

The Impact of Perceived Mental Health Support after Surgery on Recovery

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ABSTRACT

This study investigates the impact of perceived mental health, with an attempt to focus on the psychological issues that they encounter during surgical procedures. Patients after surgery often report feeling of psychological issues such as anxiety, helplessness, hopelessness or loneliness. The study tries to explore the effect on the experience of receiving mental support by the interpersonal relations. The data was collected through semi structured counselling sessions. The study takes 50 participants in which 25 are female and 25 are male. The questionnaire has 18 questions that receive the data passively reflecting how much supported the patient felt by their family members and friends. With this, the analysis is drawn to show its reflect on their recovery. The primary objectives of this study are to assess the levels of perceived mental health support after the surgery in the post-operative phase. Secondly, to examine the prevalence and intensity of psychological issues experienced by patients before and after surgery. And lastly, to evaluate the effectiveness of counselling sessions enhancing perceived support to trace their recovery.

Keywords: *Perceived Mental Health Support, Surgery on Recovery*

Surgery can have significant psychological impacts on patients beyond just the physical effects. A patient's physical health is taken care by the physicist and surgeons. While it is important to conduct a surgery to relieve the patient from the pain. However, surgery is often accompanied by the antecedent anxiety that can develop into other psychological issues post-surgery. Factors like pain, discomfort, altered routines, and concerns about recovery can contribute to postoperative depression.

It is crucial to acknowledge the role of mental health and social support for an overall wellbeing. Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. (World Health Organization: WHO, 2022)

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A healthy surgery requires medical as well as mental support. Preoperative counselling is thus helpful in enhancing the motivation of the patient. However, the crucial part is the recovery phase that is followed. Here, a lot of variable or elements affects the overall self-esteem and confidence in a person such as the social support presented by the friends, family or even distant relatives. Social support is the provision of assistance or comfort to others, typically to help them cope with biological, psychological, and social stressors.

Support may arise from any interpersonal relationship in an individual's social network, involving family members, friends, neighbours, religious institutions, colleagues, caregivers, or support groups. It may take the form of practical help (e.g., doing chores, offering advice), tangible support that involves giving money or other direct material assistance, and emotional support that allows the individual to feel valued, accepted, and understood. (APA Dictionary of Psychology, n.d.)

A healthy mind and fast paced recovery has a strong positive correlation. Social support can significantly help individuals recovering from surgery in several ways. Firstly, it can reduce anxiety by providing emotional reassurance and a sense of security, leading to a smoother recovery process. Additionally, patients who receive higher levels of social support during their hospital stay tend to recover more quickly and require less pain medication compared to those with lower support levels. Furthermore, social support can provide emotional encouragement and motivation, helping patients stay committed to their recovery goals and maintain a positive outlook.

The effects of surgery can be wide-ranging, impacting patients both physically and psychologically. For instance, in most of post-operative counselling sessions, the patient reports level of extreme or intense pain. Patients may feel dependent and experience hopelessness, which requires empathetic communication and assistance from their support network. In the short-term, patients may experience immediate side effects from the anaesthesia and surgical procedure itself, such as nausea, vomiting, infection, blood loss, and significant pain and discomfort. Over the longer-term, patients may develop numbness, scarring, chronic pain syndromes, and even temporary loss of mobility as a result of the surgery. These physical effects can be challenging to manage and can significantly impact a patient's quality of life during the recovery process.

Post-operative counselling that can take a look onto the perceived mental support can certainly help and increase the intensity of recovery as well as fasten it. Hence, this paper provides the elaborative exploration in the impact the perceived mental support in the recovery.

LITERATURE REVIEW

1. Self-efficacy, optimism, health competence, and recovery from orthopaedic surgery.

Orthopaedic injuries are a significant health concern for aged 65 and older, leading to substantial healthcare costs and complications. Psychological factors like dispositional optimism, perceived health competence (PHC), and self-efficacy are being studied in this report for their potential to improve rehabilitation outcomes. Dispositional optimism that influences goal striving and motivation have been linked to positive health outcomes in various contexts including the benefit in orthopaedic recovery. While research on PHC has shown mixed results, it had a promising predictor of successful rehabilitation.

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This research aims to inform counselling strategies to enhance rehabilitation outcomes by targeting client beliefs. Participants were 105 patients, mostly elderly, undergoing physical rehabilitation post-surgery, and the study utilized measures like the Functional Independence Measure, the Self-Efficacy for Rehabilitation Outcome Scale, and the Life Orientation Test to assess these variables. The study's limitations included sample size, reliance on self-report measures, and the absence of a control group. The result suggested that the stronger the belief in ability to perform therapeutic activities was more successful the rehabilitation outcome. This is consistent with findings that SE predicts performance of physical activities. (Waldrop et al., 2001)

2. Factors influencing day surgery patients' quality of postoperative recovery and satisfaction with recovery: a narrative review.

The objective of this paper is to reflect on factors that can affect patients' quality of postoperative recovery and satisfaction with recovery after day surgery. This involves patients in shared decision-making (SDM) and providing sufficient preoperative and postoperative information and how it can improve their satisfaction. It is crucial to assess whether patients experience poor recovery, which can be both distressing and dissatisfying. The factors that seemed to have a negative impact on patients' postoperative recovery are patients' age, sex, mental health status, and health literacy (HL) skills. Even though, the patients have trust in the healthcare, it is important to check the preoperative and postoperative expectations. It was found that there is high satisfaction with POAs.

