

Religious habits of patients submitted to amputation

Zwyczaje religijne chorych, u których przeprowadzono zabieg amputacji

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Abstract

Background. Religious habits constitute an important component in many people's lives, and this importance seems to increase with the onset of middle age. The aim of this study was to identify the existence of religious habits, before and after surgery, of patients who underwent amputation of lower limbs.

Material and methods. Twelve patients, eleven men and one woman, were included in the study, with ages ranging from 24 to 73 years (mean age 61.5 years). The method of evaluation was by means of an individual questionnaire, especially elaborated for this research, regarding some religious customs classified as either institutional or non-institutional. The patients were requested to complete the questionnaire before the surgery, immediately after the surgery before being released from hospital, and when they returned for a check-up. Normal ethical considerations were complied with including approval of the local Ethics Research Committee. For statistical analysis, percentages were utilized.

Results. A total of 83.33% said they were Catholics, 8.33% said they were spiritualists, and 8.33% reported to be protestants. The majority (91.66%) reported that religion was an important factor in the process of accepting the illness. Before the amputation, their religious habits included praying (91.66%), frequenting church (83.33%), watching or listening to religious services (25%), contact with friends from the church (83.33%), and participating in religious events (41.66%).

Conclusions. Religious habits help patients deal with the stress caused by amputation. Even if some of the habits are reduced due to with the purpose of providing some acceptance of the act of surgery and to reduce the symptoms of stress caused.

Key words: religious habits, amputation, lower limbs, facilitating factor

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Introduction

Human reasoning seems to be adapted to apparently divergent lines such as science, philosophy, and religion. Rarely scientific speculations are made about religion and science; however, philosophical approaches to religion are frequently sought [1]. All three have

a common objective, that is the search for the truth, but religion does not try to express the truth in the form of concepts but in a form of representation and feeling of faith [2].

Pargament has been one of the most active proponents of religion as a strategy to confront diseases and

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stress factors, suggesting that difficult situations are an opportunity for spiritual growth. Research on this theme suggests that individuals who consider themselves religious see themselves as more confident, with fewer feelings of loneliness, depression, and anxiety, as well as reporting greater satisfaction with the quality of their lives [3, 4].

Studies have also shown that people look for religion more often with advancing of age, and habits such as praying, reading, or reciting the rosary and reading the bible have been seen as positive “accepting” strategies which can help to deal with stress⁴. Among religious habits, institutional practices such as frequenting church and other organised activities, and non-institutional activities such as religious reading, stand out. Distinctions such as these could be important when the physical mobility of the person is reduced due to the individual's age or health problems, which can limit their possibility to express religion through organised activities [5].

Thus, the aim of this study is to identify the frequency of religious customs, both before and after surgery, in patients submitted to lower limb amputation.

Material and methods

Twelve patients, eleven male and one female, who underwent lower limb amputation with ages ranging from 24 to 73 years (mean age 61.5 years) were included in this work. Normal ethical considerations were complied with including approval of the local Ethics Research Committee. The method of evaluation was by means of an individual questionnaire especially elaborated for this research regarding some religious customs, classified as either institutional or non-institutional, and degree of education. The patients were requested to answer the questionnaire before the surgery, immediately after the surgery before being released from hospital, and when they returned for a check-up. For statistical analysis, percentages were utilized.

Results

Eight patients (66.66%) started but did not complete junior high education, three (25%) completed junior high education, and one (8.33%) was illiterate and never frequented school. Three religions were represented by the patients, 83.33% (n = 10) were catholic, 8.33% (n = 1) were protestant, and 8.33% (n = 1) described themselves as being spiritual. Religion was cited as an important facilitating factor in the process of facing a disease by eleven (91.66%) patients. Before amputation, eleven (91.66%) patients reported that they had the habit of praying, and after the operation this increased to twelve (100%) who prayed on a regular basis. The num-

ber of people who went to church actually reduced from ten (83.33%) before the surgery to one patient (8.33%) after the operation. Again the number of patients who watched or listened to religious services reduced from seven patients (58.33%) before the amputation to three (25%) after the surgery, and contact with friends from the church reduced from ten (83.33%) to three patients (25%) before and after the surgery, respectively. Finally, the number of patients who participated in church activities before the operation was five (41.66%) and this subsequently reduced to one (8.33%) individual.

Discussion

The collected data indicate that religious habits were evaluated by the patients as an important factor to help deal with stress and to find strategies to confront the situation of amputation. The frequency of religious customs, both institutional and non-institutional, reduced (except for praying) after the surgery. This fact could be related to the difficulties involved in locomotion due to old age or health problems, limiting the possibility of expression through organised activities. Alternatively, it could be that the religious habits presented in the pre-surgery period had the function of reducing the stress associated with the procedure, or a form of “bargaining with God”, often observed with chronic patients. These data are compatible with the literature about the frequency of religious habits observed before and after amputation.

Conclusions

Religious habits help patients deal with the stress caused by amputation. Even if some of the habits are reduced due to with the purpose of providing some acceptance of the act of surgery and to reduce the symptoms of stress caused.

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