HEALING HEARTS: LIVED EXPERIENCES AND RECOVERY JOURNEY OF PATIENTS AFTER CABG SURGERY IN DAVAO CITY

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Abstract: Recovery following Coronary Artery Bypass Graft (CABG) surgery involves physical, emotional, social, and behavioral adjustments beyond hospital discharge. This qualitative descriptive phenomenological study explored the lived experiences, coping mechanisms, and changes in attitudes and behaviors of patients recovering at home after CABG surgery in Davao City. Ten participants were recruited through purposive sampling and interviewed using semi-structured, in-depth interviews. Guided by Creswell and Poth (2018), interview transcripts were analyzed through significant statements, formulated meanings, and clustered and emergent themes. Three emergent themes encompassing twelve clustered themes were identified. Living Within a Changed Body: The Physical and Emotional Realities of Recovery described changes in daily life, physical limitations, disrupted independence, and emotional uncertainty. Finding Ways to Heal: Coping, Support, and Adaptation During Recovery highlighted gradual activity, pacing, medication adherence, lifestyle modification, family and healthcare support, and spirituality. A New Perspective, A Stronger Self: Transforming Attitudes and Behaviors After CABG reflected increased responsibility for self-care, patience, resilience, self-reliance, and appreciation of life. Participants described gradual functional improvement, evolving coping strategies, and differing levels of family assistance and access to resources. Nurses played an important supportive role through health education, monitoring, reassurance, and guidance on medication adherence, wound care, activity progression, and follow-up consultations. Findings emphasize the need for nurses to provide individualized discharge teaching, assess psychosocial concerns, involve families when appropriate, and maintain continuity of care after discharge. Such nursing interventions may strengthen patients' confidence, support safe self-management, and promote holistic and patient-centered recovery at home and improved long-term health and well-being.

Keywords: **Coronary Artery Bypass Graft, Nursing Practice, Descriptive Phenomenology, Davao City, Philippines**

INTRODUCTION

Cardiovascular diseases (CVDs) remain a leading cause of mortality worldwide, accounting for approximately 19.8 million deaths in 2022, or 32% of global deaths (World Health Organization, 2025). Coronary artery disease (CAD) contributes substantially to this burden. Treatment may involve medications, percutaneous coronary intervention, or Coronary Artery Bypass Graft (CABG) surgery (European Society of Cardiology, 2024). CABG improves coronary blood flow, but recovery continues after discharge.

The phenomenon explored in this study is the lived experience of home-based recovery following CABG surgery. Away from the hospital, patients may face pain, fatigue, reduced mobility, fear, and uncertainty as they try to resume ordinary activities. Formerly independent tasks may require assistance. Arikan et al. (2024) described physical limitations, emotional difficulties, and dependence among CABG patients, while Taylan et al. (2022) highlighted how reassurance and interactions with healthcare professionals shape perceptions of recovery. Healing is therefore more than physiological.

As recovery continues, patients must interpret bodily changes and decide how to respond. Taking medications, modifying food choices, gradually increasing activity, and attending follow-up consultations become part of everyday life. Confidence and independence may coexist with fear of complications. Coping, acceptance, family assistance, and spiritual beliefs may influence these adjustments. Nurses play an important role in preparing patients for this transition through individualized discharge teaching, emotional reassurance, guidance on symptom monitoring, and reinforcement of self-care practices (Virani et al., 2023; European Society of Cardiology, 2024).

In Davao City, patients' recovery experiences may also be shaped by household responsibilities, financial resources, cultural beliefs, family availability, and access to follow-up services. These factors can affect how patients understand and follow discharge instructions at home. Rofidin et al. (2026) identified physical burdens, psychosocial adjustments, communication gaps, and social barriers in qualitative evidence on CABG recovery. These findings provide context for examining diverse experiences in Davao City.

Although international research discusses CABG outcomes and rehabilitation, the literature reviewed for this study has insufficiently explored the personal meaning of recovery at home in Davao City. Clinical indicators alone cannot fully explain how patients experience dependence, negotiate challenges, develop coping strategies, or change their attitudes and health behaviors (Makino et al., 2024). Understanding these firsthand accounts is essential to identifying the phenomenon's shared essence and individual variations (Creswell & Poth, 2018). Furthermore, Rushton et al. (2026) emphasized the importance of individualized discharge education, patient-centered support, and continuity of care following CABG surgery. These insights may also help nurses

recognize individual recovery needs and strengthen supportive interventions beyond hospital discharge. Therefore, this descriptive phenomenological study explored the lived experiences and recovery journeys of patients after CABG surgery in Davao City to inform holistic, culturally responsive, patient-centered nursing discharge planning and continuity of care.