Moreover, personalized preoperative information reduces anxiety, lowers postoperative pain, and improves satisfaction. Furthermore, SDM suggests that adequate information leads to better postoperative outcomes and satisfaction. Factors like age, sex, mental health status, and health literacy (HL) also impact postoperative recovery and satisfaction. Vulnerable patients, for example those with limited HL and poor mental health, need targeted support. The research gap is that very few studies are taken on gender similarities in recovery; some show no significant differences between men and women. (Jaensson et al., 2019)

3. The impact of psychological health on patient recovery after arthroplasty

The aim of this paper was to explore the relationship between psychological health and the patients undergoing the arthroplasty surgery. The study had (Total Joint Arthroplasty) TJA patients from July 2019 to December 2020, assessing their anxiety and depression using the HADS. Based on HADS scores, patients were divided into symptomatic and asymptomatic groups. Preoperative and postoperative data on HHS, KSS, FJS-12, SF-12, and NRS for pain were collected and analysed using SPSS version 19. The result indicated that the preoperative psychological state is not related to the severity of the disease, but the psychological state can affect postoperative recovery after TJA, and good functional rehabilitation after TJA can also effectively improve the patients' psychological health.

This study has several limitations. The sample size was small and based on one institutional database. It only examined short-term outcomes. Other factors like disease severity or comorbidities, which may affect recovery, were not analysed due to insufficient data. (Zhang et al., 2022)

4. Surgical experience for patients with serious mental illness: a qualitative study

The paper explores the surgical experience for patients with serious mental illness (SMI) such as schizophrenia, schizo-affective disorder, bipolar disorder, complex post-traumatic stress disorder, obsessive compulsive personality disorder, severe anxiety, and severe depression

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with some participants reporting having more than one diagnoses. The total of 10 patients were taken into participations. The study employed a qualitative research design, using semi-structured interviews to gather in-depth insights from patients with SMI who had undergone surgery. The paper had 4 themes, i) the perceived lack of mental ill health recognition, ii) highly variable patient and clinician interactions, iii) the impact of healthcare services, and iv) strategies for improvement.

The patients reported that they desire to be treated like the other patients with their mental ill health acknowledged during their surgical care. There is a strong call for better integration of mental health services within surgical care. The author explained to develop some approaches that consider the unique needs of patients with SMI are essential. The literature suggests that training healthcare providers to better understand and manage mental health issues can improve outcomes. The presence of strong support systems, including family, friends, and mental health professionals, was also found to be crucial in helping patients navigate the surgical experience. Finally, the study highlights the need for comprehensive training for healthcare providers on mental health issues, better communication strategies, and the integration of mental health support within surgical care protocols.

The study identifies several limitations, including a small, potentially biased sample size and a lack of diversity in participants' mental health diagnoses, which may affect the generalizability of the findings. Only English-speaking individuals were interviewed, and researchers' backgrounds may have influenced data interpretation. The study emphasizes the need for better integration of mental health care in surgical settings, ongoing mental health monitoring post-surgery, and enhanced clinician education. It also examined the importance of patient input in developing strategies to improve surgical experiences and outcomes for patients with serious mental illness. (McBride et al., 2021)

RESEARCH METHODOLOGY

This study used stratified sampling method to investigate postoperative patients who have undergone Total Knee Replacement (TKR), reconstruction, Total Hip Replacement (THR), Anterior Cruciate Ligament (ACL) cholecystectomy, and other similar surgeries. The method follows qualitative and quantitative data collections through semi structured interview with observation during the post-operative counselling sessions. The study includes the total of 50 participants with 25 being female and 25 being male. The questions were registered on the google form questionnaire inclusive of 10 close ended questions, 4 open ended questions and 4 demographic questions.

The purpose of this interviews is to assess the perceived mental health support and its impact in recovery. The data was collected in an indirect method. The questions focus on various aspects of postoperative recovery, including any psychological issues that they might encounter such as overthinking, anxiety, hopelessness, helplessness, depressive phase and negative thoughts/patterns along with other life stressors and coping mechanisms such as book reading, following any religious activity or talking with the relatives.

Mental health impact was also measured through slower recovery time, increased pain perception, difficulty following post-surgery care instructions, increased fatigue, lack of motivation for exercise, not feeling like eating, difficulty sleeping, and satisfaction with the surgery. The interview was conducted with a rapport which allowed the participants to interact more openly. The open ended questions targeted on aspects such as the after surgery plans, any positive or negative interpersonal interaction that might have affected the overall

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mental status. Comparative analysis is performed to examine differences between male and female participants, as well as among different age groups. Key themes and patterns were identified and categorized to understand the broader context of the postoperative experiences. The qualitative data is used to complement and enrich the quantitative findings, providing a holistic view of the patient's conditions.

