



Level of Psychological Adjustment and Intolerance Uncertainty among Heart Surgery Patients

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Abstract

To perceive the association among psychological adjustment and intolerance uncertainty among heart surgery patients, the present research was conducted. On the basis of purposive sampling method, a sample of 100 was chosen. These patients of BVH, completed the questionnaire forms. From BVH, the sample was purposively selected. By enumerating the percentages, the gathered data was examined and the interpretation was obtained on the base of findings of each type of questionnaire. For examining the data, descriptive statistics, correlation; SPSS was used. On the basis of findings and conclusion, the endorsement was drawn. Among researchers, psychological adjustment is increasingly getting popular as for analyzing behavior, conflicts, obstacles and misrepresenting varied social involvements that pupil go through as executive at workplaces and intolerance uncertainty investigation cogitative, profundity of future uncertainty as intimidating about their disease. Furthermore, there was a pessimistic association among psychological adjustment and intolerance uncertainty.

Key Words: Psychological adjustment, intolerance, heart surgery.

1 Introduction

Psychological adjustment refers to the mental health of the person, and includes problems, relationships and general social and emotional functioning (Ilioi & Golombok, 2015). As suggested by Beaumont (2004) greater psychological adjustment is dependent on adequate insight into the events and psychological changes that have occurred and a personal acceptance of these changes; a suitable adjustment of the perception of self; an adaptation of beliefs and personal goals; and the achievement of proper approach to balance as far as is possible. It implies not only psychological adjustment, but also the re-generation of personal, family and social relationships. It may also involve occupational adjustment and redefinition of personal roles in all these contexts.

Psychological adjustment is same as the relative adjustment of an individual to varying ecological state. In psychological exploration, Psychological adjustment is a popular concept, for instance, self-esteem, or the absence of inconvenience, distress or depression is

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used as a measure of adjustment. According to the social needs, the requirements of the individual will be satisfied. By two vital viewpoints, the researchers have interpreted conformity Adjustment as an Achievement and Adjustment as a procedure (Jose, 2010).

Intolerance of uncertainty (IU) has been explained as “a dispositional characteristic that results from a set of negative beliefs about uncertainty and its implications and involves the tendency to react negatively on an emotional, cognitive, and behavioral level to uncertain situations and events” (Buhr & Dugas, 2009).

As explained in the words of Dugas, Schwartz and Francis (2004), “cognitive bias that disturbs how an individual thinks and reacts at uncertain scenarios on a cognitive, expressive, and behavioral immoral, intolerance of uncertainty”. Intolerance of uncertainty is also described as the proneness to pessimistically respond on an emotional, mental, and behavioral level to different circumstances and actions (Dugas, Buhr, & Ladouceur, 2004).

Life is unexpected. Individuals cannot expect a variety of things, for instance about being in time for an arrangement or whether one will keep his service. In the level of tolerance of these uncertainties, the singular distinctions occur (Dugas, et al., 1998). Despite how low is the probability, persons who are intolerant of uncertainty are resistant to cope with the possibility that a pessimistic incident might occur in future (Freeston, et al., 1994). Intolerance of Uncertainty (IU) includes two elements that rise up out of past writing (1) a yearning for constancy and an active association in looking for certainty and (2) loss of motion of views and ideas, explored the latest research.

2 Literature Review

Illness progress occurs without warning or with misty side effect for some patients with heart surgery, and tragically, many medications are not therapeutic. Given this oddity, we found out: (1) poorer mental change (specifically, more stressing side effects, higher view of depression, and poorer enthusiastic thriving) would be linked with higher bigotry for instability, higher saw ailment associated ambiguity, and their communication; and (2) more well-known shirking would conciliate association among higher narrow mindedness of vulnerability and poorer mental conformity (Kurita, et al., 2013).

