

## Spirituality for dialysis patients: should the nephrologist address?

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### ABSTRACT

**Introduction:** Studies on the relationship between spirituality and health are increasingly common in the international literature, showing the association of spirituality with lower levels of depression and anxiety, better quality of life, and lower hospitalization and mortality rates. **Objectives:** To evaluate the relationship between spirituality/religiosity and health in dialysis patients. **Methods:** A literature review was conducted through search in the Scielo, LILACS, Medline, and PsycINFO data banks. Articles addressing the association between spirituality/religiosity and health in dialysis patients were selected. **Results:** Higher levels of spirituality and religiosity were associated with better quality of life, less depression, greater social support, higher satisfaction with life, and more satisfaction with the nephrologist's treatment. Similarly, less spiritualized dialysis patients asked more often for supportive therapy, such as orotracheal intubation. Spirituality was a coping factor for the families of dialysis patients. The literature showed no relationship between spirituality and quality of sleep, compliance with treatment, and mortality. **Conclusion:** Spirituality and religiosity play an important role for dialysis patients. They are associated with important aspects of the physician-patient relationship, quality of life, and coping. Thus, they should be valued by professionals caring for those patients.

**Keywords:** spirituality, religion and medicine, dialysis, chronic kidney failure.

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### INTRODUCTION

Renal disease is considered an important problem of public health due to its high morbidity and mortality rates. According to the 2002 census of the Brazilian Society of Nephrology, Brazil has more than 54,000 patients on renal replacement therapy, approximately 50,000 of whom on hemodialysis.<sup>1</sup> Although treatments currently available for end-stage renal disease partially replace renal function, palliate its symptoms, and preserve patient's life, none of them is curative.

The technological and therapeutic advances in dialysis have contributed to the increase in chronic renal patient survival, without, however, providing quality of life.<sup>2</sup> Those patients, who depend on advanced technology to survive, have limitations in their daily lives, and experience innumerable biopsychosocial losses and changes that interfere with the quality of their lives, such as job loss, changes in body image, and diet and fluid restrictions.<sup>3</sup>

The pathophysiological alterations of dialysis patients have been extensively studied, and a close relationship between psychiatric disorders and renal disease has recently emerged. Kimmel has even reported: "The first three decades of end-stage renal disease program were devoted to extending patient survival. The challenges for the next 30 years include understanding the relationship of psychosocial factors to patient outcomes, including adjustment, compliance, morbidity, and mortality".<sup>4</sup>

The psychiatric disorders of those patients have been the objective of several recent studies, showing a 5%-to-22% prevalence of those disorders, depending on the diagnosis criteria used.<sup>5</sup> Almost

half of the patients on dialysis have depressive symptoms, and 25% of them meet the criteria for depression. Similarly, 20% to 40% of those patients meet the criteria for anxiety.<sup>6,7</sup> The quality of life of dialysis patients is also impaired, justifying the innumerable studies aiming at providing an improvement in their life conditions and comfort.<sup>8</sup>

In this scenario of increasing prevalence of comorbidities and of patients on dialysis, religion plays a role. Patients with chronic diseases, which sometimes are incurable, rely on faith and the religious act as a way to find support and relief for their pain.

Spirituality is defined by Koenig<sup>9</sup> as “a personal search for understanding final questions about life, its meaning, its relationships to sacredness or transcendence that may or may not lead to the development of religious practices or formation of religious communities”. Religiosity is understood as the “extension to which an individual believes, follows, and practices a religion, and can be organizational (church or temple attendance) or non organizational (to pray, to read books, to watch religious programs on television)”.

From the 1950s on, epidemiological studies have shown the importance of religiosity and spirituality for patients and have triggered several research lines on that topic. Currently, the associations of religiosity/spirituality and the following have been shown: mental disorders (greater general well-being<sup>10</sup>, lower prevalence of depression<sup>11</sup>, drug abuse<sup>12</sup>, and suicide<sup>13</sup>); better quality of life<sup>14,15,16</sup>; better coping with the disease<sup>17</sup>; lower mortality<sup>18,19</sup>; shorter hospitalization<sup>20</sup>; and even better immune function.<sup>21</sup> In Brazil, 92.6% of the population have a religion and approximately 90% attend church regularly<sup>22</sup>, thus the importance of assessing the aspects of spirituality and religiosity in patients on dialysis.