PURPOSE OF THE STUDY:

This qualitative study aims to explore the lived experiences and recovery journeys of patients recovering at home after CABG surgery in Davao City. It seeks to understand the physical, emotional, psychological, and social challenges patients encounter, as well as the coping mechanisms and support systems they use during recovery. The study also aims to provide insights that may help healthcare professionals improve postoperative care, patient education, and holistic nursing interventions for CABG patients.

METHODS

Research Design

This study utilized a qualitative descriptive phenomenological research design to explore the lived experiences and recovery journey of patients following Coronary Artery Bypass Graft (CABG) surgery in Davao City. According to Creswell and Poth (2018), phenomenological research focuses on understanding the shared meanings and essence of a phenomenon through individuals' firsthand experiences. This approach was appropriate because recovery after CABG surgery involved physical, emotional, psychological, and social adjustments that could not be fully understood through clinical outcomes alone. It enabled the researcher to gain deeper insights into how patients perceived, interpreted, and experienced their recovery at home. Through face-to-face semi-structured, in-depth interviews, the researcher explored participants' recovery experiences, challenges, coping mechanisms, and changes in behaviors and attitudes. The researcher practiced bracketing to minimize personal assumptions and identified significant statements and shared meanings from participants' narratives. These were organized into themes that described the essence of their recovery experiences. This approach provided meaningful insights that could contribute to holistic, individualized, and patient-centered cardiac nursing care.

Research Setting and Participants

This study was conducted in Davao City, a highly urbanized city and a major healthcare referral center in Mindanao, with access to tertiary hospitals offering specialized cardiovascular and CABG services. Patients from different provinces in Mindanao are referred to Davao City for advanced cardiac care, creating a culturally and socioeconomically diverse patient population. According to the Department of Health (2023), Davao City is a key center for specialized healthcare services in the Southern Philippines. A purposive sampling technique was used to select participants who can provide rich and meaningful descriptions of their recovery experiences. 10 participants will be included, which is appropriate for phenomenological research as it allows for in-depth exploration of lived experiences while maintaining manageable data analysis. According to Creswell and Poth (2018), phenomenological studies commonly involve 5 to 25 participants. patients who met the following inclusion criteria: (a) within 3 months to 5 years post-CABG surgery and currently recovering at home. This timeframe allows participants to share both immediate and long-term recovery experiences, adaptations, and lifestyle changes (Polit & Beck, 2021); (b) medically stable during data collection, as evidenced by absence of acute complications, ability to communicate effectively, emotional readiness, and clearance from their attending physician; and (c) willing to voluntarily participate in the study. Patients with severe complications, cognitive impairments, or communication difficulties will be excluded to ensure reliable and meaningful data collection

Data Sources and Instrument

The primary source of data for this study surgery. According to Creswell and Poth (2018), qualitative research primarily relies on participants' detailed descriptions of their experiences to better understand a particular phenomenon. In phenomenological research, data are commonly collected through in-depth interviews with individuals who have personally experienced the phenomenon being studied. Data for this study were gathered through semi-structured, in-depth interviews. Participants are encouraged to openly share their physical, emotional, psychological, and social recovery experiences after CABG surgery. Open-ended questions will be used to explore their recovery journey, coping mechanisms, challenges encountered, and support systems. Interviews may be conducted in English, Filipino, or Cebuano, depending on the participant's preferred language, to ensure comfort and clarity of expression. Additionally, field and observational notes will serve as supplementary data sources to capture nonverbal cues, emotional expressions, and contextual details during the interviews (Creswell & Poth, 2018). All interviews will be audio-recorded with participants' consent and transcribed verbatim for thematic analysis. The collected data helped identify common themes and meanings related to CABG patients' recovery experiences.

Data Collection Procedure

The researcher first sought approval from the Dean of the Graduate School and the Research Ethics Committee of Davao Doctors College, along with the endorsement of the Master of Arts in Nursing Program Chair, before conducting the study. Upon obtaining ethical clearance, the researcher identified qualified participants based on the established inclusion criteria.

After identifying eligible participants, the researcher explained the study's purpose, nature, and procedures. Participants were informed of their rights, including voluntary participation, confidentiality, protection of their identities, and the right to withdraw at any time without penalty. Written informed consent was obtained before data collection, and participants were assured that all information gathered would be used solely for research purposes.

