

The Impact of Structured Nursing Care on Postoperative Recovery in Hubei Province

Sun Xiaowen^{1*}, Datin Hafizah Che Hassan²

^{1&2} School of Nursing & Applied Science, Lincoln University College, Malaysia

*Corresponding author: sun.phdscholar@lincoln.edu.my

Abstract

Nurses helped patients recover after surgery by following standard procedures and monitoring them. However, structured nursing care's effect on postoperative recovery was insufficient, especially in Hubei province. Henceforth, this study examined the effects of structured nursing care on provincial patients' post-surgical recovery. The current study collected credible research context data using a cross-sectional and quantitative design. This study selected 778 hospital nurses using a standardised questionnaire employing purposive sampling. The researcher used descriptive analysis to recognise the data's important properties and Analysis of Variance (ANOVA) to determine the research variables' relationships. The primary findings highlighted that organised nursing care improves postoperative recovery by monitoring patient routine management. The study also provided hospital proof of structured nurse care for post-surgery patients' physical and psychological requirements. This showed that the nursing care increases patient outcomes by enhancing care management and diagnostic stability. The study indicated that hospitals standardised observation, preventive care, rapid response, and medication management strategies to provide practical training for nurses. Moreover, the findings indicated that the adoption of evidence-based practices could significantly enhance post-surgical recovery for patients at hospitals in Hubei province. The conclusion of this research is that established nursing care is an important factor in improving recovery outcomes after surgery, as measured by safety, effectiveness of treatment and overall quality of healthcare in hospitals throughout Hubei Province.

Keywords: *Hubei Province, Postoperative Recovery, Primary Hospitals, Structured Nursing Care*

Introduction

The nursing care provided after surgery is essential to a patient's recovery when they experience operations on traumatic fractures. Traumatic fractures occur when a bone is broken or disconnected from the body and are the result of high-impact trauma. Such examples of high impact trauma include high-velocity motor vehicle accidents and falls from height, to name a few. As such, medical researchers are advocating using multiple methods to help control pain. These methods can include prescribing pain medication, and utilising regional anaesthesia techniques. This encompasses providing the best level of post-surgical nursing care to promote optimal healing. In doing so, the patient will receive improved pain management, which reduces their chance of developing complications, and as such, increases the overall quality of life for patients recovering from traumatic fractures (Ni & Lou, 2025). Postoperative pain is a prominent clinical

condition that affects a substantial number of surgical patients globally. Pain after surgery is caused by tissue damage, inflammatory reactions and stimulation of the sympathetic nervous system. Nurses are essential to postoperative pain treatment, providing constant monitoring of patients and implementing pharmacological and non-pharmacological therapies. The complex clinical challenge of managing post-surgical pain and the opportunity to improve recovery and reduce complications through nursing treatments for post-surgical pain (PSP) in adult patients. Adult patients after major or minor surgery develop medium to intense PSP within 72 hours due to poor pain management (Wells et al., 2022). This can be a harrowing experience for the afflicted. All of these patients necessitate prompt medical intervention. During brainstorming sessions with all surgical unit representatives, barriers to effective postoperative pain management were determined. The identified barriers include educating patients about postoperative pain management; improving nurses' knowledge of postoperative assessment and management; having enough prescriptions made for managing postoperative pain based on type of pain; having both pharmaceutical and non-pharmaceutical alternatives available to manage pain; and creating clinical pathways for managing postoperative pain. Nursing interventions play a major role in reducing the complex clinical issues and morbidity of postoperative pain management and in the management of PSP in adult patients (Ataro et al., 2023). Furthermore, postoperative nursing care is equally about providing timely interventions for proper movement, preventing complications of surgery, emotional support, and patient education. Nurses will provide care by checking vital signs; monitoring wound healing, providing preventive measures of infection and encouraging rehabilitation work that helps postoperative patients recover faster. Through progressive observation and patient-centred care by the nursing staff, physical function improves, length of stay gets shorter, and overall patient experience is enriched after surgery. Hence, structured and thorough postoperative nursing care will enhance safe and efficacious recovery in traumatic fracture patients.

Review of Related Literature

To As a core intervention for postoperative rehabilitation, structured nursing care includes monitoring, pain management, health education and emotional support. Relevant research proves that it can reduce surgical complications, shorten hospitalisation and elevate patient satisfaction (Lu et al., 2026). Existing literature indicates that nurse-led standardised nursing optimises treatment compliance, self-management and long-term health outcomes, and cuts hospital readmission risks (Qiu, 2024; Ruksakulpiwat et al., 2025; Zhang et al., 2024). Grounded in Jean Watson's Theory of Human Caring (1979), this study holds that holistic and humanistic structured nursing can relieve patients' postoperative distress. It is necessary to explore the practical effects of this nursing model on surgical patients in Hubei Province.

