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CATARACT AMBULATORY SURGERY: PATIENTS EXPERIENCES AT THE KUMASI SOUTH HOSPITAL IN THE ASHANTI REGION OF GHANA

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ABSTRACT
Cataract surgery, a well-established medical procedure, has evolved over the years, increasingly adopting ambulatory surgery, where patients can return home on the same day, leading to benefits like reduced costs and improved patient convenience. Meanwhile, limited studies have been conducted in Ghana to explore the experiences of patients undergoing cataract ambulatory surgery. This qualitative study explored patients' experiences with ambulatory cataract surgery at the Eye Clinic of Kumasi South Hospital. The study adopted the Expectancy-Disconfirmation Theoretical (EDT) framework while also employing purposive sampling to gather data from participants. A semi-structured interview guide was used to gather data from 22 participants. The study revealed that participants reported positive experiences with the surgery itself, along with satisfaction with procedures and staff interactions. This underlies the importance of client-centred care and effective communication. The findings suggest prioritszing comprehensive preoperative counselling to enhance client satisfaction and reduce post-operative emotional distress.

Keywords: Cataract, ambulatory surgery, patient experience, preoperative counselling, Ghana.

INTRODUCTION

Cataracts are a gradually progressive disease of the eye characterised by the opacification of the naturally clear lens, obscuring the smooth passage of light to the retina and resulting in the deterioration of vision. It can affect individuals of all age groups, although it is more predominant in older people (Nizami and Gulani, 2023). World Health Organization (2023) reports that the most frequent causes of vision impairment and blindness in the world are uncorrected refractive errors and cataracts (WHO, 2023). Many low to middle income countries still face challenges in accessing cataract surgeries due to the disease burden coupled with its financial cost (Flessa, 2022). Meanwhile, cataract extraction through ambulatory surgery has been identified by several studies as an effective procedure with high success rates in restoring sight, while proving to be one of the most cost-effective interventions and providing patients with the convenience of same day discharge (Ahsan *et al*., 2021; Flessa, 2022; Donthineni *et al*., 2020). Despite the global acknowledgment of the effectiveness of ambulatory surgery in treating cataracts, there exists a notable gap in understanding the experiences of patients undergoing cataract ambulatory surgery in Ghana. Understanding patients' perspectives is necessary to improve the quality of health care, as it provides first hand experiences of patients, offering insights for the enhancement of medical services and treatment outcomes.

This study, therefore, sought to examine patients' experiences with ambulatory cataract surgery at the Kumasi South Hospital in the Ashanti Region of Ghana. The findings contribute to the limited literature on ambulatory surgery experiences in Africa and provide suggestions for improvement in patient-centred experiences and health care delivery.

MATERIALS AND METHODS (METHODOLOGY)

The study employed purposive sampling to gather data from participants. A semi-structured interview guide, which allows the researcher flexibility in questioning, was used in conducting the participants' interviews. This yielded insights from 22 participants who had undergone ambulatory cataract surgery.

Study Setting

The study was conducted at the Kumasi South Hospital situated in Kyirapatre in the Ashanti Region of Ghana. All patients who had been diagnosed with cataracts and had undergone ambulatory cataract surgery at the Kumasi South Hospital made up the study population. Inclusion criteria were patients aged 18 years and above who had undergone ambulatory surgery for cataract and individuals who were one day post operative to a maximum of six months post operative. Importantly, selected participants were those in the inclusion criteria who were willing to participate in the study. Patients who were readmitted within 24 hours after ambulatory surgery and patients who refused to consent formed the exclusion criteria.

Study Design and Approach

This study adopted the interpretative phenomenological research design. This design is employed to explore the nature of a phenomenon under study from the lived experiences of individuals who had experienced ambulatory cataract surgery at the Kumasi South Hospital in the Ashanti Region of Ghana. The reason for utilising this qualitative research design lies in examining patients' unique experiences with ambulatory cataract surgery, placing emphasis on the subjective nature of reality as highlighted by researchers like Edmund Husserl and Martin Heidegger (Alhazmi & Kaufmann, 2022).

