

University of Basel

The medical relevance of the spiritual dimension during the pre-surgical period

Wüthrich-Grossenbacher U (1), Sailer Schramm MC (2), Zeilhofer HF (1)

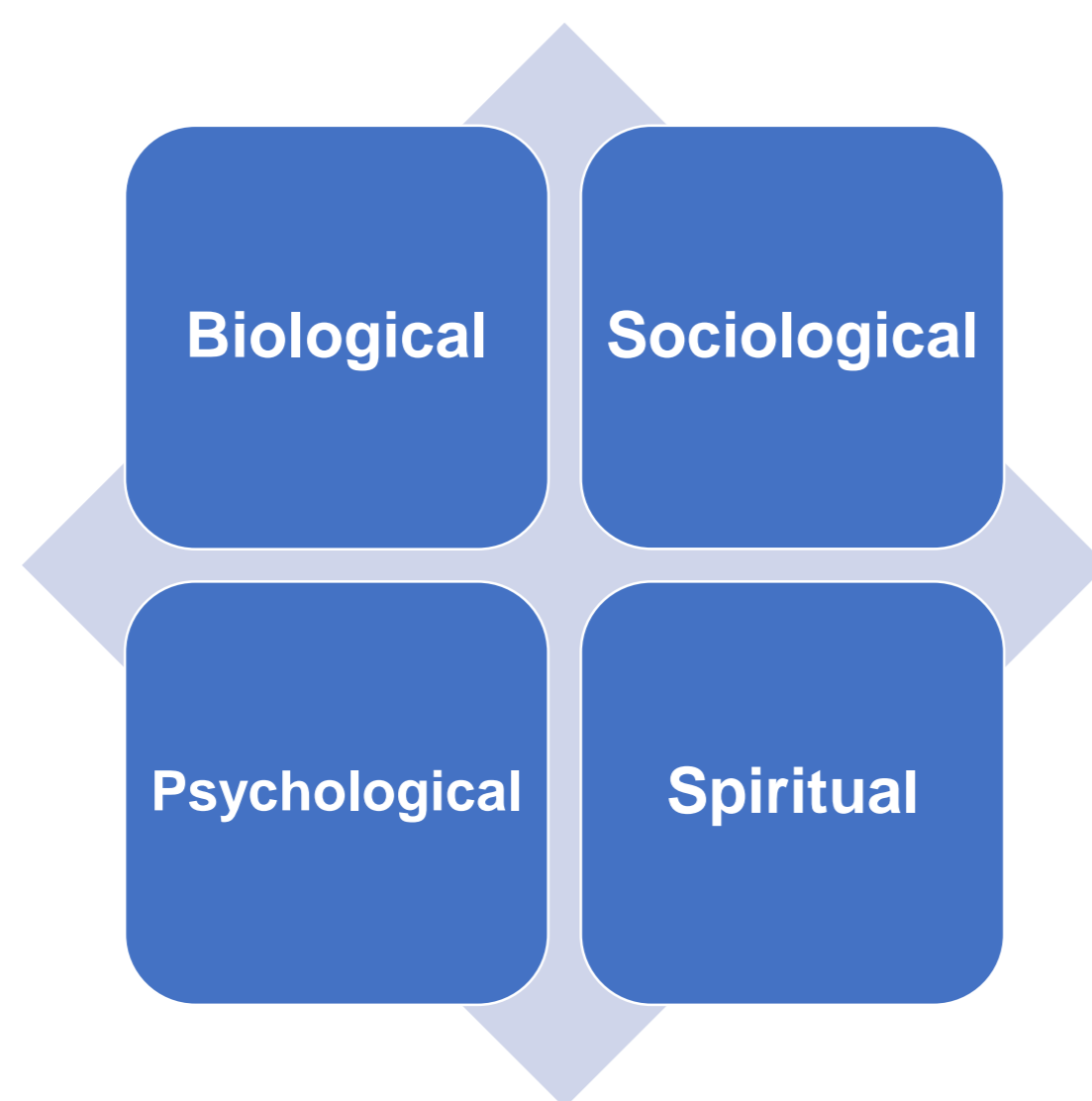
(1) Faculty of Medicine, University of Basel, (2) Directorate of Nursing, Medical-Technical and Medical-Therapeutic Areas, University Hospital, Berne



