zeleke, M. E., & Mersha, A. T. (2025). Delayed ambulation in adult patients after major abdominal surgery in Northwest Ethiopia: a multicenter prospective follow up study. *Scientific Reports*, 15(1), 13382.
- DeSocio, J., Kitzman, H., & Cole, R. (2003). Testing the relationship between self-agency and enactment of health behaviors. *Research in nursing & health*, 26(1), 20-29.
- Dijkstra, E., Sino, G., Schuurmans, M. J., Schoonhoven, L., & Heerdink, E. R. (2022). Medication self-management: Considerations and decisions by older people living at home. *Research in Social and Administrative Pharmacy*, 18(3), 2410-2423.

- DiMatteo, R., Martin, R., & Haskard-Zolnierrek, K. B. (2025). *Health behavior change and treatment adherence: Evidence-based guidelines for improving healthcare*. Oxford University Press.
- Ekong, M., Monga, T. S., Daher, J. C., Sashank, M., Soltani, S. R., Nwangene, N. L., & Soltani, S. (2024). From the intensive care unit to recovery: managing post-intensive care syndrome in critically ill patients. *Cureus*, 16(5), e61443.
- Fedina, L. V., Bruk, Z. Y., & Volosnikova, L. M. (2024). The relationship of child agency and subjective well-being. *Voprosy Obrazovaniya/Educational Studies Moscow*, 3(1), 1-23.
- Flores, O., Oyague, D., Evangelista, L., Morales, A., Bonilla, G., Carrión, I., & Reynolds, R. (2023). Agency and mental health among Peruvian older adults during the COVID-19 lockdown. *The Journals of Gerontology: Series B*, 78(6), 1109-1117.
- Halter, M. J., & Scotto, C. J. (2021). Psychosocial and Spiritual Considerations. *Critical Care Nursing-E-Book: Critical Care Nursing-E-Book*, 74.
- Hammarström, A., Lundman, B., Ahlgren, C., & Wiklund, M. (2015). Health and masculinities shaped by agency within structures among young unemployed men in a northern Swedish context. *PloS one*, 10(5), e0124785.
- Harding, A. J. (2023). Older people, information-giving and active agency practices in health, social care and housing: Theory, evidence and reflections. *Ageing & Society*, 43(12), 2758-2770. <http://doi.org/10.1017/S0144686X21001884>
- Hitlin, S., Erickson, L. D., & Brown, J. S. (2015). Agency and Mental Health: A Transition to Adulthood Paradox. *Society and Mental Health*, 5(3), 163-181.
- Hollins, P. (2022). *The Self-Discipline Manual: How to Achieve Every Goal You Set Using Willpower, Self-Control, and Mental Toughness*. PKCS Media.
- Holt-Lunstad, J. (2024). Social connection as a critical factor for mental and physical health: evidence, trends, challenges, and future implications. *World Psychiatry*, 23(3), 312-332.
- Humphreys, H., Kilby, L., Kudiersky, N., & Copeland, R. (2021). Long COVID and the role of physical activity: a qualitative study. *BMJ open*, 11(3), e047632.
- Hunter, J., Franken, M., & Balmer, D. (2015). Constructions of patient agency in healthcare settings: textual and patient perspectives. *Discourse, Context & Media*, 7(3), 37-44.
- Juntunen, K., Lautamo, T., Pikkarainen, A., & Lällä, K. (2023). Detecting changes in human agency of older adults in rehabilitation. *Activities, Adaptation & Aging*, 47(3), 329-347.
- Keny, C., Dillon, C., Russell, M. M., Colley, A., Yank, V., & Tang, V. (2024). "It's incapacitated me in so Many Ways": Older adults' lived experience with postoperative symptoms at home after major elective surgery. *Annals of Surgery*, 279(5), 736-742.
- Koskela, I. M., & Paloniemi, R. (2023). Learning and agency for sustainability transformations: building on Bandura's theory of human agency. *Environmental Education Research*, 29(1), 164-178.
- Kris-Etherton, P. M., Petersen, K. S., Després, J. P., Anderson, C. A., Deedwania, P., Furie, K. L., ... & Ma, J. (2021). Strategies for promotion of a healthy lifestyle in clinical settings: pillars of ideal cardiovascular health: a science advisory from the American Heart Association. *Circulation*, 144(24), e495-e514.
- Lee, L., & Feldman, L. S. (2017). Improving surgical value and culture through enhanced recovery programs. *JAMA surgery*, 152(3), 299-300.