Ethical Consideration

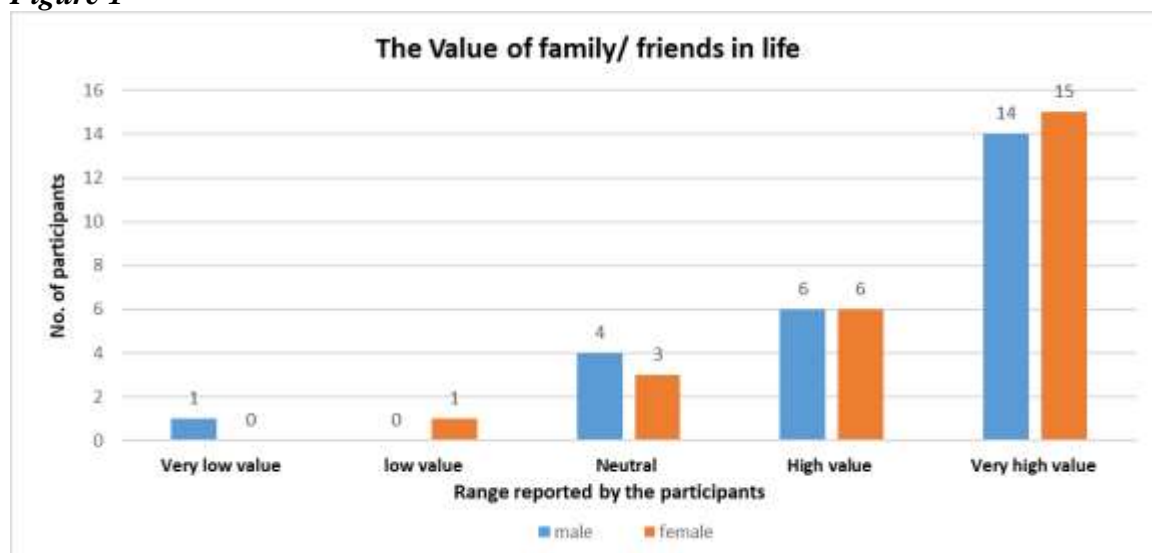
Consent was taken before the counselling sessions and participants were informed about the anonymity. The data will only be used for understanding the various post-operative methods to improve the recovery. Ethical guidelines were used to conduct the study, and approval was received from the hospital's committee.

Limitation

The study was restricted to one hospital that led to lesser generalisability. The age range of the participants is 30–80 years old; hence it is difficult to see its practicality and implications on the younger patients. The majority of the interviews were done with family members present, which may have tainted the results.

RESULT AND DISCUSSION

Figure 1

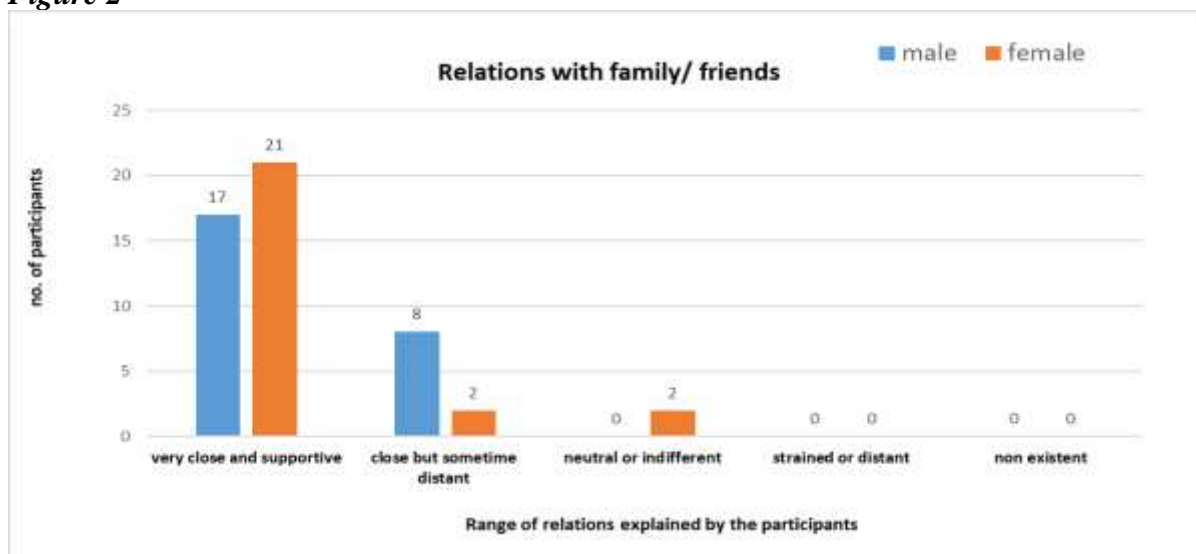


Note- The above graph illustrates the values of interpersonal relationships hold by the male and female participants.

The study showed that the maximum participants reported holding very high values for family and friends in life. As noticed here, 14 males and 15 females responded holding very high values, that leads up to 58% of the total participants. Moreover, 6 make and 6 female participants hold high value for their family and friends. With this, only 4 males and 3 females reported having neutral values adding up to 14% from the total participant. And only, 1 female participant reported low value and 1 male participant reported feeling very low value. This analysis depicted how they perceive and experience the significance of family, friends or relative in life. The high value placed on these relationships by the majority of participants indicates that social connections are crucial for overall well-being. Surgery is a time period that does result in a lot of feeling of isolation, counselling sessions have reported the need for maximum support from the family or friends who can provide them with emotional support.