Objectives

- To assess the influence of structured nursing care on postoperative recovery in Hubei Province

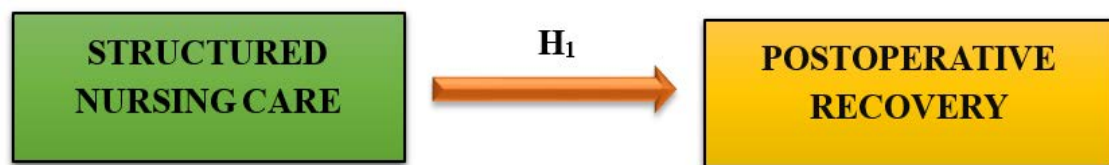
Methodology

Research Design and Procedure

This study adopted a quantitative cross-sectional design to explore the correlation between structured nursing care and postoperative recovery among surgical patients

across several hospitals in Wuhan, Hubei Province. This design was selected to analyse the relationships between research variables and quantify relevant characteristics. Data were collected via self-administered online questionnaires. The questionnaire items were compiled based on the research variables and well-established domestic and foreign scales. A pilot study was conducted prior to formal data collection to verify content and construct validity. Cronbach's Alpha coefficient was calculated to test the internal reliability of the questionnaire. All collected data were processed and analysed using IBM SPSS Statistics 25.0. A 95% confidence interval was set to assess the direction and strength of correlations between variables, and a p-value less than 0.05 was defined as the threshold for statistical significance. Descriptive statistics were used to summarise the basic characteristics of the dataset, and one-way Analysis of Variance (ANOVA) was applied to examine differences between groups.

Operational Framework



Subjects or Data Sources

Sampling Method & Rationale

Purposive sampling was adopted in this study. This method was chosen because it enables targeted recruitment of frontline clinical nurses engaged in postoperative care, ensuring all participants possess professional working experience closely related to the research theme and improving the pertinence of samples.

Sample Size Calculation

The minimum sample size was calculated using Raosoft software with standard parameters: 95% confidence level and 5% margin of error. The software suggested an optimal sample size of 384. To account for invalid responses and non-participation, a total of 825 questionnaires were distributed. Ultimately, 812 questionnaires were retrieved. After excluding 34 incomplete and logically inconsistent responses, the final valid sample size was 778.

Sampling Criteria

Inclusion criteria: Full-time clinical nurses working in selected hospitals of Wuhan; engaged in postoperative nursing work; voluntary participation in this survey.

Exclusion criteria: Intern nurses, rotating staff, and nurses on long-term leave.

Participant Characteristics

All 778 participants were clinical nurses from general and specialised surgical departments of local hospitals. The sample covered different age groups, working years, professional titles and educational backgrounds, which can generally reflect the overall status of postoperative nursing staff in the surveyed hospitals.

Instrumentation and Data Analysis

Raosoft software was used to calculate the sample size with a 95% confidence level and a 5% margin of error. The minimum required sample size was determined as 384 to ensure population representativeness and control sampling error. Purposive sampling was implemented to select participants. This method was chosen to target professional nurses with postoperative care experience, which matches the research objectives. All respondents were screened in accordance with unified inclusion and exclusion criteria. Microsoft Excel was used for data arrangement, while SPSS 25.0 was used for statistical analysis. Descriptive analysis was adopted to describe data features, and ANOVA was utilised to analyse the correlations between research variables.

Limitations

The study faced several limitations inherent in quantitative research. The study was conducted in a few hospitals in Wuhan city, Hubei Province, China. Therefore, its result was not be very applicable to nursing methods, patient demographics, or healthcare systems in other Chinese regions. The use of closed-ended survey questions restricted respondents from providing in-depth explanations, which limited the ability to capture nuanced opinions or contextual factors influencing their perceptions of structured of nursing care and postoperative recovery. The large sample size was enough because some study participants did not return the research questionnaires, and the sample size did not fully represent the total specified population. This limited the overall validity and dependability of the quantitative data that was gathered. However, two distinct factors can adversely affect the generally observed success rate: insufficient time and a lack of requested financial support. Moreover, the researcher faced additional challenges in securing permission from the management of several associations to survey their respective workforces. Quantitative data oversimplified the influence of Post-operative recovery: organised nursing care. Additionally, collecting data only from hospital created issues related to the representation of generalised findings on the research topic. The cross-sectional design limited the study's ability to establish causality, as the data captured relationships at a single point in time rather than changes over time. Finally, the findings were not fully generalisable beyond the sampled population, as the results are influenced by the demographic characteristics and media exposure patterns of the respondents included only in the study.