The links between vulnerability and mental modification were broken down in individuals having surgery for heart. Both vulnerability (17%) and mental modification (16%) irradiated huge measures of the adjustment in change after 15 days of surgery. Vulnerability (18%), conformity (11%), and side effect seriousness (7%) all necessarily expanded the cleared up change in alteration towards the end of treatment. More importantly, instability and less change were associated with more conformity issues; side effect seriousness expanded the elucidation of alteration problems at treatment culmination. In this examination mental conformity and narrow mindedness vulnerability have pessimistic association. Instability had important outcomes in this case, there has been no confirmation. Declaration in like manner developed that control slant was disengaged to the ideas of enthusiasm for this example (Christman, 1990).

Social association, choices, and their link to modification amid patients in a cardiovascular recovery program are analyzed by the investigation. In line with (Taylor and Lobel, 1989) evaluative and affinitive strategies veered, with patients making diving assessments (Wills, 1991) however, associating with the persons who were in an ideal scenario than them. Braced with expectations, deep assessment was linked with better mental

change, supporting the prospect that these analysis meet self- upgrade needs; upward associations were linked with confidence and motivation, and what's more with the observations that such associations give data that are necessary to enhance one's own state. For adjusting, the consequence of evaluative examination and association has been discussed (Helgeson & Taylor, 1993).

In General Anxiety Disorder (GAD), research has showed that intolerance of uncertainty (IU) the inclination to respond pessimistically to states that are unexpected is comprised. There is uncertainty about the specificity of IU. IU is specific for GAD, showed in some studies. On the other hand many research ms showed that IU is equally involved in over the top typical disorder. IU in social anxiety has not been analyzed in any study yet, even though it is possible that IU plays a part in distress responses that can be experienced in social-evaluative circumstances. The association amid IU and social distress among 126 adults has been analyzed by this study. IU clarified a notable amount of changes in social distress severity when supervisory for recognized cognitive association of social anxiety (e.g. apprehension of pessimistic analysis) and for neuroticism, revealed the discoveries.

Moreover, while controlling the common variation amid these symptoms, it was discovered that IU was associated with symptom levels of GAD, OCD, and social anxiety, but not distress (Boelen & Reijntjes, 2009).

An analysis of 141 patients going through heart or thoracic surgery was done, and psychological difficulties happening both before and after operation are discussed. In the two weeks after operation, psychotic disturbances were common. Apprehensive responses were more often pre-operatively as compared to three months after surgery. The most disturbing complication that occurred was Irrationality, which happened in 25 of 60 adults after open-heart surgery. It is seen as the post-operative environment, involving unusual tangible experience, to which these patients were put through, tends to deliver dizziness (Egerton & Kay, 1964).

To analyze the level of psychological adjustment and intolerance uncertainty amid heart surgery patients, the current study was conducted. The association among intolerance uncertainty and psychological adjustment will be explored in this study. These impact the heart surgery patients, reveals the research. The importance of the psychological adjustment methodology on patients will be shown in the writing. These discoveries will be profitable for professionals and caregivers so they may use adjustment techniques and reduce intolerance ratio amid surgical patients for their mental and psychological health. Behavioral process of corresponding conflicts requirements, against problems in the environment are examined by the psychological adjustment methodologies and it also enhances their status and increase their motivation. Uncertainty is a part of daily life. We are not aware of what is next. We cannot be sure about what starts and what ends in the future on a cognitive, emotional and behavior level in heart surgery patients.

3 Research Methodology and Data

3.1 Data Sources

Objectives of the Study

- I. To know whether there is an association among psychological adjustment and intolerance uncertainty.
- II. To analyze the notable distinction amid male and female intolerance uncertainty.

- III. To explore the noteworthy differences among male and female psychological adjustment.
- IV. To analyze the psychological adjustment and intolerance uncertainty of heart surgery patients.

3.2 Research Methodology

The current study is a quantitative correlation study. The data was collected using purposive sampling technique. To examine the level of intolerance uncertainty and psychological adjustment among the heart surgery patients, survey method was used. The Intolerance uncertainty and psychological adjustment questionnaires were filled from heart surgery patients of Bahawal Victoria Hospital, Bahawalpur City.