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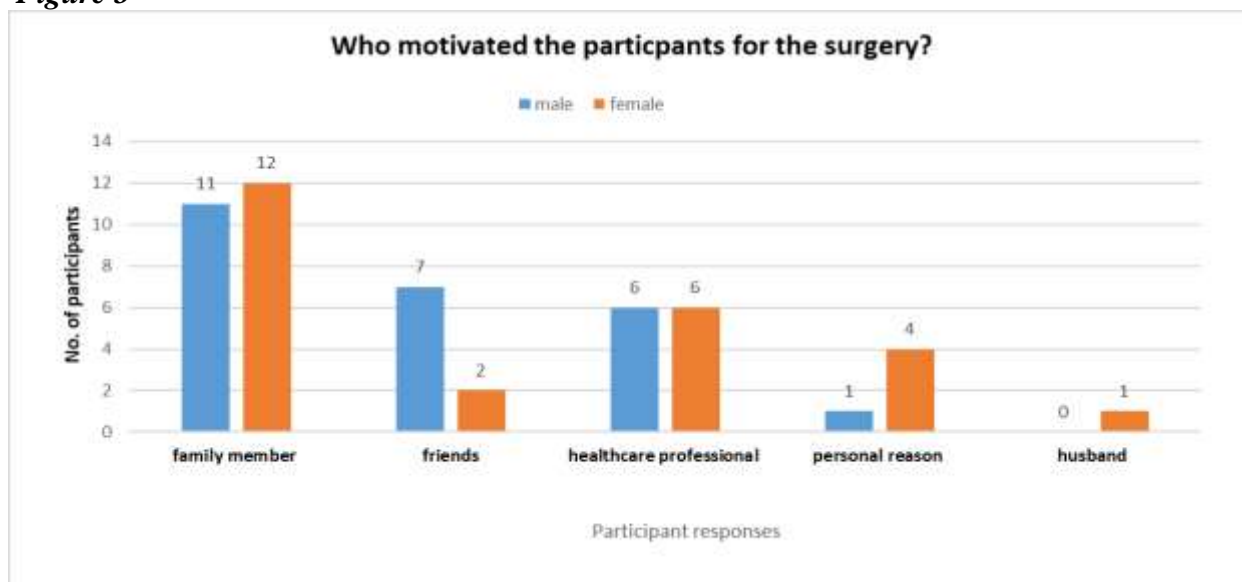
Figure 2



Note- The above graph illustrates the nature of interpersonal relationship and perceived support experienced by the female and male participants.

The study reveals the critical role that family and friends play in individuals' lives, particularly in terms of providing emotional and mental support. Here, 78% of the total participants from which 17 males and 21 females reported feeling very supportive and close with their family, friends and relatives. This finding emphasizes the need for having strong, supportive relationships within communities to promote overall health and happiness. With this 8 male and 2 female participants have reported experiencing close yet distant relationship from family, relatives or friends. Only, 2 female participants have reported feeling neutral or indifferent relations. Upon further counselling with particularly those participants who reported indifferent or distant relation, it founds that many of them had emotional struggle. A few female participants have also reported disturbed interpersonal relations with husband and in law family that lead to their emotionally withdrawn behaviour, more anxiety, negative thought patterns and frequent distressed dreams.