Theoretical Framework

The Expectancy-Disconfirmation Theory (EDT) by Oliver (1980) was employed to serve as a theoretical framework for evaluating patient experiences. The framework asserts that clients already have expectations of a particular service before they actually experience that service. After the performance of that service, they made comparisons of their initial expectations to the actual experiences they incurred from that service.

Sampling Procedure and Sample Size

Purposive sampling technique was used to recruit participants. The purposive sampling technique was preferred for the study because it emphasises the significance of individuals' availability, expert knowledge, and willingness to participate in the research study. It also considers their ability to effectively express their experiences, opinions, and insights in a clear, expressive, and reflective manner (Ames *et al*., 2019). Sample size was determined from the concept of the Saturation Point. It signifies that the researcher has gathered enough data to gain a comprehensive understanding of the phenomenon under study; thus, further data collection may be unnecessary for achieving the study's goals (Hennink and Kaiser, 2019). Data collection continued until the researcher reached a point where no new themes or ideas were emerging from the interviews. For this study, data saturation was reached at 22 participants.

Methods of Data Collection

Semi-structured face to face interviews with 19 open-ended questions were conducted to gather primary data from 22 participants. This research design gives the researcher flexibility in terms of asking questions. Most of the interviews were conducted using the Twi language, with a few in English. An interview guide was developed to examine participants' pre and post-surgery expectations and experiences, perceived risk, support network and overall satisfaction with ambulatory cataract surgery. Response to questions was audio recorded after securing consent from the participants, and field notes were taken to document extra observations and contextual details. To maintain confidentiality and data protection, the audio files were protected with passwords, and hard copies of the printed data files were securely locked in a safe. Prior to the collection of data, piloting was conducted among five participants at the Komfo Anokye Teaching Hospital. The pre-testing of the questionnaire enabled the researcher to modify irrelevant questions before the final administration.

Analysis of Data

The study employed reflexive thematic analysis, a method crafted by Braun and Clarke (2006) in its analysis. Braun and Clarke's thematic analysis involves six phases that serve as guidance for reflexive thematic analysis, which was used in this study. The first phase involved familiarising oneself with the data. This involved thoroughly going through the data to fully comprehend the depth and breadth of the information. The researcher listened to and transcribed the taped interviews verbatim to capture the participants' words accurately as spoken in written form about ambulatory cataract surgery. The researcher in the second phase, performed systematic coding of the data. The researcher then labelled and organised data items into meaningful groups. In phase three, initial themes were extracted from coded and collated data. The successful themes identified included participants' expectations, risk perception, and satisfaction. Phase four involved theme development and reviews. The researcher critically examined the identified themes in relation to the entire data-set to confirm that the themes were consistent, unique, and supported by sufficient evidence.

In the fifth analysis stage, the researcher moved iteratively between the data and established themes in order to organise the story into a coherent and internally consistent account. Phase six followed with writing the report. Even though each step in the analysis procedure generated a report, the researcher specifically developed and structured the reports constructively. The researcher coordinated, planned, and refined the content for the sake of having an orderly and consistent flow. There was a subsequent checking and editing phase before the researcher wrote the final report of the study.

RESULTS

Three themes, in addition to other sub-themes, emerged from the reflexive thematic analysis of the 22 interviews conducted. These themes broadly addressed the main and specific objectives of the study, which aimed to explore patients' experiences with ambulatory cataract surgery. The following main themes were revealed: Patients' Expectations; Risk Perceptions; and Satisfaction Levels. Table I below summarises the specific objectives, main themes, and sub-themes that emerged from the study.