Analysis

The Exploratory factor analysis (EFA) was performed to examine the construct validity of the questionnaire and extract latent variables from observed items. The Kaiser-Meyer-Olkin (KMO) Test and Bartlett's Test of Sphericity were first applied to verify sampling adequacy for factor analysis. The KMO value ranges from 0 to 1; a value above 0.8 indicates good sampling adequacy, while a value between 0.9 and 1.0 represents excellent suitability.

Table 1: KMO and Bartlett's Test for Sampling Adequacy

KMO and Bartle's Test		
Kaiser-Meyer-Olkin measure of Sampling Adequacy		0.924
Bartlett's Test of Sphericity	Approx. Chi-Square	5821.325
	df	190
	Sig	0.000

As shown in Table 1, the KMO value was 0.924, indicating excellent sampling adequacy. Bartlett's Test of Sphericity yielded $P < 0.05$, which confirmed significant correlations between research variables, so the dataset was suitable for factor analysis.

Principal component analysis with varimax rotation was further conducted. The results demonstrated that all factor loadings of questionnaire items ranged from 0.63 to 0.88, exceeding the standard threshold of 0.6, which proved each item had strong correspondence with its corresponding dimension. In total, 5 common factors were extracted, matching the preset construct dimensions of the questionnaire: routine monitoring, pain management, health education, emotional support and rehabilitation guidance. The cumulative variance explained reached 72.46%, higher than the 60% standard for social science research, meaning the extracted factors could adequately interpret the information of all original variables.

Independent Variable

Structured Nursing Care

'Structured nursing care' refers to a systematic approach to planning and evaluating patient care using specific procedures, clinical guidelines and carefully planned care approaches. This makes certain that specific processes and best practices, rather than being purely influenced by personal concerns direct interventions by nurses. This ensures that nursing interventions are guided by clearly defined procedures and best practices rather than solely by personal considerations (Cusack et al., 2023). In the nursing literature, nurses, patients/families, or nurse managers often discuss quality of care. It is associated with professional commitment, quality of patient care, and the retention and satisfaction of nursing staff. Regulatory organisations in the nursing field formulate standards of practice, regulations, and guidelines that delineate the obligations and responsibilities of nurses in delivering safe and high-quality care. Patients can articulate their impressions of nursing care quality via patient satisfaction, assessed through principles, experiences, requirements, and needs. The satisfaction of patients' data is a prevalent method employed in healthcare institutions to assess service quality, which can be gathered and reported via patient surveys, commendations, or grievances (Arwan et al., 2024). Nurses assume diverse roles in delivering hospice services to children across many environments. A persistent paucity of nurses certified to deliver PPC remains evident. Paediatric nurses generally possess insufficient official training in critical care and support mechanisms to assist children in managing the emotions related to death. Though educational programs on palliative care for adults exist for palliative care providers and paediatricians, no such programs are available for post-graduate students in nursing or nurses in paediatric departments. Numerous nurses encounter challenges in delivering palliative care, potentially leading to children and families in need being deprived of sufficient or suitable assistance. In addition, numerous nurses encounter challenges in delivering palliative care, potentially leading to children and families in need being deprived of sufficient or suitable assistance (Zhang et al., 2024).

Dependent Variable

Postoperative Recovery

Post-operative ileus (POI) is a condition characterised by disrupted gastrointestinal motility that arises after abdominal surgery. The prevailing belief regarding post-operative gastrointestinal paralysis is erroneous, as the distal colon exhibits hyperactivity following surgery. Post-operative inflammatory responses significantly influence the pathophysiology of ileus; yet, their duration in humans remains ambiguous, with the majority of evidence derived from animal models. Lung cancer is among the tumours

with the greatest morbidity and fatality rates in China and globally. Video-assisted thoracic surgery (VATS) is utilised in lung cancer treatment because of its benefits of reduced surgical trauma, minimal postoperative problems, and expedited recovery (Wells et al., 2022). In China, a surgical thoracoscopy was employed in fifty percent of lobectomies. Early ambulation is a critical sign of Enhanced Recovery after Surgery (ERAS). Besides averting lung infections, pressure ulcers, and lower limb deep vein thrombosis, early ambulation facilitates the recovery of respiratory, digestive, and muscular functions. In recent year, the extensive implementation of ERAS protocols has led to heightened interest in early ambulation post-surgery. The objective is to examine the attributes of quick ambulation therapy and surgical rehabilitation in lung cancer patients after thoracoscopic surgery, to establish a guideline for determining the timing and specific strategy for rapid ambulation following lung cancer surgery (Mert, 2023).