Figure 3

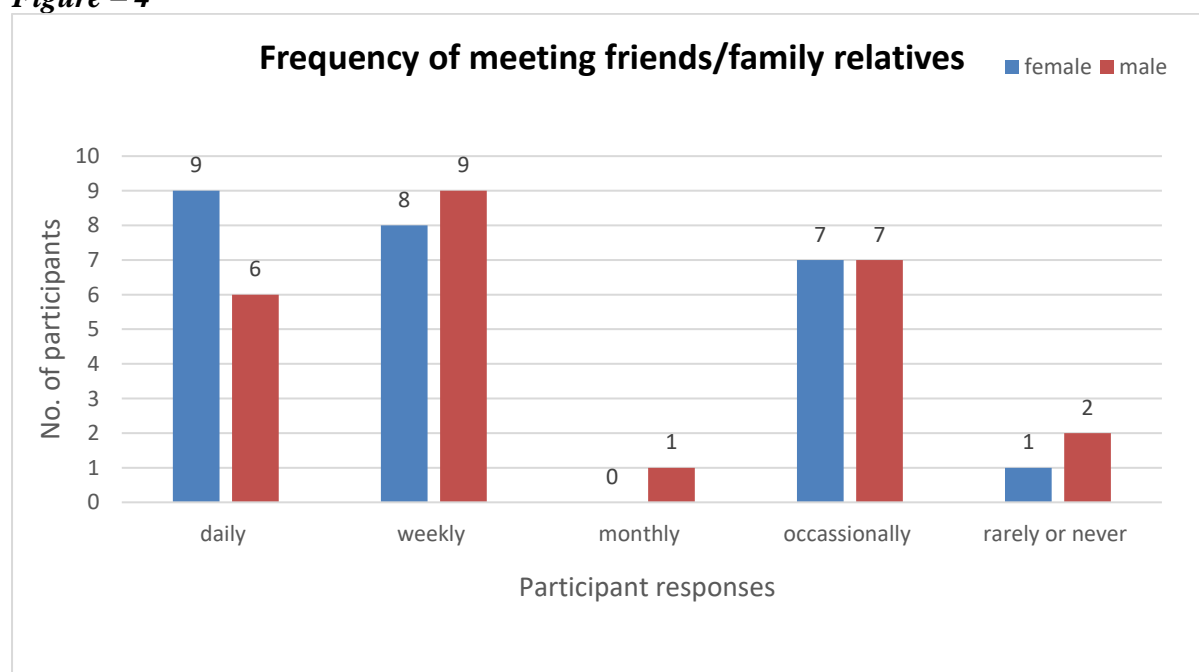


Note- The above graph illustrates on who motivated the participants for the surgery.

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Furthermore, the participants were asked who motivated them for the surgery. The analysis reveals how maximum participants got their motivation from family members. A total of 46% participants; 11 male and 12 female participants have been advised for replacement surgery from family members. Moreover, 7 male and 2 female participants have experienced their motivation for the surgery from the friends. When the patients are suggested to have the surgery from friends, family or relative, they feel more trusted due to the reliability and the credibility of the sources. With this, 6 male and 6 female participants have also reported that the major motivation for the surgery came from the healthcare professional. This suggested that, even with perceived mental health support, the participants do value doctor's opinion higher. Confidence in hospital staff thus also plays a role in perceived support.

Figure – 4



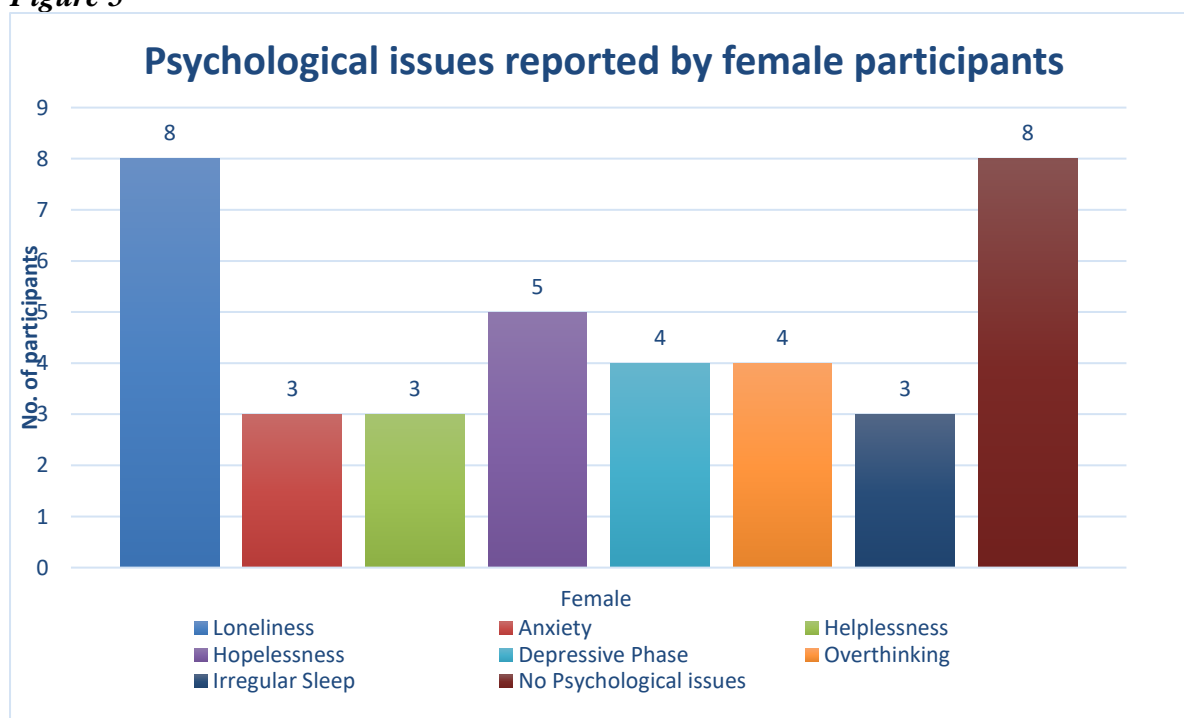
Note- The above graph illustrates the frequency of being in physical contact with interpersonal relations as reported by the female and male participants.

The graph reveals that a significant portion of participants maintain frequent interactions with friends or family, with more females (9) than males (6) meeting daily. Weekly meetings are similarly common among both genders, with 8 females and 9 males participating. Occasional meetings are equally reported by both genders (7 each), while monthly meetings are rare, with only one male participant. A small number of participants, slightly more males (2) than females (1), rarely or never meet friends or family.

The data suggests that regular social connections are valued by a majority of participants, particularly among females who are more likely to engage in daily interactions. While both genders show similar trends for weekly and occasional meetings, females tend to maintain more frequent daily contact. The frequency of social interactions can be indicative of the strength of support systems available to individuals, which plays a crucial role in mental and emotional well-being and especially in the perception of such mental support.