## OBJECTIVE

To assess the relationship between spirituality, religiosity, and health in patients on dialysis.

## METHODS

A literature review was carried out in the Scielo, LILACS, Medline, and PsycINFO data banks by use of the following words: spirituality, religiosity, religiousness, religion, dialysis, and hemodialysis. The studies about the relationship between spirituality and health in dialysis patients were selected and discussed.

Eighty-eight articles were found. Exploratory reading of the titles and abstracts was performed for identifying the material that would meet the objectives

of the review. Seventy-three studies were excluded in this preliminary phase, because they were out of the scope of the review. Thus, 15 articles compatible with the topic and published in indexed journals were selected. As Brazilian studies on that topic were scarce, we chose to include one Brazilian paper with partial results published in the annals of a medical congress.

## RESULTS AND DISCUSSION

The study of spirituality and religiosity in dialysis patients has been consistently addressed in international publications.<sup>23,24,25</sup>

In 2002, Patel *et al.*<sup>26</sup> carried out a study at the George Washington University with 53 patients on hemodialysis and reported a direct association of the importance of faith perception (spirituality) and religious involvement with the following: social support; coping with the disease; and quality of life. An inverse association was reported with depression. In the following year, at the same institution, a multicenter study was carried out with 165 dialysis patients and showed a direct association between spiritual beliefs (using the Spiritual Beliefs Scale), quality of life, and satisfaction with life.<sup>27</sup> Both studies have also assessed clinical parameters of the patients and have found no statistical differences.

In 2004, Berman *et al.*<sup>28</sup>, studying 74 dialysis patients of a center in Philadelphia (United States), reported that patients with high scores in the intrinsic religiosity scale (an aspect that is part of the truly religious individual, who internalizes his/her faith and beliefs in daily life) were more satisfied with life, and those with high scores in the organizational religiosity scale (religious involvement) were more satisfied with medical care. However, no relationship was observed between religiosity and compliance with therapy in that population.

Similarly, in 2003, Weisbord<sup>29</sup> carried out an interventional study, in which end-stage renal patients underwent palliative care with a multidisciplinary team. The intervention consisted in an initial assessment with a physician specialized in palliative care, who applied questionnaires, collected the clinical history, and performed physical examination. The patients were then invited to attend week meetings with a multidisciplinary team, which included a professional responsible for spiritual support. Recommendations were provided for the patient and nephrologist, aiming at treating symptoms, recovering physical functioning, coping with the disease, and establishing supportive end-of-life measures. On the evaluation prior

to intervention, the “quality of life” spiritual domain was the lowest of all. After that intervention, it increased the most (approximately 12 times).

In a descriptive study<sup>25</sup>, better coping with the disease, mainly in the psychosocial aspect, correlated with higher spiritual, existential, and religious well-being. Similarly, a qualitative study carried out by Walton<sup>30</sup> assessed 11 patients on dialysis aiming at analyzing the meaning of spirituality for those patients and the way they used it to adapt to their new reality. Faith and the presence of the Divine helped patients to face mortality and accept dialysis. They described spirituality as the driving force.

Another study conducted by O’Brien<sup>31</sup> has shown that perceiving the importance of religious faith was associated with adjustment in end-stage renal disease patients, being directly related to facing the disease and inversely related to alienation.

The relation between the preferences of supportive end-of-life measures and spirituality have also been assessed in a study of 2009 that is still to be published.<sup>32</sup> According to that study, patients who wanted supportive measures for end-stage conditions or advanced demential status had a lower level of spiritual well-being and considered invasive approaches acceptable to maintain life.

Regarding the quality of sleep, a study carried out in Taiwan<sup>33</sup> with 861 patients showed no association between the values of religious and spiritual activities. However, when analyzed separately, those exercising their personal beliefs more constantly reported less trouble in “daytime dysfunction” and those who held stronger spiritual beliefs reported more sleep disorders.