Sampling Strategy

A sample of 100 heart surgery patients was chosen by using purposive sampling technique. All the participants of the study were of different age group. The data was gathered from Bahawal Victoria hospital, Bahawalpur City.

Measurement Scale

Socio-demographic information Study participants filled the informed consent form and a socio-demographic form in which all the personal information was written; such as age, education occupation, marital status and gender.

Intolerance uncertainty scale by Dugas (2002), the intolerance uncertainty scale was created. As the author mentioned in this article, the scale is free to use for research purpose. Statements along a 5 point range from “Not at all characteristics of me,” “Somewhat characteristics of me” and “Entirely characteristics of me” were assured by this 27 item questionnaire category. On a scale from 1 to 5, with 1 corporeal the maximum level of intolerance uncertainty, the scores were normalized. Scoring of this scale is Prospective subscale: sum of items 1, 2, 4, 5, 8, 9, 11. Inhibitory Anxiety subscale: sum of items 3, 6, 7, 10, 12. Total score: sum of all items.

In this research, the scale was translated into Urdu by two bilingual experts. For the best stuffing of statements, the questionnaire was examined by the psychologist. With expert examination the best scale was used. To examine its validity, the final scale was translated into English. Another two experts were chosen to translate it back into English. The nearby translation was chosen. Two psychologists measured the translation of English and Urdu versions and at last chose the Urdu version to be appropriate for the population to study.

Phase 1: First phase was a pilot study on a smaller population to check the appropriateness and psychometric properties of the translated scale on target population. From heart surgery patients of BWP area, a sample of n=50 was chosen. High authenticity and applicability of the measure was revealed by the results of the pilot study. It signifies the statistic cronbach’s Alpha values for all the scales under study for the target population, in the first phase. The psychological adjustment scale having 27 total modules and alpha coefficient for reliability is 0.984. 27 items are compromised in the intolerance uncertainty scale and the value of cronbach’s alpha coefficient is 0.944. The reliability coefficient shows both scales were suitable for the target population.

4 Results and Discussion

Table 1
Cronbach's Alpha and Descriptive Statistics of Psychological Adjustment and Intolerance Uncertainty among Heart Surgery Patients for Pilot study n= (50)

Variables	K	M(SD)	Range		a
			Actual	Potential	
Psychological Adjustment	27	57.27 (12.42)	27-112	27-135	.82
Intolerance Uncertainty	27	105.31 (18.61)	43-134	27-135	.86

Note. k = No. of items, a = Cronbach's Alpha.

The results showed that all the scale are reliable and can be used further in this research.

Phase 2: The main study phase was the second phase of the study in which data was gathered from a broader sample of n=100 comprising females and males, heart surgery patients of BWP. By purposive sampling technique, the data of the present study was gathered. In the analysis, a co-relational research methodology was used to analyze the data. Two scales were given to the study participants. By using SPSS, the gathered data was analyzed. The necessary statistical techniques were used and the results were discussed accordingly.

Table 2
Frequency Distribution of Overall Sample (n=100)

Respondent's Characteristics	f(%)
Gender	Male 64(64.0)
	Female 36 (36.0)
Education	Educated 88(88.0)
	Uneducated 12(12.0)
Marital Status	Married Unmarried 100(100.0)
	0(0.0)

Table 3
Descriptive Statistics of Age, Psychological Adjustment and Intolerance Uncertainty among Heart Surgery Patients (n=1000)

Variables	K	M(SD)	Range	
			Actual	Potential
Age	-	48.69 (11.37)	35-62	-
Psychological Adjustment	27	63.31 (15.81)	27-121	27-135
Intolerance Uncertainty	27	103.26 (22.93)	49-135	27-135

Note. k = No. of items

Table 2 showed that amid heart surgery patients, level of psychological adjustment was low and intolerance uncertainty was high.