Relationship between Structured Nursing Care and Postoperative Recovery

The relationship between structured nursing care and postoperative recovery is considered a strong connection, as structured and patient-centred nursing interventions are key factors in determining the overall healing process and the overall postoperative outcome for patients after surgery. Nurses provide essential services to patients following surgery that include continuous monitoring of vital signs, administration of medications for pain relief, providing emotional support, educating patients about their conditions, and directing them in the process of rehabilitation. By fulfilling these responsibilities, nurses help patients complete a safe and effective recovery from surgery along with decreasing what would typically be an increased risk for complications and having an improved overall experience with their health care (Kulakaç & Sayılan, 2024).

A significant connection between structured nursing care and postoperative recovery is that it assists with patient management regarding improving their ability to manage their health. Competent and skilled nurses continually assess their patient's physical conditions, monitor their patients' vital signs, and notice any signs of early postoperative complications. By having timely interventions along with developing a plan of care, nurses assist their patients with pain management, prevention of infection, and maintaining physical stability while recovering from surgery. In addition, assessing their physical condition, monitoring their vital signs, and identifying early signs of future postoperative complications enables nurses to provide patients with appropriate direction for medication administration, wound care, mobility, and healthy lifestyle behaviours that will assist in their healing process and improve their overall postoperative outcomes (Mert, 2023).

Communication between the nurse and the patient is crucial for recovery after surgery. Patients experience a number of feelings based on their surgery, including anxiety, fear, stress, and some discomfort. Structured nursing helps support a trusting bond with the patient through the use of open and compassionate communication and emotional support. If the patient feels better and supported by the medical staff, the more compliant they will be with medical procedures and rehabilitation activities, which will ultimately help speed up the recovery of the patient. Structured nursing also improves patient satisfaction and decreases the length of time the patient spends in the hospital. By coordinating nursing interventions and continually following up with patients, nurses can drastically decrease the rate of readmission to the hospital after surgery, as well as decrease the risk of complications from surgery. Health care professionals can work together effectively for total patient management through collaborative work, meaning

that total patient care can improve as well. By providing ethical nursing care and using a patient-centred approach, the patient feels cared for, respected, and at ease during their medical care; thus, they have more confidence in the health care system (Ataro et al., 2024).

According to the discussion, involved researchers have developed the mentioned hypothesis to investigate the meaningful connection between Structured Nursing Care and Postoperative Recovery:

“H01: There is no significant relationship between Structured Nursing Care and Postoperative Recovery.”

“H1: There is a significant relationship between Structured Nursing Care and Postoperative Recovery.”

Table 1. Independent Sample Size Effects.

ANOVA					
Sum					
	Sum of Square	Df	Mean Square	F	Sig.
Between Groups	82,758,458	513	8564.256	1187.256	0.000
Within Groups	785.821	264	7.214		
Total	83,554.279	777			

ANOVA results: $F = 1187.256$, $P < 0.05$. The null hypothesis was rejected. The high F-value indicates a very strong between-group difference. Combined with the large sample size ($N=778$), this result proves that structured nursing care has a significant and stable positive impact on postoperative recovery, and the research conclusions are reliable.

Findings and Discussion

This study verified a statistically significant positive correlation between structured nursing care and postoperative recovery among surgical patients in Hubei Province. The overall dataset passed all validity tests for factor analysis (FA). The KMO value of 0.924 and a p-value of 0.000 for Bartlett's Test of Sphericity confirmed excellent sampling adequacy and strong correlations between observed variables. Further exploratory factor analysis yielded solid structural validity: all item factor loadings ranged from 0.63 to 0.88, exceeding the academic threshold of 0.6. A total of five construct dimensions were extracted, including routine monitoring, pain management, patient education, emotional support and rehabilitation guidance, which were consistent with the theoretical framework of this research. The cumulative variance explained reached 72.46%, indicating that the extracted factors could sufficiently interpret the original data information.