Table I: Main Themes and Sub-Themes for Analysis

Specific Objectives	Main Themes	Sub-Themes
Expectations of participants before undergoing ambulatory surgery for cataract.	Patients' expectations	Expectations of improved vision Expectations of successful outcomes
Risk perceptions of participants on cataract surgery.	Risk perceptions	Fear and anxiety Favourable and unfavourable outcomes (uncertainties)
Satisfaction with cataract surgery performed as ambulatory surgery	Satisfaction levels	Outcome of surgery Service quality (appreciation of staff and facility Communication effectiveness (preference for ambulatory surgery)

Participants generally held positive expectations before undergoing ambulatory surgery for cataracts. In the context of risk perceptions, individuals revealed their own potential risks (such as fear and anxiety, favourable and unfavourable outcomes of surgery). Satisfaction level in this study projects how individuals express satisfaction or dissatisfaction in a given situation, service, or experience.

DISCUSSIONS

Expectations of Participants Before Undergoing Ambulatory Surgery for Cataract

The first research question inquired about participants' expectations regarding ambulatory cataract surgery.

The study aimed to examine participants' expectations of ambulatory cataract surgery. The analysis of the data collected revealed two major sub-themes: participants' expectations of improved vision and expectations of a successful outcome of the procedure.

Expectation of Improved Vision

The first theme discussed in this section is the expectation of improved vision after participants undergo ambulatory cataract surgery. The study's findings emphasise that the expectation of most participants regarding cataract ambulatory surgery was positive. Most of the participants who expected enhanced vision after the surgery had their expectations fulfilled. They expressed these outcomes when asked. One of them said:

> *"After the surgery, I can see very clearly. At first, I could not see from afar. Before this surgery, I had a strong conviction that the surgery would go well. Truly, after the surgery, I had my expectations met..." (Participant 7)*

Another participant shared a similar experience:

> *"I already feel that this second surgery will give me a positive result, especially as I take the medications given to me after the surgery's completion..." (Participant 2)*

The study's findings reflect other research studies, which also revealed that patients experience and show high positive patient expectations before and after undergoing ambulatory surgery (Pager, 2004; Ackuaku-Dogbe *et al*., 2015; Socea *et al*., 2020; Obuchowska and Konopinska, 2021). This suggests that when there are well-structured systems in place at health care centres, patients respond to recovery faster just as they had anticipated.

Expectations of Successful Outcome

A study conducted by El-Haddad *et al*. (2020) revealed that every patient come to health care with certain perceptions or assumptions of how the treatment will turn out to be. Exploring participants' expectations of outcomes after ambulatory cataract surgery is also necessary for engineering personalised care and addressing the anxiety of patients. When participants' expectations of surgical outcome are assessed, it enhances their preparation and instils realistic post-surgery anticipations. This improves patient satisfaction (Ali *et al*., 2024). Findings from the study also revealed that some participants manifested confidence in the surgical procedure and the staff. A few abstracts are expressed as:

> *"I was very confident in the staff and machines that were going to be used and had confidence of a successful outcome of the procedure..." (participant 1)*

In agreement, a participant stated:

> *"There were no fears because I had no complications after the first surgery and so I knew this would be the same. My expectation was that the procedure will be successful..." (Participant 22)*

This reflects the studies by Farahani *et al* (2020) that showed that enhancing the patient's experience during the first eye surgery could positively influence subsequent surgeries. The study's findings align with other research, which also reported high positive patient expectations before and after surgery (Obuchowska and Konopinska, 2021). However, a few participants revealed their uncertainty about the outcome of the operation, at least, until they had some reassurances from the medical staff. They attributed their uncertainty to past experiences with eye surgery. One participant explained:

"…I had operation on both eyes, and the pterygium was removed. The pterygium grew back and then the cataract set in. I was scared initially until one doctor motivated me to undertake the procedure..." (Participant 15)

The study's findings imply that preoperative counselling can positively manage patient expectations. Therefore, medical professionals must engage in thorough preoperative counselling, setting realistic expectations that align with achievable individualised outcomes. This is in line with studies conducted by A'aqoulah *et al*. (2022), who also argues that hospital managers should take appropriate measures to enhance health care services to bridge the gap between patients' expectations and the actual services provided by hospitals.

