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OURNAL FOR RESERACE	Original Research Paper	General Surgery
International	THE EFFECT OF DIRECT EYE CONTACT ON PATIENTS AND COUNSELING INTERVENTI ANXIETY, DEPRESSION AND POSTTRAUM	PREOPERATIVE SURGICAL ON ON POSTOPERATIVE ATIC STRESS DISORDER
Sagayaraj K	Msc, Counselling Psychology, Chettinad Education, (Deemed to be University), Kanc Tamil Nadu-603 103. India.	Academy of Research and hipuram Dist., Kelambakkam,
N Sivarajan*	Professor, General Surgery Department, Ch and Education, (Deemed to be Unive Kelambakkam, Tamil Nadu-603 103. India. *	ettinad Academy of Research rsity), Kanchipuram Dist., Corresponding Author

ABSTRACT AIM: To the study the effect of direct eye contact counseling method on pre-operative surgical patients and counseling intervention along with the medical follow-up of post-operative surgical patients. **METHODOLOGY** : 60 pre-operative surgical patients who had been identify with major or minor need of surgical assistance were consulted by two different method such as (30 patients with direct eye contact consultation) and (30 patients with non-direct eye contact consultation) and assessed by Peer assessment of outpatient consultation Rating Scale (2007) by Keely *et al*¹. Followed by the consulting session we compared the willingness and acceptance of surgical procedure by the number of participants and found that the direct eye contact method is more effective than non-direct eye contact. During the surgical treatment follow-up, we have categorized 30 patients in to two groups such as Group A - Control group: 15 patients who have undergone medical treatment alone and Group B - Experimental group: 15 patients who have undergone medical treatment accursed by using Hamilton Anxiety Rating Scale (1959)², Beck's Depression Inventory (1996)³ and PTSD Check List Civilian Version (PCL-C) (1994)⁴.

Result: The findings indicate that the direct eye contact consultation method is more effective than non-direct eye contact consultation. The post-operative surgical patients treated with counseling intervention along with the medical treatment found to be less subjected to anxiety, depression and Posttraumatic stress disorder.

IMPLICATIONS: The results obtained from this study can be helpful in designing better counseling technique for the postoperative surgical patients to reduce their anxiety and depression level.

KEYWORDS : anxiety, counseling intervention, depression, eye contact, ptsd, surgical patients

INTRODUCTION:

The foundation of medicine and surgery began with the physical examinations (Lowry 2005)⁵ and psychology started with mental examinations (Fernald 2008) ⁶ . There is strong relationship between our physical and mental health (Ohrnberger et all 2017)⁷ which provides overall wellbeing. Foremost, all clinical decisions in terms of medicine prescription, surgical decision, and psychological treatment should be based on scientific evidence (Norton 2003)⁸. The surgical treatment involves three major phases such as preoperative management, operative and post-operative management (Tjandra et al 2006)⁹. The complete assessment of patients prior to surgery to identify coexisting medical problems and to plan pre-operative care is an importance phase which will lead to operative phase depending on patients need for surgery. In the post-operative phase, the immediate and short term need such as pain management, monitoring, mobilization and medicinal follow ups are covered. After the surgical procedure patients are likely to develop anxiety, depression and delirium is common problem in older patients who has history of alcohol abuse or organic brain syndrome (Barthelmes & Gateley 2004)¹⁰. The post-operative counseling is found to be essential and effective to reduce the distress, stress, anxiety and depression (Raju & Reddy 2017)¹¹. If a person is suffering for more than one month with symptoms of distressing memory of surgical procedure, recurrent of distressing dreams, problems in concentration, hypervigilance, sleep disturbance are categorized as post-operative post-traumatic stress disorder as per Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

Hypothesis for the study:

- 1) There will be a significant relationship between direct eye contact and satisfactory consultation of the patients.
- 2) There will be a significant difference in the level of anxiety between surgical post-operative medical follow up patients and medical follow up along with the counseling intervention patients.
- 3) There will be a significant difference in the level of depression between surgical post-operative medical follow up patients and medical follow up along with the counseling intervention patients.
- 4) There will be a significant difference in the level of posttraumatic stress disorder between surgical post-operative medical follow up patients and medical follow up along with the counseling intervention patients.

Research Design: Case control experimental research design is adopted for this study

Participants: Due to the specific sample requirement, a nonrandom purposive sampling technique was used. The total sample size was 60 in which the male population was 25 and female population was 35. In the case control experiment we have categorized Control group: 15 patients who have undergone medical treatment alone and Group B - Experimental group: 15 patients who have undergone medical treatment and counseling intervention

Inclusion Criteria:

- (i) Patients between the age of 18 to 65 are included
- (ii) Major or minor need of surgical patients are included

Exclusion Criteria:

- (i) Patients below the age 18 are excluded
- (ii) Emergency surgical patients are excluded

The aim of the study is to find the effect of direct eye contact on patient's consultation and counseling intervention along with the medical treatment benefits on post-operative surgical patients.

Tools Used:

- 1. Peer assessment of outpatient consultation Rating Scale (2007) by Erin Keely, Kathryn Myers, Suzan Dojeiji and Craig Campbel in 2007.
- 2. Hamilton Anxiety Rating Scale (HAM-M) (1959) by Max Hamilton in 1959.
- 3. Beck's Depression Inventory (1996) by Aaron T.Beck in 1996.
- PTSD Check List Civilian Version (PCL-C) (1994) by Frank W Weathers, Brett T Litz, Debra S Herman, Jennifer A Huska, and Terence M Keane in 1994.