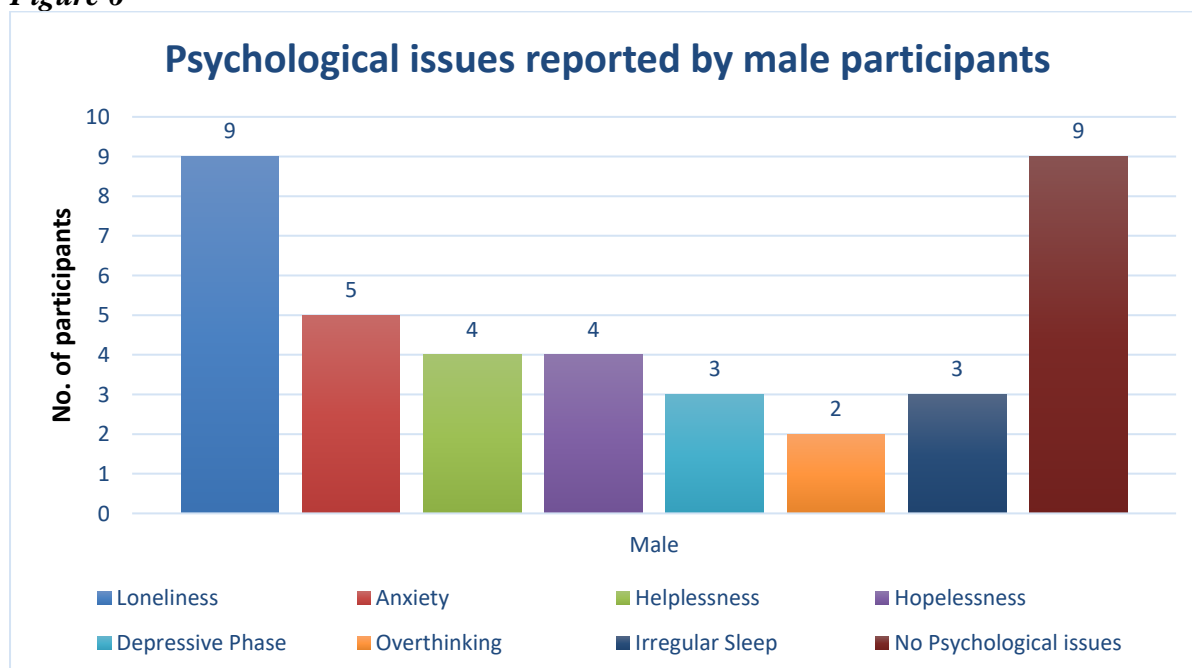
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Figure 5



Note- The above graph illustrates the psychological issues experienced by female participants

Figure 6



Note- The above graph illustrates the psychological issues experienced by male participants.

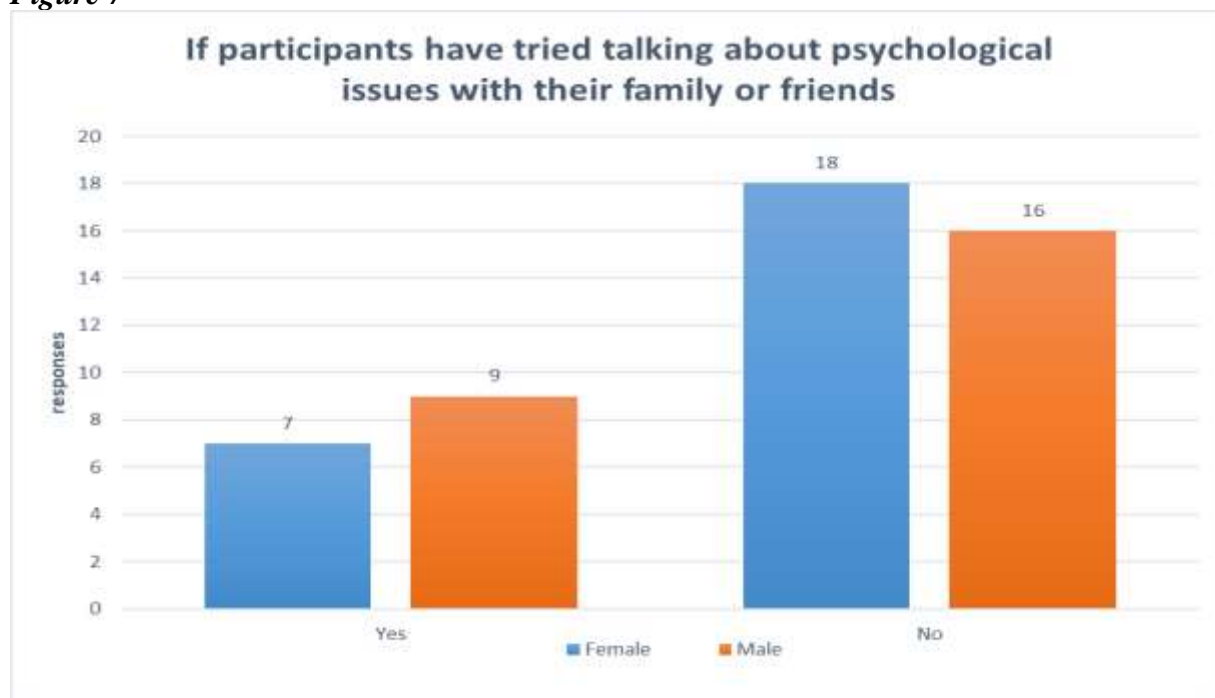
The two graphs illustrate the psychological issues reported by male and female participants. Loneliness is the most prevalent issue among both genders, with 8 females and 9 males reporting it. Anxiety is also a significant concern, affecting 3 females and 5 males. Other common issues include helplessness (3 females, 4 males) and hopelessness (5 females, 4 males). Interestingly, 8 females and 9 males reported no psychological issues. Overthinking