Risk Perceptions of Participants on Cataract Surgery

The study also evaluated the risk perceptions of cataract patients on ambulatory surgery for cataract. The two emergent themes that were found are discussed below.

Fear and Anxiety

In general, participants mostly expressed a lack of anxiety or fear due to either their previous experiences, reflective information from other patients or reassurance from staff and relatives about cataract ambulatory surgery. A patient conveyed feelings of confidence and ease:

"I felt no anxiety prior to the surgery. I was very confident about the staff and machines that were going to be used for my surgery..'' (Participant 1)

On the Contrary, few participants exhibited significant fear and anxiety before their operation, influenced by their personal perceptions about surgery. One said:

"...Before my operation, I was very tensed and afraid. However, I was told I would be the last patient to be attended to and by the time I entered the surgical room, all my fears had left..." (Participant 3)

Other studies have affirmed that fear and anxiety are common risk perspectives patients have toward surgery, particularly the sentiment of losing vision after the operation (Ramirez *et al*., 2017; Obuchowska and Konopinska, 2021).

Unfavourable Outcomes of the Surgery

Another common theme that emerged from participants' risk perception of ambulatory cataract surgery was the possibility of unfavourable outcomes of the operation. The analysis reveals that patients have varying risk perceptions towards ambulatory cataract surgery. Some tend to feel calm and confident, while others experienced anxiety and fear. Limited information, rumours, and past experiences emerged as major concerns that inspired tendencies of fear and mistrust. In a nut shell, understanding patients' risk perception is crucial in ambulatory cataract surgery, as it fosters effective communication that would address fear, provide accurate information that would curb misconceptions and alleviate anxiety. For instance, a past experience of a brother regarding cataract surgery created a perception in the mind of one of the participants. The participant highlighted that:

"I was worried before the surgery because there are rumours of how bad eye surgeries could get. My brother had only one eye problem but after operating on his eyes, both eyes can't see now..." (Participant 19)

In addition, another participant revealed his perception about the procedure by stating that:

"I saw so many machines in the room and I was thinking they would use a machine to take out my eyeballs and perform the operation on my eyes but that wasn't the case..." (Participant 17)

The study identified many misconceptions, with the fear of blindness being the most mentioned reason for not seeking cataract surgery. The findings are supported by other studies which also explained that wrong risk perceptions can lead to heightened anxiety and fear that are uncalled-for among patients when considering whether to undergo ambulatory surgery or not (Yu *et al*., 2014; Malcolm *et al*., 2023). The study reaffirms the importance of providing proper orientation and education to patients. This is reflected in the work of Mailu *et al* (2020) which reported that patients with higher education levels tend to have a more accurate understanding of the risks, while older patients and those without previous surgical experiences tended to overestimate the risks involved.

Satisfaction with Cataract Surgery Performed as Ambulatory Surgery

The last research question that the study sought to answer was "what is the level of patient satisfaction with ambulatory surgery for cataract?". Cataract patients graded their satisfaction levels using various elements. Overall, most patient responses reflected a positive experience with the surgery, an expectation of positive outcomes, and a general sense of satisfaction with the procedure and interactions with the hospital staff. The emergent themes are discussed below:

Outcome of Surgery

The outcome of participants' surgery was duly assessed by the study. The participants noted that their expectations for the surgery were met, and they were satisfied with the outcome of the surgery, experiencing clear vision and improvements in their condition. Specifically, they mentioned that:

"...After the surgery, I can see very clearly and from afar which I could not do before. Before coming here, I had a strong conviction that the surgery would be successful...truly everything I expected from this surgery, I am experiencing it..." (Participant 1)

Another participant added:

"...After the operation, my sight has improved significantly. I had assurance from my family and friends and I believed that God would help me through. I had no doubts about this surgery..." (Participant 4)