Administration and Instructions:

All the subjects were approached individually. Introductory comments, voluntary participation and the right to withdraw from the test were informed. Anonymity and confidentiality were assured. The Peer assessment of outpatient consultation Rating Scale (2007) was given to selected patient samples and the same was filled out by physician to find the direct eye contact effect. The Hamilton Anxiety Rating Scale (HAM-M) (1959), Beck's Depression Inventory (1996), PTSD Check List Civilian Version (PCL-C) (1994) questionnaire were given to Control group (15 patients) and Experimental Group (15 patients) on the second or third follow up sessions which happened between 10 to 30 days from the date of surgery.

Techniques used in Post-operative Counseling:

All the experimental group patients were addressed with the three major therapy such as

(I) Jacobson's Progressive Muscular Relaxation Technique (JPMR), (ii) Cognitive Behavior therapy (CBT) (iii) Family Therapy (Narrative Therapy, Communication therapy and Psychoeducation). In JPMR face to toe technique (Mushtaq & Khan 2018)¹² depend on patient's surgical body muscles they were advised to practice accordingly in about 10 to 20 minutes in a day. Short term goal orientated CBT (Martin 2016)¹³ was addressed for beliefs, attitude and sleeping problems due to surgical procedure especially for those who undergone first time surgical treatment.

Data Analysis: In order to analyze the collected data, Descriptive Statistics i.e. Mean (M), Standard Deviation (SD); Inferential statistics Pearson correlation coefficient is used for finding the relationships and t-test was used for comparison with the help of SPSS version 25.

RESULTS AND DISCUSSION:

Table 1: Correlation score on direct eye contact and satisfactory patients' consultation

	Direct Eye Contact	Satisfactory Consultation of Patients
Pearson	1	.750**
Correlation		.000
Sig . (2 tailed)	30	30
N		
Pearson	. 750**	1
Correlation	.000	
Sig . (2 tailed) N	30	30
	Pearson Correlation Sig . (2 tailed) N Pearson Correlation Sig . (2 tailed) N	Pearson 1 Correlation 30 N Pearson .750** Correlation .000 Sig . (2 tailed) 30 N

** Correlation is significant at the 0.01 level (2 tailed)

The results from the table 1 indicates the significant relationship between direct eye contact and satisfactory consultation of the patients. The findings also supported by (Martin et al 2015¹⁴, Gorawara-Bhat et al 2013¹⁵, Hillen et al 2015¹⁶, Asan et al 2012¹⁷). Studies like (Kelly 1978¹⁸, Haase & Tepper 1972¹⁹, Fretz et al 1979²⁰) also indicate that the direct eye contact produce significantly higher ratings of clients return for consultation which is also confirmed in our study (Table 2) by the number of patients returned for the surgical

procedure. From the study it could be inferred that direct eye contact produce a greater number of surgical patients in return hence hypothesis l is accepted.

Table 2 : Showing the number of patients turned up the surgical procedure by direct and Non-direct eye contact.

S.NO	Method of Consultation	No. Of patients turned up for surgery
1	Direct Eye Contact (N=30)	24
2	Non-Direct Eye Contact (N=30)	6

Table 3: Showing the Anxiety, Depression, Post-traumatic stress disorder level between surgical post-operative medical follow up patients and medical follow up along with the counseling intervention patients.

Variables	Mean	SD	Sig (2 -tailed)	t
A - Anxiety Control Group	2.85	0.425	0.000	10.76**
Experimental Group	1.53	0.211		
B - Depression Control Group	2.08	0.340		
Experimental Group	0.71	0.136	0.000	14.43**
C - Post-traumatic stress disorder Control Group	3.57	0.479	0.000	10.00**
Experimental Group	2.16	0.263		

P<0.01 ** t value is significant at 0.01 level (2 tailed) Control Group: Medical follow up patients

Experimental Group : Medical follow up + counseling intervention patients

- A- The mean value of control group is M=2.85 and experimental group M=1.53 which indicate the experimental group is subjected to lesser in anxiety level in the post-surgical follow up. The tvalue is 10.76 which is significantly different at 0.01 confidence level also indicate the difference between surgical post-operative medical follow up patients and medical follow up along with the counseling intervention patients on anxiety level. Hence hypothesis 2 is accepted. It is also supported by the study (Hamester et al 2016²¹) refereeing immediate postoperative care reduce the anxiety level.
- B- The mean value of control group is M=2.08 and experimental group M=0.71 which indicate the experimental group is subjected to lesser in depression level in the post-surgical follow up. The t value is 14.43 which is significantly different at 0.01 confidence level also indicate the difference between surgical postoperative medical follow up patients and medical follow up along with the counseling intervention patients on depression level. Hence hypothesis 3 is accepted. It is also supported by the study (Roy-Byrne et al 2009²²) indicating brief psychological intervention produce good treatment outcome and reduce depression level.
- C- The mean value of control group is M=3.57 and experimental group M=2.16 which indicate the experimental group is subjected to lesser in Posttraumatic stress level in the post-surgercial follow up. Thet value is 10.00 which is significantly different at 0.01 confidence level also indicate the difference between surgical post-operative medical follow up patients and medical follow up along with the counseling intervention patients on Post traumatic stress level. Hence hypothesis 4 is accepted. It is confirmed with the study (Zatzick et al 2013²⁵) showing cared intervention significantly reduce post-traumatic stress level.

CONCLUSION:

The major conclusions of analysis from the data it can be inferred that,

- 1. Direct eye contact is a form of effective nonverbal communication which develop the trust towards the communicator. This effectiveness varies with active listening, body posture and responses of the communicator as well.
- Counseling is a form of psychological therapy which 2. works very well along with the supportive medical treatment on postoperative surgical patients. Appropriate counseling intervention can be implemented along with any medical treatment for the good and speedy recovery.

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