The one-way ANOVA produced an F-value of 1187.256 ($P < 0.05$), leading to the rejection of the null hypothesis. This extremely high F-value reflects a substantial difference in postoperative recovery across groups receiving different levels of structured nursing interventions. On the one hand, it proves that each component of structured nursing care exerts a strong predictive effect on patients' rehabilitation outcomes. On the other hand, the large sample size ($N = 778$) effectively improves statistical test power, making the group difference more prominent. Combined with the significance level, this result fully demonstrates the stability and reliability of the research conclusion.

The research findings are highly consistent with prior relevant studies. Qiu (2024) confirmed that standardised nurse-led interventions optimise doctor-patient communication and clinical decision-making, which aligns with our conclusion that emotional support and health education improve patient compliance. Ruksakulpiwat et al. (2025) and Zhang et al. (2024) also reported that systematic nursing interventions reduce complications, shorten hospital stays and enhance patients' self-management ability. This study further supplements regional empirical evidence from Hubei Province and proves the universal applicability of structured nursing models in local clinical settings.

Different from general nursing research, this study targets postoperative patients in local hospitals and highlights the practical value of whole-process standardised care. Integrated nursing practices including real-time condition monitoring, early complication screening, scientific pain control, psychological counselling and rehabilitation guidance can comprehensively improve patients' physical and mental wellbeing, reduce postoperative complications and elevate patient satisfaction. Smooth nurse-patient communication and interdisciplinary collaboration further optimise patients' treatment experience.

In terms of theoretical application, this study echoes Jean Watson's Theory of Human Caring. The humanistic and patient-centred concept embedded in structured nursing builds mutual trust between medical staff and patients, relieves postoperative anxiety and stress, and forms a virtuous cycle for rehabilitation. In summary, structured nursing care is a core driving factor for improving postoperative recovery and overall healthcare quality in Hubei Province. Hospitals should continue to standardise nursing workflows and strengthen professional training for nurses to maximise the benefits of this care model.

This study found that there was a significant correlation between the provision of organised, structured forms of nursing intervention and the recovery from surgery that occurred post-operative. Performing the structured nursing interventions greatly improved the overall recovery accrual of post-operative patients who were treated in facilities located within Hubei, China. An additional finding in this study was that providing structured forms of nursing care allowed for: much faster post-operative recovery, increased levels of patient satisfaction, decreased post-operative complications, and enhanced levels of both physical and psychological health for surgical patients. Nurses provided a key function in the post-operative support systems of the patients by offering continuous monitoring, pain control, emotional support, rehabilitation directions, and education regarding health concerns. Through these evidence-based nursing practices, nurses assisted patients in better understanding the necessary requirements of the post-operative period and encouraged them to more effectively follow the guidelines of their treatment plan and recovery.

The results of this study also identified that the provision of structured nursing care facilitated a continuum of healthcare service delivery and improved the communication between nurses, patients, and the other members of the healthcare delivery team. Patients who received nursing care that was organised and centred on their individual needs established a stronger level of trust and confidence in the healthcare system through the receipt of more personalised nursing care and assistance from nursing personnel. The study also showed that various aspects of organised nursing care had a big effect on recovery after surgery. One of the most notable aspects to assist patients with recovery

after their operation is the nurse's qualifications. This would include how advanced or skilled and the amount of experience that a nurse possesses. The higher the qualifications, skills and knowledge of the nurse leading up to the postoperative period would provide them with the ability to care for the patient postoperatively through clinical competence, critical thinking, and decision-making when caring for patients having just had surgery. This study also took into consideration the communication between the nurses and the patients after surgery. Furthermore, the study emphasizes the importance of ethical nursing to support the dignity, confidentiality, and trust of the patient while providing high quality post-operative nursing, care and services

Implication

The findings from this study could affect areas such as nursing practice, managing the postoperative patient, health care delivery systems, and future research efforts. The findings from the study indicate that providing nursing care using a structured approach will improve patient recovery after surgery, improve patient satisfaction with overall quality of care provided in the health care system, as well as the provision of structured nursing care will result in better outcomes for patients when they are discharged from the hospital. Therefore, hospitals and other health care organisations could use these findings to help develop their nursing care models to support nurses in developing and implementing effective training programs and subsequently improving the clinical competency, communication skills, and postoperative management skills of their nurses. Therefore, the findings of the study could assist policy-makers when developing and revising health care policies and guidelines that would increase the level of involvement by nurses in the postoperative patient monitoring, rehabilitation, and planning of patient-centred care. The findings of the study could be used to influence the education of future nurses by encouraging nursing programmes to more frequently include structured nursing care practices when teaching future nurses about the delivery of nursing care for post-surgical patients. Finally, as a future research opportunity, the study provides an opportunity for researchers to further examine the different nursing care models available in the health care system and the long-term effects of those nursing care models on postoperative recovery of varied groups of patients.

