SUMMARY

Undergoing cardiac surgery is not just a physical process but also a psychological one. Psychological outcomes of surgery are manifold, such as fear of losing one’s life, fear of not being able to give enough time to the needs of one’s caregivers, the guilt of caregiving burden on one’s partner and various other stressors that need mental preparation to deal with. Having the right approach such as a positive attitude towards surgery, being optimistic about one’s health outcomes, coping positively, being resilient, having social support and well being contributes greatly to recovery from surgery (Mohan, Sehgal and Mousavi, 2016).

Keeping in view the above, the primary aim of the study was to assess the relationship of Recovery process with marital adjustment, stress symptoms, perceived stress, coping styles viz. problem oriented coping style, positive emotion oriented coping style, negative emotion oriented coping style, dimensions of psychological well being viz. autonomy, environmental mastery, personal growth, positive relationships with others, purpose in life, and self-acceptance and optimism.

In addition, gender differences were explored in recovery process and its correlates.

The Recovery Process Questionnaire (RPQ) constructed by Pourang (2008) was used to measure the variable of Recovery Process. This scale gave three measures: Total Recovery Process, Perceived Recovery process (patient’s self evaluation) and Objective Recovery Process (based on doctor’s medical evaluation).

To measure dimensions of Marital Adjustment, The Locke-Wallace Short Marital Adjustment Test (1959) was used.

For measuring dimensions of Stress, the Stress Symptoms Rating Scale developed by Heilbrun and Pepe (1985) and Perceived Stress Scale by Cohen, Kamarck and Merzelstein(1983) were used.

For measuring Coping, the Tehran Coping Styles Scale (TCSS) - Farsi version of COPE (Carver, Scheier and Weintraub, 1989) developed by
Besharat(2007) was used. It yields three dimensions viz. **Problem-oriented coping style** (Instrumental social support, Active coping, Restraint, Suppression of competing activities, Planning), **Positive emotion-oriented coping style** (Positive reinterpretation and growth, Turning to religion, Humour, Emotional social support, Acceptance) and **Negative emotion-oriented coping style** (Behavioral disengagement, Mental disengagement, Focusing on and venting of emotions, Denial, Drug abuse).

**Psychological Well-being** was measured by using **Ryff’s Psychological Well-Being Scale** (Ryff, 1989). The scale yielded scores for six subscales viz. Autonomy, Environmental mastery, Personal Growth, Positive Relationships with Others, Purpose in Life, and Self-Acceptance.

**Life Orientation Test-Revised (LOT-R)** by Scheier, Carver, and Bridges (1994) was used to measure **Optimism**.

The total sample comprised of 150 bypass surgery patients further grouped into two groups i.e. 75 married males and 75 married females. Chosen subjects were in the age range of 45 to 65 years. The following 4 hospitals, namely, Shahid Rajayi Hospital, Shohada Tajrish Hospital, Baghiyatollah Hospital and Imam Khomaini Hospital in Tehran were selected for collecting the sample. Consent was obtained from the participants and confidentiality of results was promised. To select the sample, purposive sampling technique was used.

The raw scores consisted of scores on all the above mentioned variables viz. Recovery process and its dimensions (perceived recovery and objective recovery), Marital adjustment, Stress symptoms, Perceived stress, Stress Symptoms, Coping Styles viz. problem oriented coping style, positive emotion oriented coping style, negative emotion oriented coping style, dimensions of psychological well being viz. autonomy, environmental mastery, personal growth, positive relationships with others, purpose in life, self-acceptance and optimism.

To fulfill the objectives of the present study the raw scores were analyzed using appropriate statistical techniques. Means and standard deviations were calculated for all the three groups. t-ratios were also calculated to find out significant
Summary

differences between male and female patients on the measured variables. Inter
correlational analysis was conducted for total sample, males and females to identify
correlates of recovery process. Stepwise regression analysis was run to identify
predictors of recovery process total, objective recovery and perceived recovery.

t-ratios

t-ratios were obtained to compare male and female patients on the above
mentioned variables. No significant gender differences were found on Recovery
process, Perceived Recovery, Objective Recovery, Stress Symptoms, Perceived
Stress, Autonomy, Self Acceptance and Optimism.

Gender differences were found on Positive Relations with others, Marital
Adjustment, Purpose in Life and Environmental Mastery. Male Patients scored higher
than Female Patients on Positive Relation with others. Female Patients scored higher
than Male Patients on Marital Adjustment, Purpose in Life and Environmental
Mastery.

CORRELATIONAL ANALYSIS AND STEPWISE REGRESSION ANALYSIS

Correlational analysis and Stepwise Regression analysis was conducted to
identify correlates of Recovery Process and its dimensions.

• RECOVERY PROCESS AND ITS CORRELATES

In case of Total Sample, Recovery process was found to be significantly and
positively related to positive emotion oriented coping style, self-acceptance, positive
relations with others, autonomy, and optimism only. Negative relationship was found
between recovery process and stress symptoms and between recovery process and
perceived stress.

In case of Male patients, Recovery process was found to be significantly and
positively related to positive emotion oriented coping style, self-acceptance, positive
relations with others, autonomy, personal growth and optimism. Negative relationship
was found between recovery process and stress symptoms and between recovery process and
perceived stress

In case of Female patients, Recovery process was found to be significantly
and positively related to positive emotion oriented coping style and optimism only.
Negative relationship was found between recovery process and stress symptoms and between recovery process and perceived stress.

- **RECOVERY PROCESS AND ITS PREDICTORS**

  Regression analysis with recovery process as the criterion variable was run for all the groups.

  It was seen that *Perceived Stress* emerged as a common predictor for all the groups (total sample, males and females). *Optimism* emerged as a common predictor for total sample and female sample. *Environmental mastery* emerged as significant predictor only for male sample.

  Regression analysis for perceived recovery as the criterion variable was run for all the groups. *Perceived stress* emerged as a common predictor for all the three groups. *Optimism* emerged as significant predictor for the total sample only. *Environmental mastery* emerged as a common predictor for total sample and males. *Positive emotion oriented coping style* turned out to be a significant predictor for female patients only.

  Regression analysis for objective recovery as the criterion variable was run for all the groups. *Perceived stress* emerged as a common predictor for all the three groups. *Optimism* emerged as significant predictor for the total sample and females only.

  The present study revealed that recovery process depends on psychological factors. Protective factors such as psychological well-being, positive emotion coping and optimism lead to better recovery while risk factors such as stress slow down recovery process. Timely interventions may prove beneficial to patients for better health.