Data were gathered through face-to-face, semi-structured, in-depth interviews, with each interview lasting approximately 30 minutes to one hour, using a researcher-developed interview guide. The interviews were conducted in English, Filipino, or Cebuano, depending on each participant's preferred language, to ensure comfort and clarity of expression. With participants' permission, interviews were audio-recorded to ensure accuracy. Field notes and observational notes were also used to document nonverbal cues and emotional responses during the interviews.

During the interviews, participants were encouraged to openly share their lived experiences, recovery journeys, challenges, coping mechanisms, and support systems following CABG surgery. Participants were informed that interviews could be paused or terminated if they experienced emotional distress. A standby counselor or mental health professional was available for referral as needed.

Following data collection, the recorded interviews were transcribed verbatim and organized for analysis. The researcher carefully reviewed the transcripts and analyzed the data using a descriptive phenomenological approach to identify significant statements, formulate meanings, and develop emerging themes related to patients' recovery experiences. The researcher interpreted and presented the findings in line with the study objectives while maintaining confidentiality and handling all collected information ethically.

Trustworthiness and Ethical Considerations

To ensure the rigor and quality of this qualitative phenomenological study, the researcher will establish trustworthiness using the criteria of credibility, dependability, confirmability, and transferability.

This study placed utmost importance on ethical considerations to ensure the research was conducted responsibly, protected participants' rights, and complied with established ethical standards. The study focused on essential ethical principles, including social value, risk and benefit evaluation, voluntary participation, and safeguarding participants' privacy and confidentiality. This study aims to improve nursing practice and patient-centered care by deepening understanding of the lived experiences and recovery journey of patients after Coronary Artery Bypass Graft (CABG) surgery in Davao City. The findings may help nurses and healthcare professionals develop holistic interventions, strengthen postoperative education, and improve emotional and psychosocial support for CABG patients. The study may also serve as a reference for future nursing researchers and healthcare institutions seeking to enhance cardiac rehabilitation and recovery programs. The study involves minimal risk to participants. Possible risks may include emotional discomfort, sadness, or anxiety while recalling personal recovery experiences after CABG surgery. To minimize these risks, participants may pause or stop the interview at any time, depending on their comfort and preference. A standby counselor or mental health professional will also be available for referral if emotional support becomes necessary. Although there may be no direct financial benefit, participants may benefit from the opportunity to share their experiences and reflect on their recovery journey. The study may also indirectly benefit future CABG patients through improved nursing care, patient education, and support systems informed by the study findings. Participation in the study will be entirely voluntary. Participants will be fully informed about the study's purpose, procedures, and significance before the interview. We will obtain written informed consent before participation. Participants may decline to participate or withdraw from the study at any time without penalty, discrimination, or loss of benefits. No coercion, force, or undue influence will be used during participant recruitment. The privacy and confidentiality of participants will be strictly protected in accordance with the Data Privacy Act of 2012 or Republic Act No. 10173. Participants' identities and personal information will remain confidential throughout the study. Pseudonyms or code numbers will be used instead of real names in transcripts, reports, and presentations to protect anonymity. All audio recordings, interview transcripts, field notes, and related research documents will be securely stored in password-protected files and locked storage accessible only to the researcher and authorized personnel. The collected data will be used solely for academic and research purposes. After the study, all records and files will be properly disposed of in accordance with institutional policies and ethical guidelines to continue protecting participants' personal information.

RESULTS AND DISCUSSION

This chapter presented the findings and discussion on the lived experiences and recovery journeys of patients following Coronary Artery Bypass Graft (CABG) surgery in Davao City. Data were obtained through semi-structured, in-depth interviews with ten patients recovering at home. To maintain confidentiality, the participants were assigned the pseudonyms Aorta, Bicuspid, Tricuspid, Vessel, Artery, Vein, Valve, Ventricle, Mitral, and Heart. Using a qualitative descriptive phenomenological approach, the researcher examined participants' accounts to understand the shared meaning of recovery. Consistent with Creswell and Poth (2018), transcripts were read repeatedly, significant statements were identified, meanings were formulated, and related meanings were organized into clustered and emergent themes. Verbatim excerpts in Cebuano, Filipino/Tagalog, or English were retained, with English translations provided where needed to preserve participants' voices. The findings address the study's three research questions concerning patients' lived experiences, challenges and coping mechanisms, and changes in behavior and attitude during recovery. Three emergent themes were identified: Living Within a Changed Body: The Physical and Emotional Realities of Recovery; Finding Ways to Heal: Coping, Support, and Adaptation During Recovery; and A New Perspective, A Stronger Self: Transforming Attitudes and Behaviors After CABG. Together, the themes portray home-based recovery as an evolving experience involving physical limitations, emotional uncertainty, dependence, adaptation, and renewed responsibility for health. Participants described coping through gradual activity, treatment adherence, family and healthcare support, spirituality, and personal determination. The discussion relates these shared experiences and individual differences to relevant literature and theoretical perspectives, highlighting implications for holistic, patient-centered nursing care.