https://i2.staticlickr.com/4/3622/3453896198_5482a8e666.jpg

Background

- Some patients experience the day of surgery as «most threatening day of their life» Nigussi S et al (2014)⁽¹⁾: Significant preoperative anxiety was seen in 70.3% of patients. Fumasoli et al (2012)⁽²⁾: Indication for surgery is experienced as «critical life-situation»
- Spirituality and religion (S/R) play an important role in medicine, particularly in times of crisis Puchalski C⁽³⁾: A spiritual issue becomes a diagnosis if it leads to distress or suffering, it is the cause of psychological or physical diagnosis or it is a secondary cause or affects the presenting psychological or physical diagnosis.
- There is hardly any information and very few studies about the spiritual dimension of the pre-surgical period (pp). Beiranvand S et al (2014)⁽⁴⁾: The study shows that spiritual elements play an important role in the recovery process with regard to acute postoperative pain. Prayer meditation tapes helped. Hosseini M et al (2013)⁽⁵⁾: The study demonstrates that preoperative spiritual/religious training can reduce anxiety in Muslim patients undergoing coronary artery bypass graft surgery.
- WHO Concept of Health includes Spirituality as fourth dimension⁽⁶⁾



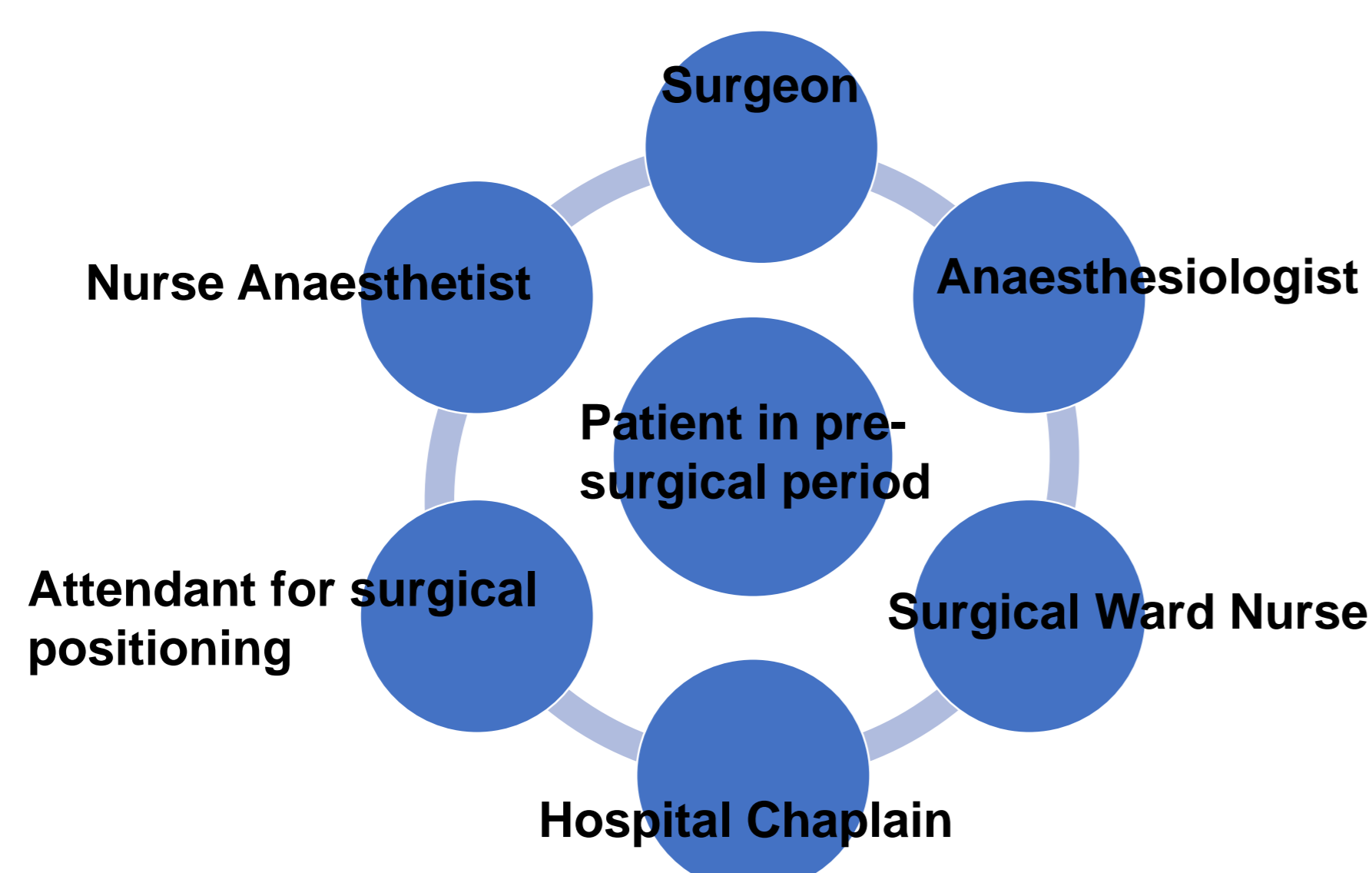
Study Purpose

Finding more information about the medical relevance of S/R during the pp

Methods

Design: Qualitative study
Thematic analysis of 6 semi-structured interviews with healthcare professionals, who work with patients during pp.