This high level of satisfaction aligns with Duroi *et al* (2021), who also in his study, reported excellent patient satisfaction with fast-track cataract surgery procedures. Further evidence from all the other patient interviews also show that patients generally had a positive outcome of the ambulatory cataract surgery they underwent. For those who had yet received the full benefits of the surgery, they were confident of receiving them as soon as their surgical wounds are healed. This finding shows the high success rate of ambulatory cataract surgery. A study by Mannarino *et al*. (2022) confirms this outcome, reporting that out of over 4,000 ambulatory cataract cases, there was a record of 0% cases of posterior capsule rupture.

Acknowledgment of competent care

Many participants had positive interactions with the hospital and its staff and felt comfortable throughout the process. They also expressed a high level of satisfaction with the hospital and its services, rating it 100% on a scale of satisfaction.

"...The nurses and other staff were very receptive. On a scale of 100, I would rate the hospital, and the services provided 100%" (Participant 1)

Another added:

> *"I received cordial treatment from the clinical staff who attended to me as though they would their father. Also, because they were all familiar with me, they afforded me with utmost respect... " (Participant 2)*

The study findings showed that acceptance and satisfaction with ambulatory cataract surgery were high, with patients rating the clinic service, staff attitudes, and surgical results very highly. The positive interactions participants had with hospital staff and the perceived competence of the care provided were major contributors to their satisfaction, affirming Ng and Luk's (2019) emphasis on the provider's attitude and technical competence as key attributes of patient satisfaction.

Preference for Ambulatory surgery

In grading their overall satisfaction with their respective surgeries, participants were asked to give their opinion on the ambulatory nature of their operations of which they offered various viewpoints. Excerpts from some of the viewpoints are discussed below:

> *"No... I prefer being admitted rather than coming every day, but it is also costly when admitted since money is hard to come by. I will spend a lot when admitted than coming from the house. And those admitted are well taken care of. I might even forget to apply my eye drop. Being hospitalized is good..." (Participant 12)*

Some preferred being admitted for better postoperative care, although they acknowledged the higher costs associated with inpatient care. This mirrors findings from Ciulla *et al* (2018), which noted that patients with scheduled appointments had higher satisfaction levels due to the structured care they received. Similarly, Detollenaere *et al* (2018) highlighted that the perception of waiting time, rather than the actual waiting time, significantly influenced patient satisfaction, underscoring the importance of communication in managing patient expectations. On the other hand, some participants had a contrasting opinion about admittance preference, emphasising that they would rather go home and sleep on their bed than on a hospital bed. One said:

> *"I prefer day surgery because sleeping in my house is more convenient than in a hospital...I was discharged to return home after my operation. This surgery was modern, successful, and differed from the one I had before. Compared to the first surgery, this was very smooth..." (Participant 2)*

Many patients expressed high satisfaction with the hospital, staff after undergoing ambulatory cataract surgery. However, participants expressed different opinions when asked about their preference for post-surgery admittance. This different preference shows the importance of understanding patients' individual needs and preferences, as it fosters medical care services that meet the specific needs and preferences of patients. Also, as revealed by Ursala (2022) in support of these findings, when there are effective communication and efficient pain management strategies before and after cataract surgeries, it enhances high satisfaction levels. Similar argument is presented by Rabiu *et al* (2022), who found high overall satisfaction in patients when they receive better postoperative interaction with doctors.

CONCLUSIONS

The study examined the diverse experiences of ambulatory cataract patients at the Kumasi South Hospital, Ghana. The study investigated participants' expectations, risk perceptions, and satisfaction levels concerning ambulatory cataract surgery.

The findings of this study provide significant guidance for health care professionals and policymakers in developing strategies that would enhance proper health care services that meet the needs of patients within the scope of cataract ambulatory surgery.