Khaliq & Tariq ... Psychosocial Factors Of

- Latif, A., Shabbir, F., & Hameed, K. (2016). Prevalence of intestinal stoma formation in the management of abdominal surgery in emergency Department of Allama Iqbal memorial teaching hospital. *PJMHS*, 6(10), 498-502.
- Lee, L., Tran, T., Mayo, N. E., Carli, F., & Feldman, L. S. (2014). What does it really mean to “recover” from an operation? *Surgery*, 155(2), 211-216.
- Li, M. K., Sathiyamoorthy, T., Regina, A., Strom, M., Toulany, A., & Hamilton, J. (2021). “Your own pace, your own path”: perspectives of adolescents navigating life after bariatric surgery. *International Journal of Obesity*, 45(12), 2546-2553.
- Lorimer, K., Knight, R., & Shoveller, J. (2022). Improving the health and social wellbeing of young people: Exploring the potential of and for collective agency. *Critical Public Health*, 32(2), 145-152.
- Mancuso, C. A., Rigaud, M. C., Wellington, B., Duculan, R., Cammisa, F. P., Sama, A. A., ... & Girardi, F. P. (2021). Qualitative assessment of patients’ perspectives and willingness to improve healthy lifestyle physical activity after lumbar surgery. *European Spine Journal*, 30(1), 200-207.
- Marks, A., Mallett, O., & Skountridaki, L. (2024). The (over) burden of work. In *A Research Agenda for Work and Employment* (pp. 189-206). Edward Elgar Publishing.
- McLemore, E. C., Lee, L., Hedrick, T. L., Rashidi, L., Askenasy, E. P., Popowich, D., & Sylla, P. (2022). Same day discharge following elective, minimally invasive, colorectal surgery: a review of enhanced recovery protocols and early outcomes by the SAGES Colorectal Surgical Committee with recommendations about patient selection, remote monitoring, and successful implementation. *Surgical Endoscopy*, 36(11), 7898-7914.
- Mogoanta, S. S., Paitici, S., & Mogoanta, C. A. (2021). Postoperative follow-up and recovery after abdominal surgery. In *Abdominal Surgery-A Brief Overview*. IntechOpen.
- Mortimer, J. T., & Staff, J. (2022). Agency and subjective health from early adulthood to mid-life: Evidence from the prospective youth development study. *Discover social science and health*, 2(1), 2-16.
- Nunes, F., Mota, C. P., Schoon, I., Ferreira, T., & Matos, P. M. (2022). Sense of personal agency in adolescence and young adulthood: A preliminary assessment model. *Personality and Individual Differences*, 196(10), 111754.
- Nybergh, L., Bergström, G., Jensen, I., & Hellman, T. (2021). Experiences of interventions and rehabilitation activities in connection with return-to-work from a gender perspective. A focus group study among employees on sick leave for common mental disorders. *PloS one*, 16(6), e0253049.
- Olding, M., Boyd, J., Kerr, T., & McNeil, R. (2021). “And we just have to keep going”: Task shifting and the production of burnout among overdose response workers with lived experience. *Social Science & Medicine*, 270(2), 113631.
- Pendergrast, C., Bethune, T., Shah, P., & Sands, T. (2023). Supporting Healthy Aging and Older Adult Health: The Role of State and Territorial Health Agencies. *Journal of Public Health Management and Practice*, 29(2), 274-277.
- Pepe, A., Biffi, E., Montà, C. C., Arciprete, C. C., & Biggeri, M. (2024). Agency, participation in decision making and wellbeing among care leavers in care system: A quantitative mediation study. *Children and Youth Services Review*, 160(5), 107500.

- Pryor, A. L. (2025). *A Qualitative Study Describing the Lived Experiences of College Students From First-Generation, Low-Income, or Disability Backgrounds With a Focus on Identity and Environmental Frameworks* (Doctoral dissertation, University of Southern Indiana).
- Rajabiyazdi, F., Alam, R., Pal, A., Montanez, J., Law, S., Pecorelli, N., & Fiore, J. F. (2021). Understanding meaning of recovery to patients undergoing abdominal surgery. *JAMA surgery, 156*(8), 758-765.
- Resnicow, K., Catley, D., Goggin, K., Hawley, S., & Williams, G. C. (2022). Shared decision making in health care: theoretical perspectives for why it works and for whom. *Medical Decision Making, 42*(6), 755-764.
- Sairanen, H., Kumpulainen, K., & Kajamaa, A. (2022). An investigation into children's agency: children's initiatives and practitioners' responses in Finnish early childhood education. *Early Child Development and Care, 192*(1), 112-123.
- Shetty, S., & Samuel, A. J. (2025). Patients' Experiences, Satisfaction and Quality of Life With Physiotherapy Follow-Up After Total Knee Arthroplasty: A Phenomenological Qualitative Study With Repeated Interviews. *Musculoskeletal Care, 23*(2), e70147.
- Simões, F., Marta, E., Marzana, D., Alfieri, S., & Pozzi, M. (2021). An analysis of the social relationships' quality associations with hope among young Italians: the role of NEET status. *Journal of Applied Youth Studies, 4*(2), 169-184.
- Singh, A., & Tiwari, G. K. (2025). Lived Experiences with Subclinical Depression: A Qualitative Inquiry into Coping, Emotional Reactions, and Growth. *International Journal of Indian Psychology, 13*(3), 1-16.
- Smith, J. A., Larkin, M., & Flowers, P. (2021). The interpretative phenomenological analysis: Theory, method and research.
- Stanca, C. (2025). Prayer as a means of cultivating the heart in the mission of faith. *Journal of Romanian Literary Studies, 40*, 1522-1527.
- Steane, A. K. (2025). *"Life Changing Surgery": Exploring Patient Experience with Colorectal Surgery* (Master's thesis, University of Toronto (Canada)).
- Taylor, S. (2021). *Extraordinary awakenings: When trauma leads to transformation*. New World Library.
- Tuffour, I. (2017). A critical overview of interpretative phenomenological analysis: A contemporary qualitative research approach. *Journal of healthcare communications, 2*(4), 52.
- Vader, K., Doulas, T., Patel, R., & Miller, J. (2021). Experiences, barriers, and facilitators to participating in physical activity and exercise in adults living with chronic pain: a qualitative study. *Disability and rehabilitation, 43*(13), 1829-1837.
- Van, J., Luijckx, K., Janssen, M., Rooij, I., & Janssen, B. (2021). Facilitators and barriers to autonomy: A systematic literature review for older adults with physical impairments, living in residential care facilities. *Ageing & Society, 41*(5), 1021-1050.
- Vatn, L., & Dahl, B. M. (2022). Interprofessional collaboration between nurses and doctors for treating patients in surgical wards. *Journal of Interprofessional Care, 36*(2), 186-194.
- Wieczorek, K., Targonskaya, A., & Maslowski, K. (2023). Reproductive hormones and female mental wellbeing. *Women, 3*(3), 432-444.