Sample:



Data collection: Spring 2016 in 3 hospitals in Berne area

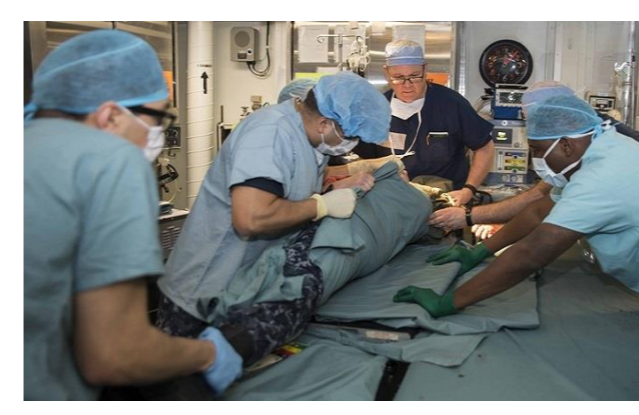
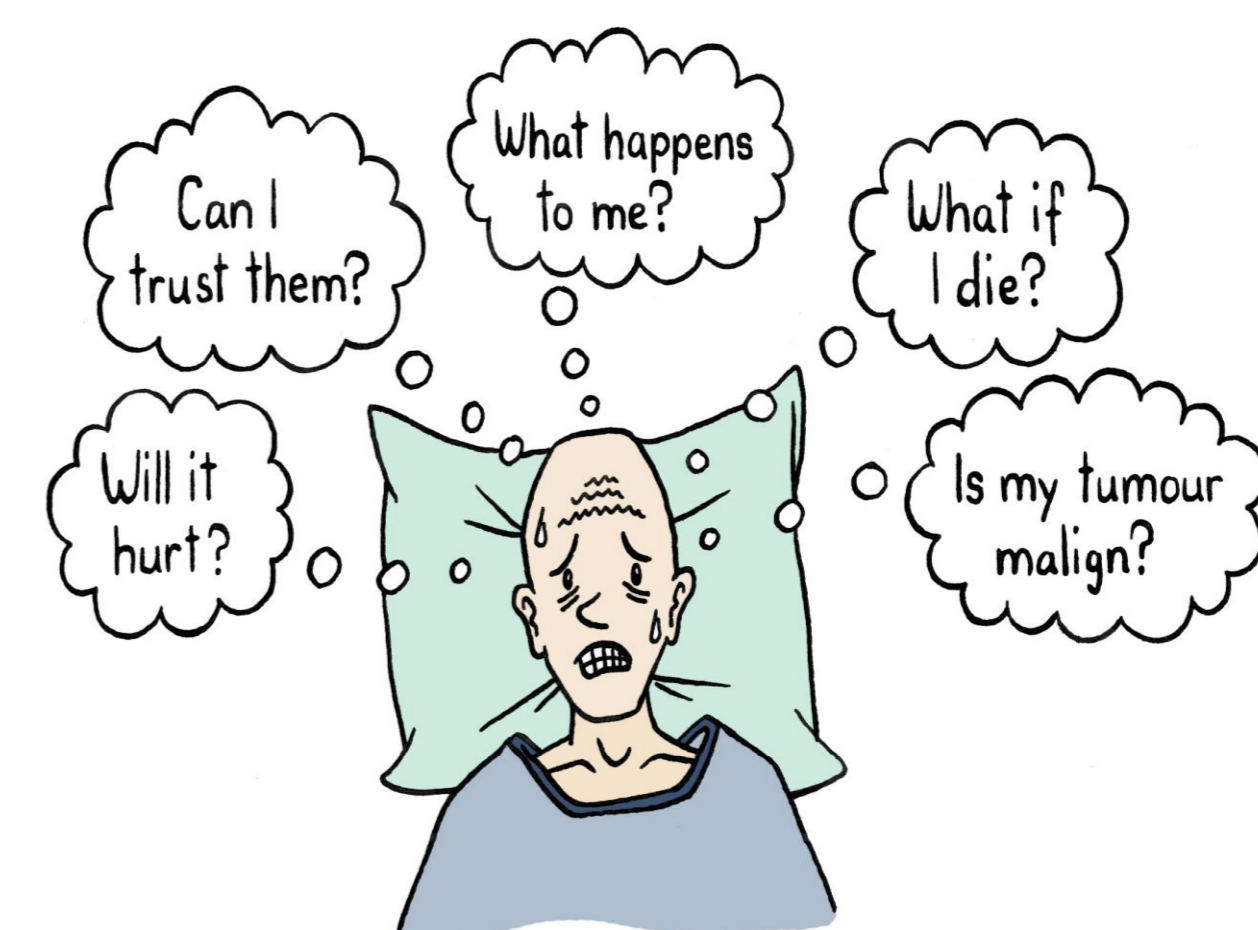
Tool used to identify medically relevant spiritual issues: Adapted List of Spiritual Concerns or Diagnoses, which identifies 12 diagnoses.⁽⁷⁾
Examples

