ISSN 2278-7763

Preoperative Anxiety as related to religious belief amongst patients going for surgery : A co-relational study

Dr. Zeba aqil

Associate Professor, Psychology

Integral University, Lucknow.

"Religion may offer a frame of reference toward questions of life, suffering and death and may help to accept a decrease in physical functioning in light of religious and spiritual values;

Braam et. Al (2004)

The relationship between religion and mental health has been debated for centuries. History shows that religious organizations were often the first to offer compassionate care to the vulnerable groups, including the medically ill, the elderly and the disabled.

Over the past two decades, a lot of studies have uncovered a strong positive association between religiousness and mental health. This association has extended across various populations, including samples of the young, adults, older people, general community residents, immigrants and refugees, college students, the sick, addicts, homosexuals, persons of parenthood, individuals with mental health problems and personality disorders (Alvarado, et al., 1995; Baline & Croker, 1995; Braam et al., 2004; Chang et al, 1998; Donahue & Benson,1995; Idler & Kasl, 1997; Jahangir et al., 1998; Kendler et al., 1996; Koenig, George & Titus, 2004; Levin & Taylor, 1998; Mickley et al., 1995; Miller et al., 1997; Pardini et al. 2000)

When physical illness strikes, religion and spirituality become important factors in coping. It is widely accepted that people awaiting surgery experience anxiety. Anticipation of post operative pain, separation from the family, loss of independence as well as fear of surgery and death are factors triggering symptoms of pre operative anxiety.

Incidences of preoperative anxiety have been reported in 80% of adult patients. Consequently, there has been a growing interest in the possible influences of preoperative anxiety on the course and outcomes of surgical treatment as well as in the study of anxiety reducing interventions.

ISSN 2278-7763

Religion and spirituality does not eliminate mental health problems. What religion does is to help the victims cope with their healing process.

It is widely accepted that people awaiting surgery experience anxiety. Anticipation of post operative pain, separation from the family, loss of independence as well as fear of surgery and death are factors triggering symptoms of preparative anxiety.

Incidences of Preoperative anxiety have been reported in 15% to 75% of adult patients. Consequently, there has been a growing interest in the possible influences of preoperative anxiety on the course and outcomes of surgical treatments as well as in the study of anxiety reducing interventions.

Most surgeons postpone operation in case with high anxiety. Therefore, the importance of anxiety in surgery patients shows the necessity of its prevention.

When physical illness strikes, religion and spirituality become important factors in coping. This may be particularly true for hospitalized patients who must cope not only with unpleasant physical symptoms but also with the stress of hospitalization. Confinement to a hospital bed and hospital routines restrict mobility, limit stimulation and often assault the patients sense of competence. Religious or spiritual belief may help patients to cope with these stressful experiences.

Physicians and patients have deeply shared values about religion and spirituality. Some survey results and research findings show that religion and spirituality have beneficial effects on general mental and emotional well being.

Anxiety is the second most commonly studied disorder with respect to the relationship of mental health and religion. Most of the studies found a negative relationship between religion and general anxiety published since 1962. Some studies found negative relationship between religion and anxiety level, five found a positive relation and four found no relation at all.

In view of these controversial findings, it is the need of hour to conduct a systematic study to determine the relationship between pre operative anxiety and religious beliefs in the context of Indian community.

ISSN 2278-7763

METHOD

The main objective of this correlational study is to determine the relationship between religiosity and pre operative anxiety in patients going for surgery in two hospitals of Lucknow City.

SAMPLE

The sample of the study consisted of 150 patients, going for some kind of surgery like abdominal gynecological and orthopaedic surgery.

TOOLS

1. Spielberger scale (STAI) was used to determine anxiety. It determines both state and trait anxiety. The inventory comprised of 40 questions (r = 0.97)
2. One questionnaire was made by the researcher to assess religious beliefs. It compires of questions regarding belief in God and in life after death, freedom, patience, hope and importance of religion in life.

RESULTS AND ANALYSIS

For analysis, questionnaires were coded and entered into SPSS software and analyzed using descriptive and inferential statistics.

