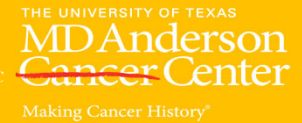


Anesthesiologists and Preoperative Patient Spirituality

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Background

Today, in the pluralistic United States that is more secular than it was even just 50 years ago,⁶ there is continued research on how best to bring spirituality to medicine. To the best of our knowledge, no study has assessed the attitudes of anesthesiologists toward the spiritual needs of patients.

To fill this gap in knowledge, a survey was performed in spring of 2019 to assess anesthesiologists' attitudes toward prayer in the preoperative setting and the factors that influence their practice.

Materials and Methods

A descriptive study was undertaken in spring of 2019 using a 15-item survey built and distributed through Qualtrics software. The frequencies, counts, cross tabulations, and basic statistical analysis were done using StatIQ (Qualtrics, 2019). The participants were selected from members of the American Society of Anesthesiologists (ASA) who said that they would like to receive member survey emails. The purpose of the survey was to determine anesthesiologists' attitudes toward prayer in the preoperative setting and the factors that influence their practice. The institutional review board protocols included a notice of consent (Appendix A), which was included in the email sent to each person.

The 585 responses were collected between April 27, 2019 and June 10, 2019 from a distribution list of 5,407 email addresses under Protocol PA18-0838: Preoperative Patient Spiritual Needs Survey.

The 15 items are listed in Appendix B with counts and frequencies. Each was then analyzed in combination with other items and demographics. A correlational analysis was conducted to determine the impact of the response to the question of religious preference (Agnostic, Atheist, Buddhism, Christianity, Hinduism, Islam, Judaism, and Other) and eight other items:

- The human person is composed of mind, body & spirit/soul.
- Holistic care (body, mind, spirit) is the responsibility of every physician.
- The gravity of surgery with a general anesthetic warrants addressing the spiritual needs of patients in the preoperative setting.
- Prayer with patients is useful in caring for spiritual needs.
- I have prayed with a patient.
- I am willing to ask patients if they would like to have a prayer recited for them prior to surgery.
- How often do patients ask you to join them in prayer?
- What would you cite as your primary barrier to praying with patients before surgery?

Analysis of variance and correlational analysis were conducted on two items: "Holistic care (body, mind, spirit/soul) is the responsibility of every physician" and "Prayer with patients is useful in caring for spiritual needs." The association between the demographic data items (years of practice, sex, and ethnicity) and responses to other items were also explored for significance.

Results

The strongest significance was found in the question regarding that the human person is composed of mind, body & spirit/soul.

Demographic information showed that race was not evenly distributed: 70% identified as White, 13% identified as Asian, and all others totaled 17%. Gender was also skewed, with 398 males and 182 females; however, within identified religious groups with more than 10 members, the percentage by gender was similar. For example, Christians were 54% female and 62% male, Jews were 8% female and 7% male, Hindus were 5% female and 3% male, and Agnostics were 13% female and 12%, male.

Because of this, religious preference as a perspective was used to look at responses to other key questions (Tables 1 and 2).

The majority responses were in the affirmative to both the concept of mind, body, and spirit/soul and the fact that these anesthesiologists have prayed with a patient, even among agnostics and atheists.

In both religion and years of experience (YOE), the responses for the statement "The gravity of surgery with a general anesthetic warrants addressing the spiritual needs of patients in the preoperative setting" were also interesting (Table 3). Each category of YOE, with the exception of 6-10 YOE (47%), had greater than 50% of the respective respondents agree that the gravity of surgery with a general anesthetic warrants addressing the spiritual needs of patients in the preoperative setting. As YOE increased the percentage in each category of those who disagreed with the statement decreased from 18.5% (1-5 YOE) to 10% (31-50 YOE).

The statement "I am willing to ask patients if they would like to have a prayer recited for them prior to surgery" showed the greatest level of disagreement (45%). Only 30% either strongly agreed or agreed with the statement (Table 4). Agnostic, Atheist, Buddhism, Judaism & Other accounted for the highest numbers of those opposed per religious group, whereas Christianity, Hinduism & Islam accounted for least number of those opposed per religious group.



Table 1 Responses by religion to the statement that "The human person is composed of mind, body, spirit/soul"

Religion	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
Agnostic	19	30	14	4	6	73
Atheist	8	8	10	8	7	41
Buddhism	7	3				10
Christianity	265	66	10	2	2	345
Hinduism	15	5			1	21
Islam	9	1	1			11
Judaism	18	15	7	2	1	43
Other	22	5	3	1	2	33
Total	363	133	45	17	19	577

Table 2 Responses by religion to the statement "I have prayed with a patient."

Religion	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
Agnostic	10	32	4	7	19	72
Atheist	3	7	5	12	14	41
Buddhism	2	3	1	1	3	10
Christianity	137	152	34	10	13	346
Hinduism	5	7	5	1	3	21
Islam	3	5	1	2		11
Judaism	5	19	4	8	7	43
Other	6	11	6	6	4	33
Total	171	236	60	47	63	577

Table 3 Responses by years of experience to the statement "The gravity of surgery with a general anesthetic warrants addressing the spiritual needs of patients in the preoperative setting."

Years of Experience	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
1-5	19	40	33	19	2	113
6-10	11	27	29	8	3	78
11-20	23	47	39	11	9	129
21-30	40	59	53	14	5	171
31-50	21	36	23	5	4	89
Total	114	209	177	57	23	580

Table 4 Responses by religion and the willingness to ask if a patient would like to have a prayer recited for them prior to surgery

Religion	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
Agnostic		6	10	20	37	73
Atheist	1	2	4	8	26	41
Buddhism	1	1	3	3	2	10
Christianity	52	82	101	69	41	345
Hinduism	4	7	6	2	2	21
Islam	1	2	6	1	1	11
Judaism	2	3	11	16	11	43
Other		7	8	9	9	33
Total	61	110	149	128	129	577

Discussion

The majority of practicing anesthesiologists who responded to the 'Preoperative patient spiritual needs' survey (86%) agreed with the statement, "The human person is composed of mind, body, spirit/soul". More than 70% have prayed with a patient and 56% believe the gravity of surgery with a general anesthetic warrants addressing the spiritual needs of patients in the preoperative setting. Approximately 45% disagree with the statement, "I am willing to ask patients if they would like to have a prayer recited for them prior to surgery".

In this survey, it was encouraging to discover that the majority of anesthesiologists queried across various religious differences and years of experience not only believe that the human person is composed of mind, body, and spirit/soul but also are willing to address patients' potential spiritual needs in the preoperative setting. We assume there are two reasons for this favorable finding. First, the healing arts is an industry built on caring and compassion and attracts many professionals who are willing, if need be, to step out of their comfort zone in order to help someone in need. Second, most anesthesiologists are aware, from personal experience or report, that life can be lost or significantly altered on any given visit to the operating room. Therefore, there exists a heightened awareness, whether consciously or subconsciously, of the need to protect and maintain the life of the patient that is unique to the patient; a heroic display of self-abandonment.

As anesthesiologists, our involvement in preoperative spiritual wellness has been virtually nonexistent, which is quite remarkable considering the nature of our work. We play such a critical role in the perioperative setting, beginning with the preoperative visit. The results of this study suggest that the majority of ASA anesthesiologists who responded to this survey are willing to participate in prayer with their patients. However, further research is needed to capture a representation of anesthesiologists worldwide.



References

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