Diagnoses	Key feature from history	Example statements
Existential concerns	Lack of meaning Concern about afterlife Questions the meaning of suffering	'My life is meaningless' 'I feel useless'
Despair/ Hopelessness	Hopelessness about future health, life No hope for value of life	'There is nothing left for me to live for'
Grief/Loss	The feeling and process associated with the loss of a person, health, relationship, work	'I miss my family' 'I wish I could run again' 'I might lose my income'
Guilt/Shame	Feeling that one has done something wrong or evil Feeling that illness is God's punishment	'I do not deserve to be pain free' 'It is all my fault'

Findings

6 Healthcare Professionals unanimously agree: Spirituality/Religion is relevant during pre-surgical period

All 12 spiritual diagnoses of the 'spiritual concerns or diagnoses list' were identified as relevant during the pp.



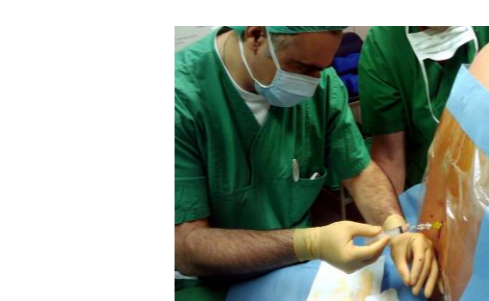
Patients have general need related to S/R
Attendant for surgical positioning: «I remember a patient who did not allow us to cut her hair until we promised to keep the hair and to hand it back to her after surgery.»



S/R can help with dealing of stress (positive coping):
Anaesthetist nurse: «People who trust in God or a 'Higher Power' are much easier to handle and anaesthetize.»



S/R can hinder coping (negative coping)
Surgeon: «There are patients who refuse surgery, because they believe that God will heal them.»



Fears during pp may have spiritual dimension:
Anaesthetist doctor: «Some people think for the first time about the limitedness of their life before surgery.»

Conclusion

This study illustrates the important influence S/R can have during the pp. This influence has hardly been considered until now. The findings are supported by current literature.

Contact: Ursula Wüthrich-Grossenbacher, Schönmatweg 12, 3613 Steffisburg, +41 77 4676866, ursula.wuethrich@siload.ch

(1) Nigussi S et al (2014), Predictors of preoperative anxiety among surgical patients in Jimma University Specialized Teaching Hospital, South Western Ethiopia. BMC Surg. 2014 Sep 5;14:67. doi: 10.1186/1471-2482-14-67.
(2) Fumasoli A et al (2012), Angst professionell erfassen und lindern. Krankengänge 1:2012: 22-25
(3) Puchalski C m (2012), Restorative Medicine. In Cobb M, Puchalski C, Rumbold B (ed.), Oxford Textbook of Spirituality in Healthcare, Oxford, Oxford University Press, Seiten 197-210
(4) Beiranvand S et al (2014), The effects of religion and spirituality on postoperative pain, hemodynamic functioning and anxiety after cesarean section. Acta Med Iran. 2014;52(12):909-15.
(5) Hosseini M et al (2013), The effect of a preoperative spiritual/religious intervention on anxiety in Shia Muslim patients undergoing coronary artery bypass graft surgery: a randomized controlled trial. J Holist Nurs. 2013 Sep;31(3):164-72. doi: 10.1177/0898010113488242. Epub 2013 May 14.
(6) Barok Charter for Health Promotion in a Globalized World. 2005.
(7) National Comprehensive Cancer Network, Spiritual concerns of diagnoses. In Cobb M, Puchalski C, Rumbold B (ed.) (2012), Oxford Textbook of Spirituality in Healthcare, Oxford, Oxford University Press, page 202