Table 1. Participants' Profile

Pseudonym	Age / Sex	Civil Status	Education / Employment	Time Since CABG	Resumption of Most ADLs	Regular Follow-up
Aorta	68 / M	Married	College Graduate / Retired	8 months	5 months	Yes
Bicuspid	59 / F	Married	College Graduate / Unemployed	4 months	<3 months	Yes
Tricuspid	48 / M	Married	College Graduate / Employed	>3 months	<3 months	Yes
Vessel	49 / M	Married	College Level / Employed	>3 months	<3 months	Yes
Artery	48 / F	Widowed	College Level / Unemployed	6 months	4 months	Yes
Vein	64 / M	Married	College Graduate / Self-employed	8 months	4 months	Yes
Valve	62 / M	Married	College Graduate / Self-employed	3 months	<3 months	Yes
Ventricle	60 / M	Married	College Graduate / Self-employed	9 months	<3 months	Yes
Mitral	58 / M	Single	College Graduate / Employed	1 year	<3 months	Yes
Heart	65 / M	Married	College Graduate / Employed	1 year	<3 months	Yes

The participants' profiles indicate that they represented different stages and circumstances of recovery following CABG surgery. Although all participants shared the common experience of undergoing a major cardiac procedure, their recovery journeys varied according to the length of time since surgery, level of functional independence, occupational status, family circumstances, and available support. Some participants were already several months into their recovery and had gradually regained much of their independence in performing activities of daily living. In contrast, others were still adjusting to the early stages of recovery and continued to require assistance from family members or caregivers in performing selected activities. These differences show that recovery after CABG surgery does not occur uniformly but progresses according to each patient's circumstances and experiences.

The data were analyzed using a qualitative descriptive phenomenological approach guided by Creswell and Poth (2018). The analysis captured the participants' experiences of physical limitations, changes in daily routines and independence, emotional responses, recovery challenges, coping strategies, family and social support, spirituality, self-care practices, and changes in behavior and attitude. The themes were continuously compared with the original transcripts to ensure interpretations remained grounded in participants' narratives.

The analysis captured the participants' experiences of physical limitations, changes in daily routines and independence, emotional responses, recovery challenges, coping strategies, family and social support, spirituality, self-care practices, and changes in behavior and attitude. The thematic analysis demonstrated that recovery after CABG surgery extended beyond physical healing and involved adjustment, adaptation, coping, resilience, and personal transformation. The tables below present the progression from formulated meanings to clustered themes and emergent themes that reflected the participants' recovery experiences. These themes also provided a deeper understanding of the shared experiences and individual differences patients encountered throughout their recovery journeys. The findings also highlighted the importance of holistic, patient-centered care

Table 2. Examples of Significant Statements and Related Formulated Meanings

Significant Statement	Formulated Meanings
"Naa lay usahay mag sakit ni akong tahi… usahay di p a japon ko makalihok na ako ako ra need japon ug assist ance uy." (Aorta, IDI)	Postoperative pain and restricted mobility contributed to continued dependence on others during recovery.
"Hmmm… kuan dili siya ana kasayon jud kay pag uli wa la dayon ko nag lihok lihok… Nabag ohan jud ko kay housewife baya ko noh akoa tanan diri sa balay… mga tr abaho nako dati di na nako ma trabaho karun." (Bicuspid, IDI)	Recovery disrupted familiar household responsibilities and required adjustment to a changed daily routine.
"Medyo konting hingal pa sa 1st month… may numbness pa… may mga times pa na nee d ng assistance di kapa masyado maka galaw galaw pero kalaunan naman… you can do things independently …" (Tricuspid, IDI)	Physical limitations and dependence gradually decreased as functio nal independence improved.
"Basic palang jud makaya nako ma'am… di jud lalim abi nimog kaya pero di diay pag b uhaton na nimo." (Vessel, IDI)	Reduced physical capacity created a difference between perceived a bility and actual functional limitations.