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affects 4 females and 2 males, while irregular sleep impacts 3 females and 3 males. These results highlight that while loneliness and anxiety are prevalent among both genders, a considerable number of participants also experience no psychological issues, suggesting variability in psychological resilience and support systems.

Throughout, the counselling session, the targeted issues were irregular sleep, anxiety, and loneliness. Even with psychological assistance, it was noted that the majority of participants recovered at a faster rate when they feel supported. Comparing these with the participants who experience no support or less support, it was difficult for them to cope up with pain and deal with it entirely on their own.

Figure 7

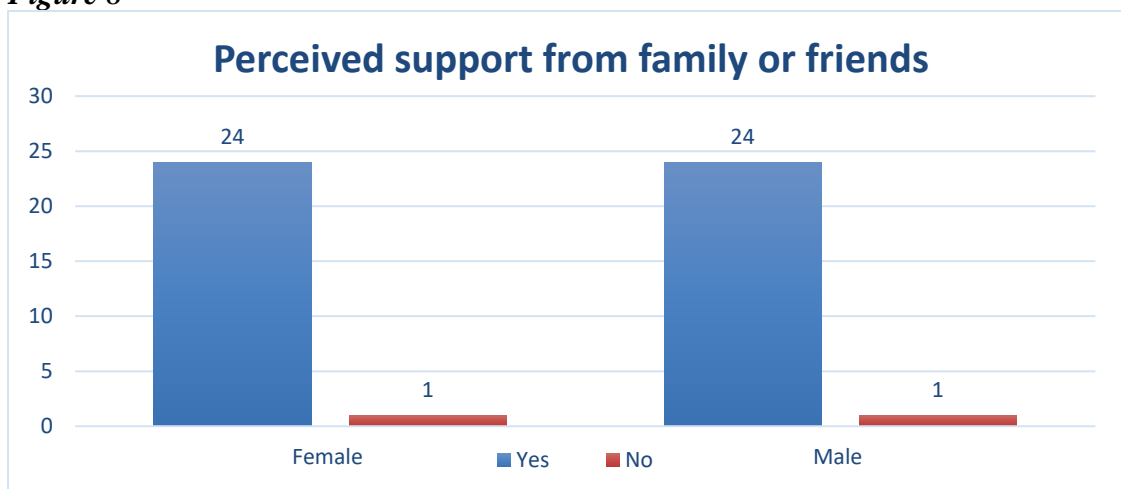


Note- The above graph illustrates if male and female participants have tried talking about any psychological issues with their family or friends.

The graph shows the number of male and female participants who have attempted to discuss their psychological issues with family or friends. Out of the participants, 7 females and 9 males have talked about their psychological issues, while 18 females and 16 males have not. This indicates that a significant proportion of both genders are not engaging in conversations about their psychological concerns with their close social circles. This result is congruent considering the fact that a lot of participants did report feeling no psychological issues, hence there may not be a need to express it. However, this lack of communication could be due to various factors such as stigma, lack of awareness, or perceived inadequacy of support from family and friends. The data also suggests a need for increased encouragement and opportunities for individuals to share and seek support for their psychological issues.

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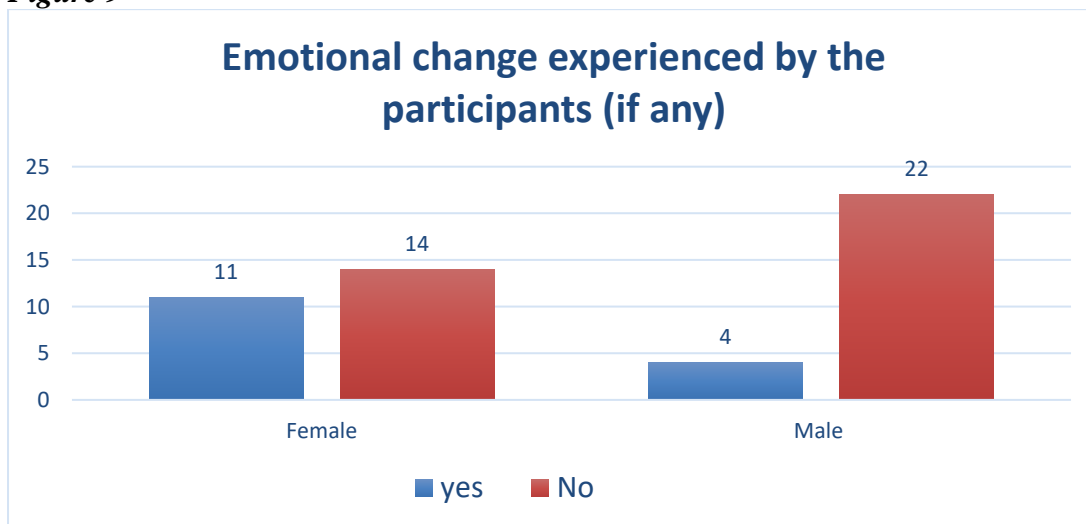
Figure 8



Note- The above graph illustrates if female and male participants experience the support from friends or family.

