Relationship of Spirituality with Morbidity and Mortality in Patients with Coronary Artery Disease Undergoing CABG Surgery at Shariati Hospital

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Abstract

Background and Objective: Coronary artery disease is the leading cause of death in most countries. Although the relationship between spirituality and health has been confirmed in various studies, the relation in this specific case has not been investigated. Therefore, the present study was conducted to investigate the relationship of spirituality with morbidity and mortality in patients with coronary artery disease who underwent CABG surgery.

Methods: This cross-sectional study was performed on patients with coronary artery disease who had undergone CABG at Dr. Shariati Hospital in Tehran over the time period from December 2012 to December 2013. The data collection tools were a data gathering checklist based on patients' records and respective physician's confirmation and the Spirituality questionnaire (Hall and Edwards, 1996). Data were analyzed using Mann-Whitney, Kruskal-Wallis, and Spearman correlation coefficient. All ethical issues were observed in this study and the authors of the article have not reported any conflicts of interest.

Results: The findings of the relationship between the six subscales of spirituality with morbidity and mortality showed that with an increase in the median score of disappointment subscale, the incidence of infection, tamponade, PVC and AF increased and by increasing the median score of awareness subscale, the incidence rate decreased (P<0.05). There was a significant positive correlation between the hospital stay and disappointment subscale (P=0.003, r=0.291). Mortality also decreased in patients who were more knowledgeable (P<0.05).

Conclusion: The results of the research indicate that spirituality correlates with the incidence of morbidity and mortality after CABG surgery. Therefore, effective solutions such as considering the spiritual issues in the patients' treatment process and training appropriate psychological techniques should be used to expedite their recovery.

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Summary

Background and Objective

Coronary artery disease is the leading cause of death in most countries. Coronary Artery Bypass Graft (CABG)

is now one of the most commonly selected surgical procedures that can restore normal blood flow to an obstructed coronary artery. It is performed for patients with coronary artery disease (CAD) to improve quality of life and reduce cardiac-related mortality. Although the relationship between spirituality and health has

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been corroborated in a host of studies, its relation to this specific disease has not been investigated. Therefore, the present study was conducted to examine the relationship between spirituality and morbidity as well as mortality among patients with coronary artery disease who underwent CABG surgery.

Methods

This cross-sectional study was performed on patients with coronary artery disease who had undergone CABG at Dr. Shariati Hospital in Tehran over the time span between December 2012 and December 2013. The data collection tools can be divided into two categories: the first category was a data gathering checklist based on the patients medical records during their hospital stay and after discharge from hospital, the desired complications and initial mortality were recorded according to the patients and their relatives' report, physician confirmation as well as the review of relevant tests within one month period. The second category included the Hall and Edwards spirituality questionnaire. The Spiritual Assessment Inventory (SAI) is a self-report tool consisting of 47 items seven of which have two parts and are designed to assess two dimensions of spiritual development: God awareness and quality of relationship with God. The questionnaire includes six subscales (Awareness, Realistic Acceptance, Disappointment, Grandiosity, Instability and Impression Management) whose components have high internal consistency. Every participant declares his/her agreement or disagreement with each statement in a five-point Likert scale. Hall and Edwards reported Cronbach's alpha coefficients for the subscales of spirituality questionnaire as follows: Awareness=0.95, Acceptance=0.90, Disappointment=0.83, Grandiosity=0.73, Instability=0.84 and Impression Management=0.77 (1). The Cronbach's coefficient of the questionnaire in the whole subscales has been reported to be 0.88 in Iranian population (2). In this study, the Cronbach's alpha coefficient was 0.91. The collected data were analyzed using Mann-Whitney, Kruskal-Wallis, Spearman correlation coefficient.

Results

The findings of the relationship between the six subscales of spirituality with morbidity and mortality showed that with an increase in the median score of disappointment subscale, the incidence of infection, tamponade, PVC and AF increased and by increasing the median score of awareness subscale, the incidence rate decreased (P<0.05). There was a significant positive correlation between the hospital stay and disappointment subscale (P=0.003, r=0.291). Mortality also decreased in patients who were more knowledgeable (P<0.05). Meanwhile, according to the results, the subscales of awareness, instability and impression management were different in both sexes and the median score of these subscales were higher in women than men. It is worth noting that the scores of awareness, disappointment and impression management subscales differed among married and

single individuals. The median score of awareness subscale in married people (86 (82,91) vs. 79 (71,87)) and the median score of disappointment subscale in single people (17 (12,20) vs. 11 (8,14)) was higher.

Conclusion

According to the results, the incidence of complications and mortality after coronary artery bypass graft was lower in patients who had more spiritual strength. Therefore, raising spiritual thinking, knowing God's existence, believing in God and improving the qualitative relationship with God is accompanied by an increase in sense of well-being, reducing morbidity and mortality of patients after coronary artery bypass graft surgery. Last but certainly not least, it seems that the level of spiritual beliefs is an important factor in the progression or improvement of coronary artery disease. Therefore, effective solutions such as considering the spiritual issues in the treatment process of patients and training appropriate psychological techniques should be used in order to reach a much more comfortable and speedy recovery.

Ethical considerations

The Ethics Committee of Tehran University of Medical Sciences has confirmed this research.

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Conflict of interest

The authors declared no conflict of interest.