One single study performed in 2008<sup>34</sup> attempted to establish an association between spirituality and mortality in hemodialysis patients. The patients completed questionnaires assessing spirituality, religious involvement, and religion as coping. The scales ranged from 0 to 20. The authors concluded that high scores in the spirituality scale, but not in the other religious variables, were related to longer survival. However, when controlled for other variables, interference of the social support was found, leading the authors to conclude that further studies are required to confirm that association. Social support may have interfered as a mediator of the relationship between spirituality and mortality, that is, patients with higher levels of religiosity and spirituality usually have greater social support (bigger social network), which would account for the decrease in mortality.

In 2007, an editorial by Finkelstein *et al.*<sup>23</sup> for the prestigious journal “Nephrology Dialysis

Transplantation” focused on the relationship between spirituality, quality of life, and the dialysis patient. Those authors reported that “the relationship between quality of life and spirituality certainly needs to be further explored, because a positive impact on the quality of life of dialysis patients is so difficult to obtain”. They finish their editorial asking the following: “Does it not seem reasonable, then, to explore the role of spirituality in the coordination of those patients’ care and their support?”

Some studies have also shown the incorporation of spirituality in medical care. In 2006<sup>35</sup>, a study carried out in the United States showed that patients want health care professionals (in that study, nurses) to ask them about their spirituality and mobilize spiritual resources in caring for. In 2002<sup>36</sup>, when a health care team in Connecticut, United States, incorporated spirituality through the admission of a chaplain to their dialysis unit, the functioning of the team as a whole and the spiritual support to patients improved.

In Brazil, few studies have addressed that question. In 2009, Paula *et al.*<sup>37</sup> published a qualitative study assessing four families of children on peritoneal dialysis and reported manifestations of spirituality and religiosity. The mothers claimed that “God is the hope for cure of chronic disease” and “God can protect children from clinical complications”. In addition, there was a great involvement of the church with the families in praying for the recovery of the children. The authors have identified religion as an important element in “providing comfort to family members, in addition to being a type of support” and in “promoting social interaction and support between the family and community”. They have reported that “spirituality and religion have shown a positive influence on the behavior of the parents of chronically ill children. The family finds peace and tranquility in the divine figure”. That study concludes that “by knowing the religious and spiritual practices of the family, the nurse will be able to understand its attitudes in the course of disease and therapy, helping in maintaining health-promoting practices”.

The SALUD (Spirituality and Life Under Dialysis) study is an ongoing multicenter Brazilian study, involving three dialysis units (Hospital Beneficência Portuguesa, in the city of São Paulo; Nephrology Unit of Osasco, in the city of Osasco, São Paulo state; and Hospital Stella Maris in Guarulhos, São Paulo state) and supported by the Medical-Spiritist Association of São Paulo. The partial results of the study were reported on the XV Congress of Nephrology of São Paulo in 2009.<sup>38</sup> Until now, 55 patients were assessed (mean

age, 52.6 years; male sex, 60%). The religious characteristics were as follows: 54.5% were Catholics, 27.3% Protestants, and 3.6% Spiritists; 40.8% reported attending church regularly; 81.8% prayed once a day or more; 68.5% believed that their religion was very important for their recovery, and 60.4% for their lives. Correlation of lower religious involvement was observed with a greater presence of pain (OR: 8.8; 95% CI: 1.2-64.8) and a higher score for pain. Of those who attended church at least once a week, 21.1% had depression versus 44% of those who did it less often ( $p = 0.11$ ). Of those who reported that religion was very important in their lives, 56% had a good or very good quality of life versus 36.8% of those who believed religion was not so important ( $p = 0.21$ ), with a tendency towards significance as the sample increased in size. When inquired if physicians should ask about their religion, 59.3% of the patients answered yes; when inquired if they had already been asked by any physician, 74.1% answered no. That shows the existence of a gap between the desires of dialysis patients and the attitude of physicians. That result is in accordance with those of other international studies, in which 83% of the patients wanted their physicians to talk about their spirituality<sup>39</sup> and 94% of the patients wanted their physicians to ask about their religious beliefs when severely ill.<sup>40</sup>

In conclusion, spirituality and religiosity play an important role for patients on dialysis. They are related to important points in the physician-patient relationship itself, quality of life, and facing the disease, and should be valued by the professionals caring for that type of patient.

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