The graph displays the perceived support from family or friends among male and female participants. Both groups report high levels of perceived support, with 24 females and 24 males indicating that they feel supported. Only 1 female and 1 male reported not perceiving support from their family or friends. This overwhelming sense of support highlights the importance of social networks in providing emotional and psychological assistance, indicating that most participants feel that they can rely on their family or friends when needed.

Figure 9



Note- The above illustrates the change in emotions after surgery in male and female participants.

The graph indicates that a significant number of participants reported not experiencing emotional changes, with 14 females and 22 males stating "no" to emotional change. In contrast, a smaller portion reported experiencing emotional changes, with 11 females and only 4 males responding "yes." This suggests that emotional stability is more common among the male participants compared to the female participants in this study. The data highlights a potential gender difference in the perception or reporting of emotional changes.

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Qualitative Analysis

The counselling session also focused on the qualitative data to strengthen the study. One of initial question was ‘**What are your plans after surgery? Would you like to meet anyone or go anywhere?**’ The analysis reveals that most respondents prioritize returning home, spending time with family and friends, engaging in religious activities, and resuming work or business. These factors are perceived as crucial for their mental health and recovery. The emphasis on family, social support, and meaningful activities shows the importance of a supportive environment and a sense of purpose. This enhances the rate of recovery after surgery.

Secondly, another question targeted the need for any of their close on’s presence. the question, “**Is there anyone you would like them to be here with you?**” was asked. The analysis reveals that most respondents either have their family already present or are contact with the support system they have through regular communication for instance, phone call, video call or even frequent visit by them. Specific family members are desired by some participants such as presence of daughter, son, grandchildren etc. This emphasize the importance of close relationships in the recovery process. When they received the perception of emotional and mental support, simply by the presence of their support system, it encourages their willingness to get better faster. A few prefer solitude, which also suggests the need for personal space. Understanding these dynamics can help with designing the post-surgery support to enhance recovery outcomes at a faster pace.

With this, it was also found that the participants had a wide range of past-time activities that respondents engage in, each contributing to their mental health and recovery in different ways. Watching TV and movies, reading, social interaction, spending time with family, religious and spiritual activities, physical exercise, and hobbies all play vital roles in providing emotional support, reducing stress.

Furthermore, one of the important question ‘**If at times, you experience overthinking or loneliness, what activity do you pursue (if any) and who do you reach out?**’ was asked to get a better understanding at the perception of mental support. The analysis reveals that talking with relatives, engaging in religious activities, reading books, and finding other distractions are common strategies for diverting the mind and improving mental well-being. Social interactions and religious activities are particularly significant, offering emotional support. Reading and other forms of entertainment also play a role in providing mental stimulation and relaxation. When the participants engage in expressing their overthinking, loneliness or even overwhelming feelings, they feel validated.

Additionally, when it was asked the participants to report what do they think plays a great role in their recovery? The analysis reveals that family support, mental health and strength, medical support from doctors and healthcare professionals, general support from social networks, physical activity, a positive attitude, and spiritual beliefs are all crucial factors that contribute to recovery. These elements work together to provide a comprehensive support system that addresses both physical and emotional needs.

CONCLUSION

This study concludes the important role of family, friends, and social connections in individuals' emotional and mental well-being, especially during surgical recovery. Here, the paper focuses not only on the presence of family or friends but also the experience of receiving emotional and mental support. The data analysed with both quantitative and

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qualitative methods highlights that the patient with family support or close friends were motivated better to have a faster recovery. It was noted that the females tend to experience more psychological issues than men. However, the frequency of meeting with friends and having more close relations was also higher in female than men. One of the cause of this result can be traced that women were more vocal about such issues. The other issue can be age factor. Almost all the participant who underwent the surgery are elderly and have reported more emotional hardship; especially regarding the family. Overall, factors like family support, mental health, healthcare professional support, social networks, physical activity, and spiritual beliefs collectively contribute to a comprehensive recovery process. The study also observed another element of patient's recovery i.e., the healthcare professional. A few patients reported feeling motivated while talking with physiotherapist during their regular exercise. Moreover, the nursing staff as well as the doctor's guidance resulted in better mental status. The counselling session observed the similar pattern in all the participants that merely the experience of support from friends or family leaves a significant impact on the rate of recovery. Hence, the paper concludes that perception of mental health support is directly proportional to recovery.

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Conflict of Interest

The author(s) declared no conflict of interest.

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