TABLE 1.1 AGE WISE DISTRIBUTION

AGE-RANGE (Years)	NUMBER	PERCENTAGE
25-35	63	42%
35-45	33	22%
45 years and above	54	36%
TOTAL	150	
MEAN	24.24	
S.D.	8.21	

Table 1.1 depicts age wise classification of the sample population. Majority of the patients belong to 25-35 and above age range with percentage of 42. Next it is followed by patients

ISSN 2278-7763

belonging to senior group (ie 45 years and above, 36%). Lastly comes the number of patients belonging to the range of 35-45 years (22%).

TABLE 1.2 GENDER WISE DISTRIBUTION

GENDER	NUMBER	PERCENTAGE
MALE	60	40%
FEMALE	90	60%
TOTAL	150	

From Table 1.2 it is observed that there were 60% of female patients and 40% of male patients who were going for surgery. This break up of sample population made a lot of difference in obtained correlation of religiosity and anxiety.

TABLE 1.3 LEVEL OF RELIGIOSITY

LEVEL OF RELIGIOSITY	NUMBER	PERCENTAGE
LOW	0	0
MODERATE	40	26.66%
HIGH	110	73.33%
TOTAL	150	100%
MEAN	83.62	
S.D.	15.38	

Table 1.3 presents, Level of religiosity among patients under study. If a comparative analysis is done, then it is noted that generally all the patients going for surgery had high level of religiosity (ie. 73.33%) Mean S.D. of this dimension are 83.62 ± 15.38.

TABLE 1.4 INTENSITY OF ANXIETY

LEVEL OF RELIGIOSITY	NUMBER	PERCENTAGE
MILD	60	40%
MODERATE	79	52.66%
SEVERE	11	7.33%
TOTAL	150	100%
MEAN	113.64	
S.D.	10.52	

ISSN 2278-7763

Table 1.4 reveals Intensity of Anxiety among the patients. From the table it is evident that all the patients going for surgery had moderate level of Anxiety (ie. 52.66%). Only the patients going for complex surgery had severe anxiety (ie. 7.33%). Remaining patients, specially in the lower age range had mild anxiety (ie. 40%).

TABLE 1.5 RELATION BETWEEN RELIGIOSITY AND ANXIETY

RESULT TOTAL	Moderate and Severe			Mild			Anxiety
	p	n	P	n	p	n	Religiosity
$x^2 = 0.52$	100	8	75.78	9	22.22	3	Low and Moderate
P = 0.51	100	142	61.33	83	38.61	55	High
R = - 0.05	100	150	60.28	92	39.66	58	Total
Not Significant							

Lastly from this table it is evident that the correlation between religiosity and anxiety is not significant. There is reverse correlation between them (r = -0.05). One significant finding of this study is that patients with low religiosity had moderate to serve anxiety.

INTERPRETATION AND DISCUSSION

If a statistical summary of this study is made then it can be said that the results are not supporting Religious dimension of Anxiety, yet they are not in total disagreement with it.

As the sample population is Indian community, so high religiosity was observed in 110 patients (73.33%) because Indians possess more positive value for religion. Now the other side of Anxiety demonstrates only moderate level of anxiety (52.66%) in patients going for surgery. This type of finding may be attributed to advanced scientific development and high life expectancy in general public. There was very lean negative correlation between these dimensions. The results of this study can be used as evidence for presenting religious counselling and spiritual intervention for individuals under higher levels of stress. This study lays emphasis on the fact that inspite of religious growth of Indian Community, spiritual dimension is still

ISSN 2278-7763

missing. Religion and spirituality are still very private affair and people fail to link it up with their day to day life.

Awareness or rather Awakening in terms of religion and spirituality is the need of the hour for reducing stress, tension and anxiety from our life.

CONCLUSION

More than 3000 studies have examined relationships between religious involment and health. The majority of these studies concluded that people who are more religiously or spiritually involved are healthier, lead lealthier life styles and require fewer health services.

In koenigs (2004) study about religion spirituality and health in medically ill and hospitalized older patients. religiousness and spirituality consistently predicted greater social support fewer depressive symptoms better cognitive functions.

The feeble relationship found in this study may have been due to several reasons. One reason may be that other factors such as biological, environmental and intrinsic factors may have stronger influence than religious belief adherents with the same beliefs. Having a more cohesive and supportive social network and interpersonal relations derived from their religious involvement and spiritual resources will in turn enhance their psychological and cognitive resources because a cohesive and supportive social network will strongly socialize an individual to have similar psychological and cognitive characteristics (Hewitt, 1991; Peterson & Hughey, 2004). Therefore, people will learn to be more confident, optimistic and hopeful, and see the world less apathetic and more joyful, even when life stressors emerge. This explains why the mutual reinforcement process of the respective religious resource dimensions that need not be unidimensional/one-dimensional, or either clockwise or counter-clockwise, but could be in an interdependently and mutually reinforced nature.