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دراسة العلاقة بين المعنوية وبين الاعراض والوفيات لدى مرضى الشريان التاجي الذين تمت مراجعتهم إلى مستشفى شريعتي في إطار جراحة تطعيم مجازة الشريان الذين تمت مراجعتهم إلى التاجى CABG

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معلومات المادة

الوصول: ٢٢ صفر ١٤٤٠ وصول النص النهايي: ٢١ ربيعالثاني ١٤٤٠ القبول: ٥ جماديالاول ١٤٤٠ النشر الإلكتروني: ١٤ رجب ١٤٤٠

الكلمات الرئيسة:

الإعتقاد تطعيم مجازة الشريان التاجي مرض الشريان التاجي المعنوية

الملخّص

خلفية البحث وأهدافه: يعتبر مرض الشريان التاجي، السبب الرئيسي للوفاة في معظم البلدان على الرغم من أن العلاقة بين المعنوية والصحة قد تم التأكد منها في العديد من الدراسات، إلا أن علاقتها بحذا المرض الخاص لم يتم التحقيق فيها بعد.

منهجية البحث: تمت هذه الدراسة الاستعراضية على المرضى الشريان التاجي الذين اجريت عليهم عملية جراحة تطعيم مجازة الشريان التاجي في مستشفى الدكتور شريعتي بين نوفمبر ٢٠١٣ الى نوفمبر ٢٠١٣. كانت أداة جمع البيانات عبارة عن قائمة مرجعية لجمع البيانات التي تستند إلى ملف المرضى المصحوب بتأكيد الطبيب، واستبيان "هول وإدواردز" للمعنوية. تم تحليل البيانات وتجزئتها باستخدام اختبار "مان ويتني" و "كروسكال واليس" ومعامل الارتباط. تمت مراعاة جميع الموارد الأخلاقية في هذا البحث، واضافة الى هذا فإن مؤلفي المقالة لم يشيروا الى أي تضارب في المصالح.

الكشوفات: أظهرت النتائج التي توصل إليها من خلال علاقة المقاييس التحتية السنة للمعنوية مع المضاعفات الناتجة عن الجراحة والوفيات أنه بزيادة متوسط نسبة المقياس التحتية لخيبة الأمل، ازدادت نسبة الإصابة بإلالتهاب والسدادات، وال PVC وال AF، ومع الزيادة في متوسط المقياس التحتي للوعي، انخفضت نسبة الاصابة بما $(P<\cdot, \cdot P)$. كما أن هناك ارتباطاً خطياً مباشراً وكبيراً بين فترة الرقود في المستشفى وبين المقياس التحتي لخيبة الأمل $(P=\cdot, \cdot P)$ وانخفضت نسبة الوفيات أيضا في المرضى الذين كانوا أكثر وعيا $(P<\cdot, \cdot P)$.

الاستنتاج: بناء على النتائج، هناك علاقة بين المعنوية وبين مستوى اصافة الاعراض والوفيات بعد اجراء عملية جراحة تطعيم مجازة الشريان التاجي CABG. ولهذا يجب وضع حلول مؤثرة واستراتيجيات فعالة بما في ذلك الاهتمام بالقضايا المعنوية في عملية علاج المرضى وتعليم الأساليب النفسية المناسبة لتحسين الأمراض واستعادة الصحة بشكل اسرع.

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المراسلات الموجهة إلى السيدة نسيم شايان، البريد الإلكتروني: Shayan.n@ut.ac.ir

يتم استناد المقالة على الترتيب التالي:

بررسی رابطهی معنویت با عوارض و مرگومیر بیماران مبتلا به بیماری عروق کرونری مراجعه کننده به بیمارستان شریعتی تحت جراحی بای پس کرونر

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اطلاعات مقاله

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واژگان کلیدی:

اعتقاد

بایپس عروق کرونر بیماری عروق کرونر معنویت

حكىدە

سابقه و هدف: بیماری عروق کرونر قلب سردستهی علل مرگومیر در بیشتر کشورها محسوب می شود. گرچه رابطهی بین معنویت و سلامت در مطالعات مختلفی تأیید شده، رابطهی آن با این بیماری خاص هنوز بررسی نشده است. ازاینرو، تحقیق حاضر با هدف بررسی ارتباط بین معنویت با عوارض و مرگومیر بیماران مبتلا به بیماری عروق کرونری که تحت جراحی بای پس کرونر قرار گرفتهاند، انجام شد.

روش کار: این مطالعه ی مقطعی بر روی بیماران مبتلا به بیماری عروق کرونر که در فاصله ی زمانی بین آذر ۱۳۹۱ تا آذر ۱۳۹۲ در بیمارستان دکتر شریعتی تهران تحت عمل بای پس کرونر قرار گرفته بودند، انجام شد. ابزارهای گردآوری داده ها شامل چکلیست جمعآوری اطلاعات بر اساس پرونده ی بیماران و تأیید پزشک مربوط و همچنین پرسشنامه ی معنویت هال و ادواردز بود. تجزیه و تحلیل داده ها نیز با استفاده از آزمونهای من-ویتنی، کروسکال والیس و ضریب همبستگی اسپیرمن انجام شد. در این پژوهش همه ی مسائل اخلاقی رعایت شده است و مؤلفان مقاله هیچگونه تضاد منافعی گزارش نکرده اند.

نتیجهگیری: بر اساس نتایج بهدستآمده، معنویت با میزان بروز عوارض و مرگومیر پس از عمل بایپس کرونر رابطه دارد. ازاینرو، باید راهکارهایی مؤثر همچون مدنظر قرار دادن مسائل معنوی در فرایند درمان بیماران و آموزش روشهای روانشناختی مناسب برای بهبود سریعتر آنها به کار گرفته شود.

استناد مقاله به این صورت است:

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