Conclusion

The conclusion of this study shows that structured nursing care made a substantial impact on the postoperative recovery of patients located in Hubei Province. The results from this research demonstrated that organised nursing interventions lead to improved recovery times, increased patient satisfaction, reduced incidence of postoperative complications, and increased levels of physical and mental well-being for surgical patients. Patients received assistance through the following structured nursing care practices to support their recovery: continuous patient assessment and monitoring; management of pain; emotional support; educating patients; and guidance for rehabilitation. Each of these nursing care practices provided a means for patients to better understand how to care for themselves during the postoperative period and how to actively participate in their course of treatment and their recovery. Research has shown that good communication between nurses and patients can help nurses develop good patient trust and confidence as well as encourage patient collaboration during recovery after surgery. This can lead to less anxiety for the patient and a much better overall experience with healthcare. In addition, interdisciplinary collaboration between healthcare professionals allows for quality in the delivery of postoperative healthcare services through working as a team and providing cooperation amongst one another. Ethical standards in nursing care also have been shown

to have a positive impact on patient dignity, confidentiality, safety, and patient-centred care.

References

- Arwan, M. Z. A., Al _Azmi, A. S., Dael, S. A. A., Al-Rashidi, T. N., Al-Harbi, N. R., Algubiwi-Alotaibi, N. M., ... & Almutery, B. H. (2024). The Impact Of Nursing Care Quality On Patient Safety And Clinical Outcomes. *The Review of Diabetic Studies*, 554-570.
- Ataro, B. A., Geta, T., Endirias, E. E., Gadabo, C. K., & Bolado, G. N. (2024). Patient satisfaction with preoperative nursing care and its associated factors in surgical procedures, 2023: a cross-sectional study. *BMC nursing*, 23(1), 235.
- Cusack, L., Thornton, K., & Brytan, J. (2023). Exploring responsibilities for delivering quality nursing care using the Healthcare Quality Framework. *Collegian*, 30(1), 47-52.
- Kulakaç, N., & Sayılan, A. A. (2024). The effect of perceived preoperative nursing care and surgical anxiety on postoperative recovery. *Balıkesir Sağlık Bilimleri Dergisi*, 13(3), 572-579.
- Lu, Z., Huang, Z., Guo, X., Cui, M., & Wang, Y. (2026). Current status of day surgery nursing services and safety management in Hubei Province: a cross-sectional survey. *Frontiers in Public Health*, 14, 1738645.
- Mert, S. (2023). The significance of nursing care in the post-anesthesia care unit and barriers to care. *Intensive Care Research*, 3(4), 272-281.
- Ni, N., & Lou, Y. (2025). The Impact of Comprehensive Postoperative Nursing Care on Pain Levels and Quality of Life in Patients Undergoing Traumatic Fracture Surgery. *The Journal of craniofacial surgery*, 36(5), 1645–1648.
- Qiu, X. (2024). Nurse-led intervention in the management of patients with cardiovascular diseases: a brief literature review. *BMC nursing*, 23(1), 6.
- Ruksakulpiwat, S., Pongsuwun, K., Junphongsri, P., Preeprem, C., Nguantad, S., & Samart, B. (2025). Nurse-led interventions to improve health, adherence, and functional outcomes in adults and older adults with multimorbidity: A systematic review of randomized and quasiexperimental studies. *Journal of nursing management*, 2025(1), 6252049.
- Watson, J. (1979). Nursing: The philosophy and science of caring. *Caring Nurs Class An Essent Resour*, 79(11), 2040.
- Wells, C. I., Milne, T. G., Seo, S. H. B., Chapman, S. J., Vather, R., Bissett, I. P., & O'Grady, G. (2022). Post-operative ileus: definitions, mechanisms and controversies. *ANZ journal of surgery*, 92(1-2), 62-68.
- Zhang, N., Li, Q., Chen, S., Wu, Y., Xin, B., Wan, Q., ... & Jiang, W. (2024). Effectiveness of nurse-led electronic health interventions on illness management in patients with chronic heart failure: a systematic review and meta-analysis. *International Journal of Nursing Studies*, 150, 104630.