Through this review and analysis of the related literature, it is hoped to illustrate that religious involvement would result in a set of religious resources, such as spiritual, cognitive, psychological and social resources, which will mutually interact and reinforce one another through the 'chain reaction'. Through this process of mutual interaction and reinforcement, religiousness is considered hypothetically to contribute to mental health in believers. Though these theoretical explanations are at best hypothesis to be tested at the present stage, something

ISSN 2278-7763

more concrete is that most religious resources are thought to be beneficial in human mental health. Nevertheless, there as much room for researchers to conduct research to find out a clearer picture about mediational mechanisms linking the relationship between religious involvement and mental relationship. Theoretical concepts suggested in this paper may be or may not be one of the mediational relationships between religiousness and mental health.

References

1. Alvarado, K., Temper, D. Bresler, C. & Dobson, D. (1995). The relationship of religious variables to death depression and death anxiety. Journal of Clinical Psychology, 51, 202-204.
2. Blaine, B., & Croker, J. (1995). Religiousness, race, psychological well-being: Exploring social psychology mediators. Personality and Social Psychology Bulletin, 21, 1031 -1041.
3. Braam A. W. et al. (1997). Religious involvement and depression in older Dutch citizens. Social Psychiatry Epidemiology, 32, 284-291.
4. Chang, B. Noonan, A. & Tennstedt, S. (1998). The role of religion/spirituality in coping with caregiving for disabled persons. Gerontologist, 38, 463-470.
5. Donahue, M. J. & Benson, P. L. (1995). Religion and the well-being of adolescents. Journal of Social Issues, 51, 145-160.
6. Idler, E. L. & Kasl, S. V. (1997). Religion among disabled and non-disabled elderly persons: II. Attendance at religious services as a predictor of the course of disability. Journal of Gerontology Series B- Psychological Sciences and Social Sciences, 52B, S306-S316.
7. Jahangir, F., ur Rehman, H. & Jan, T. (1998). Degree of religiosity and vulnerability to suicide attempt/ plan in depressive patients among Afghan refugees. International Journal of the Psychology of Religion, 8, 265-269.
8. Kendler, K. S. Gardner, C. O. & Prescott, C. A. (1996). Religion, psychopathology, and substance use and abuse: A multimeasure, genetic-epidemiologic study. American Journal of Psychiatry, 154, 322-329.

ISSN 2278-7763

9. Koenig, H. G., George, L. K. & Titus, P. (2004). Religion, spirituality, and health in medically ill hospitalized older patients. Journal of the American Geriatrics Society, 52 (4): 554-562.
10. Levin, J., & Taylor, R. (1998). Panel religious involvement and well-being in African Americans: Contemporaneous and longitudinal effects. Journal for the Scientific Study of Religion, 37, 695-709.
11. Masoomeh Aghamohammadi Kalhoran and Mansoureh Karimollahi (June, 2007) – Religiousness and preoperative anxiety a correlational study.
12. Mickley, J., Carson, V. & Soeken, L. (1995). Religion and adult mental health: State of the science in nursing. Issues in Mental Health Nursing, 16, 345-360.
13. Miller, L. et al. (1997). Religiosity and depression: Ten-year follow-up of depressed mothers and offspring. Journal of the American Academy of Child and A doles cent Psychiatry, 36, 1416-1425.
14. Pardini, D. A., Plante, T. G., Sherman, A., & Stump J. E. (2000). Religious faith and spirituality in substance abuse recovery - Determining the mental health benefits. Journal of Substance Abuse Treatment, 19(4), 347-354.
15. Plante, T. G., Manuel, G. Menendez, A., & Marcotte, D. (1995). Coping with stress among Salvadoran immigrants, Hispanic Journal of Behavioral Sciences, 17, 471 -479.
16. Plante, T. G., Saucedo, B. & Rice, C. (2001). The association between religious faith and coping with daily stress. Pastoral Psychology, 49, 291-300.