Based on the findings and discussions above, the study concludes that most patients had positive expectation of improved vision and eyesight after an ambulatory cataract surgery. Furthermore, the study reveals the different patients' risk perception of ambulatory cataract surgery, noting that whereas a majority of patients exhibited confidence and ease throughout their surgical journey, others were overwhelmed with fear and anxiety by the possibility of unfavourable outcomes. These complex emotional responses prompt an urgent patient support strategies through counselling, education and family involvement. This would foster trust in the medical processes and a more comfortable environment for patients. The findings thus highlight the importance of patient-centred care approaches and professionalism. The study reinforces the need for healthcare providers to ensure effective communication and tailored preoperative support to further enhance patient experiences and outcomes.

Future research should consider the perspectives of healthcare providers to have a better understanding of the ambulatory surgery experience. To examine the long-term satisfaction levels and patient outcome is another important area for further exploration.

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DECLARATION OF CONFLICT OF INTEREST

The author declares that she has no conflict of interest. This study was conducted as part of academic requirements and has not been submitted for publication in another journal, either in part or in full. Moreover, there was no external funding from any sponsoring organisation.

ETHICAL CONSIDERATION

Ethical approval was given by the Committee on Human Research Publication and Ethics (CHRPE/AP/352/23) of the Kwame Nkrumah University of Science and Technology, which adhered to established ethical guidelines. Informed consent was sought from all participants before they were enrolled in the study. The use of an information sheet prepared by the researcher meant participants were properly informed of the purpose and significance of the study so that they could make an informed decision about participation. Participants who willingly consented to the study by either signing or thumb-printing the consent form indicated their voluntary agreement to partake in the study. Participants were assured of their right to withdraw from the study at any time without consequences. All data were kept anonymous and stored securely, with audio recordings being password-protected and hard copies kept in locked storage.

AUTHOR'S CONTRIBUTIONS

Baiden-Walke, V. was the researcher and the sole author of this manuscript.

REFERENCES

A'aqoulah, A.A., Al-Hawari, M.A. & Al-Dmour, H. (2022). The impact of service quality on patient satisfaction in Jordanian hospitals. *International Journal of Healthcare Management* 15: 1-10.

Ackuaku-Dogbe, E.M., Osei-Bonsu, E. & Osei-Bonsu, A. (2015). Patient satisfaction with cataract surgery in Ghana. *Ghana Medical Journal* 49: 123-128.

Ahsan, T., Khan, M.A. & Malik, A. (2021). Ambulatory cataract surgery: A cost-effective approach. *Pakistan Journal of Ophthalmology* 37: 45-50.

Alhazmi, A. & Kaufmann, R. (2022). Phenomenology in qualitative research: Philosophical foundations and practical applications. *International Journal of Qualitative Methods* 21: 1-12.

Ali, S., Botta, J., Barsam, A., Dmitriew, A., Zaldivar, R., Wiley, W.F. & Windsor, S. (2024). Factors influencing outcome satisfaction after cataract surgery: patient-reported insights from the RayPro database. *BMC Ophthalmology* 24: 528-537.

Amedo, A.O., Koomson, N.Y., Pascal, T.M., Kumah, D.B. & Ocansey, J.N.A. (2016) Quality of life of cataract patients before and after surgery-Evidence from four rural communities in Ghana. Mathews Journal of Ophthalmology 1: 3. Available at: https://www.mathewsopenaccess.com/full-text/quality-of-life-of-cataract-patients-before-and-after-surgery-evidence-from-four-rural-communities-in-ghana (Accessed: 19 September 2025).

Mathews Open Access. (n.d.) Quality of life of cataract patients before and after surgery: Evidence from four rural communities in Ghana. Available at: https://www.mathewsopenaccess.com/full-text/quality-of-life-of-cataract-patients-before-and-after-surgery-evidence-from-four-rural-communities-in-ghana (Accessed: 19 September 2025).

Ames, H., Glenton, C. & Lewin, S. (2019). Purposive sampling in qualitative research synthesis: A review. *BMC Medical Research Methodology* 19: 1-9.

Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology* 3: 77-101.

Ciulla, T.A., Tatikonda, M.V. & ElMaraghi, Y.A. (2018). Patient satisfaction with cataract surgery scheduling. *Journal of Cataract and Refractive Surgery* 44: 1234-1240.

Detollenaere, J., Hanssens, L. & Willems, S. (2018). The influence of perceived waiting time on patient satisfaction in primary care. *European Journal of General Practice* 24: 182-188.

Donthineni, P.R., Das, A.V. & Basu, S. (2020). Outcomes of ambulatory cataract surgery in a tertiary eye care center in India. *Indian Journal of Ophthalmology* 68: 1025-1030.

Duroi, D., Kovač, M. & Vuković, D. (2021). Fast-track cataract surgery and patient satisfaction. *Serbian Journal of Ophthalmology* 43: 55-61.

El-Haddad, R., Hegazi, T. & Al-Shammari, F. (2020). Patient expectations and satisfaction in cataract surgery. *Middle East African Journal of Ophthalmology* 27: 89-95.

Farahani, M.A., Mohammadi, E. & Ahmadi, F. (2020). The impact of first eye surgery experience on second eye surgery expectations. *Iranian Journal of Nursing and Midwifery Research* 25: 112-118.

Flessa, S. (2022). Cost-effectiveness of cataract surgery in low-income settings. *Global Health Economics Review* 9: 1-8.

Hennink, M.M. & Kaiser, B.N. (2019). Saturation in qualitative research: A systematic review. *Qualitative Health Research* 29: 1481-1496. Available at: https://doi.org/10.1177/1049732318821692 (Accessed: 19 September 2025).

Kinga, K. & Ursula, M. (2022). Pain management and patient satisfaction in cataract surgery. *Polish Journal of Public Health* 132: 23-30.

Malcolm, L., O'Connor, M. & Smith, J. (2023). Risk perception and decision-making in cataract surgery. *British Journal of Ophthalmology* 107: 456-462.

Mailu, E.W., Gichuhi, S. & Lewallen, S. (2020). Understanding barriers to cataract surgery in Kenya. *African Vision and Eye Health* 79: 1-7.

Mannarino, A., Ledger, P. & Hooven, K. (2022). Guidelines for establishing quality outcomes in cataract surgery in an ambulatory surgery center. *Ambulatory Surgery* 22: 1-6.

Ng, J. & Luk, A. (2019). Provider attitude and technical competence as predictors of patient satisfaction. *Hong Kong Medical Journal* 25: 312-318.

Nizami, S. & Gulani, A.C. (2023). Cataract: Pathophysiology and management. *International Journal of Ophthalmic Research* 9: 1-10.

Obuchowska, I. & Konopinska, J. (2021). Patient expectations and satisfaction in cataract surgery: A review. *Journal of Clinical Medicine* 10: 1-15.

Oliver, R.L. (1980). A cognitive model of the antecedents and consequences of satisfaction decisions. *Journal of Marketing Research* 17: 460-469.

Pager, C.K. (2004). Expectations and outcomes in cataract surgery. *Australian and New Zealand Journal of Ophthalmology* 32: 123-129.

Rabiu, M.M., Abubakar, T. & Garba, S. (2022). Postoperative satisfaction in cataract surgery patients in Northern Nigeria. *Nigerian Journal of Clinical Practice* 25: 789-794.

Socea, S.D., Popescu, A. & Ionescu, D. (2020). Patient satisfaction with cataract surgery in Romania. *Romanian Journal of Ophthalmology* 64: 112-118.

World Health Organization. (2023) World report on vision. Geneva: World Health Organization. Available at: https://www.who.int/publications-detail/world-report-on-vision (Accessed: 19 September 2025).

Yu, J., Zhang, J. & Wang, Y. (2014). Risk perception and surgical decision-making in cataract patients. *Chinese Journal of Ophthalmology* 50: 321-326.