"Pirmero di baya ko kalakaw noh… mag pampers nalang gud ko diri sa balay… Tas tung me dyo kaya na mutindog naga sungkod nako hantud sa karun makalaka w najud ko na ako ra." (Artery, IDI)	Recovery involved gradual improvement from severe mobility restr ictions toward independent walking.
"Of course there's still a pain even after discharging… My left hand mostly where the harvest site is has less ummm. force… that's why I asked my family or my caregiver for some assistance…" (Vein, IDI)	Persistent postoperative discomfort and weakness increased the nee d for caregiver assistance.
"Di jud siya lalim uy… di jd kayo nako malihok ni akong wala… limited rajud kayo ang movement nako diri kay s akit man maski sako mga tiil lisodan pa kayo ko mag lak aw lakaw." (Valve, IDI)	Pain and restricted movement interfered with mobility and the performance of daily activities.
"Ang akong family gyud ang pinaka-source of strength nako… My faith also helped me a lot b ecause I prayed whenever I felt afraid or worried." (Ven tricle, IDI)	Family support and spiritual faith provided emotional strength and helped manage fear during recovery.
"I experienced soreness and discomfort around my chest incision… Even simple activities like taking a shower, p reparing food, or walking around the house could make me tired." (Mitral, IDI)	Incisional discomfort and fatigue limited endurance and affected ro utine self-care activities.
"Kapag mabigat ang pakiramdam ko, nagdarasal ako at sinusubukan kong maging positive." (Heart, IDI)	Prayer and positive thinking served as coping strategies for managi ng emotional difficulties during recovery.

Table 2 presents selected significant statements and their corresponding formulated meanings derived from participants' narratives regarding their recovery following Coronary Artery Bypass Graft (CABG) surgery. The findings revealed that recovery involved physical discomfort, limited mobility, fatigue, reduced independence, and difficulties performing daily activities. Participants described how these challenges affected their usual routines and increased their dependence on family members or caregivers. Their narratives also demonstrated gradual improvements in physical functioning and the ability to perform daily activities independently.

Furthermore, the formulated meanings highlighted the importance of family support, spirituality, and positive thinking in managing recovery challenges. These coping mechanisms provided emotional reassurance and encouraged participants to remain hopeful despite physical limitations. The experiences suggested that recovery extended beyond physical healing and involved emotional, psychological, social, and spiritual adjustments. Family involvement and personal beliefs also played meaningful roles in strengthening participants' resilience, supporting their gradual adaptation to everyday life after surgery.

Overall, the significant statements reflected the multidimensional nature of home-based recovery following CABG surgery. The formulated meanings provided a foundation for identifying recurring experiences and organizing them into clustered themes and broader emergent themes describing participants' recovery journeys. These themes further illustrated how physical challenges, coping strategies, and changes in attitudes and behaviors collectively shaped participants' experiences of healing and adaptation.

Table 3. Formation of Cluster Themes and Emergent Themes

Formulated Meanings	Clustered Themes	Emergent Themes
Home recovery required modifying familiar routines and becoming more cautious in everyday activities.	Adjustment to a Changed Daily Life	Living Within a Changed Body: The Physical and Emotional Realities of Recovery
Pain, weakness, fatigue, and restricted mobility gradually improved as patients regained function.	Physical Limitations and Gradual Restoration of Function	
Physical restrictions interrupted household and occupational responsibilities and increased dependence on others.	Disruption of Independence and Everyday Roles	
Uncertainty about healing and physical limitations contributed to fear, worry, and emotional vulnerability.	Emotional Vulnerability and Uncertainty	
Balancing gradual walking and activity with rest helped patients manage fatigue and regain endurance.	Gradual Activity and Pacing	Finding Ways to Heal: Coping, Support, and Adaptation During Recovery
Following medications, dietary recommendations, and other self-care routines supported adaptation after surgery.	Medication Adherence and Lifestyle Modification	
Assistance, encouragement, and guidance from relatives and healthcare professionals helped patients manage recovery.	Family and Healthcare Support	