Table 4
Bivariate Correlation between Psychological Adjustment and Intolerance Uncertainty (n=100)

	Psychological Adjustment
Psychological Adjustment	
Intolerance Uncertainty	-.34**

** p < .01

This table shows the bivariate association among psychological adjustment and intolerance uncertainty. The results found that psychological adjustment was notably pessimistically associated with intolerance uncertainty.

Among heart surgery patients, the association amid psychological adjustment and intolerance uncertainty was analyzed in this research. The sample of this analysis was 100 (64 males and 36 females). Two questionnaires were used in this study. Questionnaire of Intolerance uncertainty was developed by Dugas in 2002 was the first questionnaire that includes 27 items. The second scale was the psychological adjustment that comprises 27 items. Frequency distribution of overall sample (n=100) and Population of this research is Male 64.0, Female 36.0, Educated 88.0, Uneducated 12.0, and Married 100.0, Unmarried 0.0. The Mean and Std. Deviation of overall respondents was [M (48.69±11.37). 64% were male respondents and 36% were female respondents, as showed by these gender results. 88% were educated respondents and 12% were uneducated respondents, as depicted by the education results. 100% were married respondents and 0% was unmarried respondents as per the marital status.

The level of psychological adjustment was low and intolerance uncertainty was high amid heart surgery patients, showed the first and second hypothesis of this research. Disease

movement occurs with unclear symptoms for some patients with heart surgery, and regrettably, most treatments are not remedial. Given this capriciousness, we theorized the going with: (1) poorer mental variation (specifically, more stressing exemplification, higher view of distress, and poorer enthusiastic affluence) would be linked with higher bigotry for vulnerability, higher saw disease related equivocalness, and their communication; and (2) more important shirking would arbitrate association among higher narrow mindedness of instability and poorer mental conformity (Kurita, Garon, Stanton, and Meyerowitz, 2013). Pessimistic association amid psychological adjustment and intolerance was found out by the third hypothesis. Psychological adjustment is significantly pessimistically associated with intolerance uncertainty, discovered the results. In individuals having heart surgery, the associations amid uncertainty and psychological adjustment examined. Both uncertainty (17%) and psychological adjustment (16%) clarified notable amounts of variation in adjustment, after 15 days of surgery. Uncertainty (18%), adjustment (11%), and symptom severity (7%) was notably upsurge at the treatment. With more adjustment issue, increased doubt and less adjustment were linked; symptom severity upsurge the explanation of adjustment problems at treatment completion. Psychological adjustment and intolerance uncertainty have pessimistic association in this research. There was no confirmation that uncertainty had positive effects in this example. Discoveries likewise demonstrated that control feeling was isolated to the concepts of interest in this example (Christman, 1990). Considerable table exhibits the consequences of connection between psychological adjustment and intolerance uncertainty. In writing survey a meta-examination was used in writing survey which was looking at the association in the middle of psychological adjustment and intolerance is $-.34$. This result shows significant negative correlation between psychological adjustment and intolerance uncertainty. The study explains that there is a high negative correlation between psychological adjustment and intolerance uncertainty.

5 Conclusion

The current study has revealed that Psychological adjustment plays a vital role in heart surgery patients. Both variables affect each other particularly. The other essential thing is the dominancy effect of psychological adjustment on some extent and age description also impacts psychological adjustment and intolerance unexpectedness.

There were some problems in the behavior during this research. Lack of cooperation was another problem we went through during this research. The sample size was yet small but it was appropriate. Some patients filled the questionnaire for the purpose to mislead. Most of the patients were not able to understand the questionnaire on their own so it was important to give them an introduction. Patients should fill up the questionnaire accurately and carefully. The sample size should be carefully chosen. The sample size should similarly divide into males and females. The study can be done on a large group for better generalizability of results. In-depth case study interviews should be the taken from these patients for better understanding of the phenomenon.

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