Prayer, faith, and positive thinking provided reassurance and helped patients cope with distress.	Faith, Spirituality, and Emotional Coping	
Experiences after surgery encouraged greater attention to health, symptoms, and prescribed care.	Increased Responsibility and Conscious Self-Care	A New Perspective, A Stronger Self: Transforming Attitudes and Behaviors After CABG
Patients learned to accept temporary limitations and value gradual improvements rather than rush recovery.	Greater Patience and Acceptance of Limitations	
Overcoming difficulties strengthened determination and confidence in managing everyday recovery needs.	Strengthened Resilience and Self-Reliance	
Surviving surgery encouraged gratitude, renewed priorities, and a more hopeful outlook on life.	Renewed Appreciation and Positive Outlook on Life	

Table 3 presents the proposed organization of twelve clustered themes into three overarching emergent themes describing the lived experiences and recovery journeys of patients following Coronary Artery Bypass Graft (CABG) surgery in Davao City. The clustered themes represent related patterns of meaning in participants' accounts, whereas the emergent themes synthesize these patterns into broader dimensions of home-based recovery.

The first emergent theme, Living Within a Changed Body: The Physical and Emotional Realities of Recovery, encompasses adjustments to everyday life, postoperative physical limitations, disrupted independence, and emotional uncertainty. Together, these clusters describe the challenges participants faced as they learned to live with changes in their bodies and routines following surgery.

The second emergent theme, Finding Ways to Heal: Coping, Support, and Adaptation During Recovery, brings together participants' accounts of pacing activities, following treatment and lifestyle recommendations, receiving support from family and healthcare professionals, and drawing strength from faith and other emotional coping practices. These clusters emphasize the active and relational processes through which participants managed recovery at home.

The third emergent theme, A New Perspective, A Stronger Self: Transforming Attitudes and Behaviors After CABG, reflects increasing responsibility for self-care, patience with limitations, resilience, and renewed appreciation for health and life. These clusters suggest that participants' recovery experiences also shaped how they understood their health and approached future daily decisions.

Overall, the proposed framework presents CABG recovery as an interconnected process of physical and emotional adjustment, coping and support, and changes in attitudes and behavior. Before submission, check the final wording and grouping of clustered themes against the complete coded transcripts and formulated meanings to ensure each theme is supported by participants' original accounts. Furthermore, the framework deepens understanding of patients' recovery journeys and highlights the importance of holistic, patient-centered nursing care in promoting adaptation and well-being after surgery.

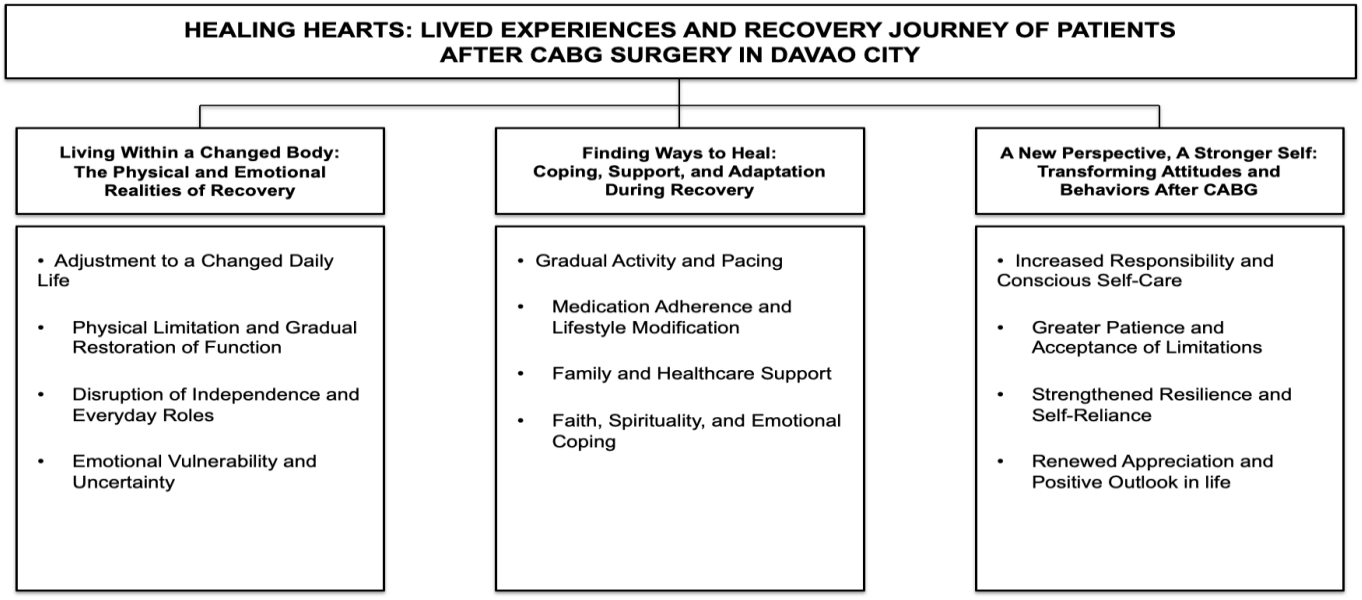

Figure 2 presents the thematic map illustrating the lived experiences and recovery journey of patients following Coronary Artery Bypass Graft (CABG) surgery in Davao City. Guided by Creswell and Poth's (2018) qualitative data analysis approach, the participants' significant statements were examined, interpreted into formulated meanings, and organized into clustered themes reflecting their shared recovery experiences. The analysis generated three emergent themes: Living Within a Changed Body: The Physical and Emotional Realities of Recovery; Finding Ways to Heal: Coping, Support, and Adaptation During Recovery; and A New Perspective, A Stronger Self: Transforming Attitudes and Behaviors After CABG. These themes highlight the physical limitations, emotional challenges, coping strategies, support systems, and behavioral adjustments participants experienced during home-based recovery.

The thematic map further demonstrates that recovery following CABG surgery was a multidimensional process involving physical healing, emotional adjustment, personal adaptation, and changes in attitudes toward health and life. Participants initially

experienced discomfort, dependence, and disruptions in daily activities but gradually developed coping strategies through self-care practices, family and healthcare support, and spirituality. These experiences also encouraged greater patience, resilience, responsibility, and appreciation of life. Consistent with Creswell and Poth (2018), organizing related meanings into themes provided a comprehensive understanding of the participants' lived experiences while preserving the significance of their individual narratives. Overall, the thematic map illustrates how participants navigated recovery challenges and made meaningful adjustments that supported their continued healing and personal growth.

Emergent Theme 1: Living Within a Changed Body — The Physical and Emotional Realities of Recovery

This emergent theme describes the physical, emotional, and functional changes participants experienced after Coronary Artery Bypass Graft (CABG) surgery. Their narratives revealed that returning home did not necessarily signify an immediate return to their previous physical condition or everyday routines. Participants encountered postoperative discomfort, fatigue, restricted mobility, emotional uncertainty, and temporary dependence on family members or caregivers. These experiences required them to adjust their expectations, reorganize daily responsibilities, and gradually accept the limitations associated with their recovery.

The findings may be understood through Engel's (1977) Biopsychosocial Model, which emphasizes the interaction of biological, psychological, and social factors in health and illness. Similarly, Roy's Adaptation Model (2009) provides a framework for understanding how individuals respond to changes in physiological functioning, self-concept, and everyday roles. The participants' accounts show that recovery involved not only physical healing but also rebuilding daily life and personal independence. This interpretation is consistent with the study's discussion of Bjornnes et al. (2019), which highlights the complexity of patients' experiences during recovery at home after CABG surgery.

Emergent Theme 2: Finding Ways to Heal — Coping, Support, and Adaptation During Recovery

The second emergent theme describes how participants developed coping strategies to manage the physical, emotional, and psychological challenges encountered during home-based recovery. Their experiences showed that healing required active self-care, gradual adjustment of activities, adherence to prescribed treatment, and reliance on family members, healthcare professionals, and spiritual beliefs. These coping practices helped participants respond to their limitations while maintaining hope and motivation throughout recovery.

This finding may be interpreted through Bandura's (1997) Self-Efficacy Theory, which emphasizes an individual's belief in their ability to perform actions necessary to achieve desired outcomes. Participants demonstrated developing confidence through their efforts to follow medical recommendations and manage daily recovery activities. Roy's Adaptation Model (2009) also supports this interpretation by explaining how individuals respond to changing health conditions through adaptive behaviors and available support systems.

Emergent Theme 3: A New Perspective, A Stronger Self — Transforming Attitudes and Behaviors After CABG

The third emergent theme reflects the changes in participants' attitudes, behaviors, and perspectives toward health and life following CABG surgery. Their recovery experiences encouraged greater awareness of personal health needs, increased discipline in self-care, patience with physical limitations, and determination to regain independence. Participants also expressed renewed appreciation for life, family relationships, and gradual improvements in their physical condition. These changes suggest that recovery was not solely a process of restoring physical functioning but also an opportunity for personal reflection and behavioral adjustment.

The findings can be understood through Bandura's (1997) Self-Efficacy Theory, which explains how confidence in one's capabilities can influence motivation, behavior, and persistence in managing challenges. Similarly, Roy's Adaptation Model (2009) emphasizes individuals' ability to adjust to changing circumstances through adaptive responses. Participants' accounts show how difficult recovery experiences contributed to greater self-awareness, acceptance, and responsibility for their health.

CONCLUSION AND RECOMMENDATIONS

This chapter discusses the implications for nursing practice arising from the home-based recovery experiences of ten patients following Coronary Artery Bypass Graft (CABG) surgery in Davao City. The themes Living Within a Changed Body, Finding Ways to Heal, and A New Perspective, A Stronger Self showed that recovery involved physical limitations, emotional adjustment, coping, and changes in self-care attitudes. These findings underscore the need for nursing care that continues beyond clinical stabilization and discharge.

Living Within a Changed Body revealed that pain, fatigue, reduced mobility, uncertainty, and temporary dependence disrupted participants' daily activities and family roles. Thus, medical stability did not necessarily mean readiness for independent recovery. Nurses should assess functional ability, emotional readiness, home conditions, and caregiver availability before discharge. Teaching should address wound care, warning signs, safe activity progression, and realistic recovery expectations, with opportunities for patients to express fears. Engel's (1977) Biopsychosocial Model and Roy's (2009) Adaptation Model reinforce the importance of addressing physical, psychological, and social changes together rather than treating symptoms in isolation.

Finding Ways to Heal demonstrated that participants relied on pacing, rest, medication adherence, dietary changes, family assistance, follow-up care, and prayer. Nursing education should therefore translate instructions into manageable daily routines through teach-back, written medication plans, practical demonstrations, and achievable activity goals. Consistent with Bandura's (1997) Self-Efficacy Theory, recognizing small accomplishments may strengthen confidence and sustained self-care. Nurses should involve relatives with patients' permission but first determine whether reliable assistance is available. Patients with limited support may need closer follow-up or appropriate referrals. Spiritual practices should be respected as sources of comfort alongside recommended clinical care.

A New Perspective, A Stronger Self reflected greater caution, patience, discipline, resilience, and appreciation of life. Nurses can support these emerging attitudes through shared goal-setting, encouragement, and patient participation in recovery decisions. However, expressions of optimism should not be mistaken for freedom from distress. As Roy (2009) suggests, adaptation is influenced by both individual responses and environmental resources; patients should not carry the entire responsibility for recovery without adequate support.

Taken together, the themes identify hospital-to-home transition as a priority for clinical nursing management. Services may strengthen individualized discharge checklists, structured post-discharge contact, symptom reassessment, and coordination with physicians and cardiac rehabilitation providers where available. In Davao City, follow-up plans should consider financial constraints, transport, family responsibilities, and access to services. Nurse educators and managers may use these findings to improve training in therapeutic communication, psychosocial assessment, caregiver teaching, and culturally responsive care. These are practice implications drawn from qualitative accounts, not evidence that particular interventions are effective.

Ultimately, the participants' recovery journeys involved rebuilding independence, confidence, daily routines, and personal meaning—not only healing after surgery. Holistic, patient-centered nursing care should therefore combine physical guidance with emotional reassurance, realistic self-care planning, family engagement, and continuity of care. The findings offer a contextual basis for improving CABG discharge practices while respecting differences in each patient's recovery circumstances.
The following recommendations arise directly from the participants' reported experiences. First, because participants differed in pain, mobility, fatigue, and return to everyday activities, future longitudinal qualitative studies could examine how functional independence and emotional adjustment change at successive stages of home recovery. Second, because participants described family reminders, hands-on assistance, and healthcare guidance as important coping resources, comparative studies could explore recovery experiences among patients with strong, limited, or inconsistent support. Third, because participants described medication adherence, dietary modification, activity pacing, and spiritual coping, future research could examine which self-management practices patients find sustainable and what barriers prevent them from continuing. Fourth, because participants reported greater patience, resilience, and appreciation of life, researchers could explore how these attitude changes influence long-term health behaviors without assuming that positive outlook alone predicts recovery. Finally, studies involving patients from geographically distant communities could examine whether access to follow-up services influences long-term health behaviorsorganizations may also reveal how compensation, job expectations, workplace culture, and career development opportunities influence their adjustment and professional identity.

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