

USE OF A SPIRITUALITY SELF-RATING SCALE IN PATIENTS WITH KIDNEY DISEASE UNDERGOING HEMODIALYSIS

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ABSTRACT: The present study aimed to assess the spiritual well-being of patients undergoing hemodialysis, based on a Spirituality Self-Rating Scale for use in health care. Cross-sectional descriptive study with 80 patients hospitalized to treat kidney disease undergoing hemodialysis. Data collected from December 2011 to January 2012, through a self-rating scale for assessment of spirituality. Of the 80 patients, 93.75% had some religious belief. Regarding the expressions of spirituality, 57.5% agreed with the expression "My spiritual/religious beliefs give a meaning to my life"; 70%, with the expression "My faith and belief give me strength at difficult times"; 48.8%, with "I have hope in the future"; 21.3% with "I feel my life has changed for the better"; and 63.7%, with "I learned to appreciate the little things in life". It has been observed that the spiritual/religious aspect has great influence on the health status of patients with kidney disease undergoing hemodialysis, highlighting the importance for health professionals to be prepared for dealing with this issue.

DESCRIPTORS: Spirituality; Chronic kidney Disease; Renal Dialysis; Nursing.

UTILIZAÇÃO DA ESCALA DE AVALIAÇÃO DA ESPIRITUALIDADE EM PACIENTES PORTADORES DE LESÃO RENAL EM HEMODIÁLISE

RESUMO: Objetivou-se avaliar a espiritualidade de pacientes em hemodiálise, fundamentada na Escala de Avaliação da Espiritualidade em Contextos de Saúde. Estudo descritivo e transversal, realizado com 80 pacientes internados por lesão renal em hemodiálise. Dados coletados de dezembro de 2011 a janeiro de 2012, por meio de uma escala autoaplicável de avaliação da espiritualidade. Dos 80 pacientes, 93,75% possuíam alguma crença religiosa. Quanto às expressões de espiritualidade, 57,5% estavam de acordo com a variável "As minhas crenças espirituais/religiosas dão sentido à minha vida"; 70%, com "Minha fé e crença dão-me força nos momentos difíceis"; 48,8%, com "Vejo o futuro com esperança"; 21,3%, "Sinto que minha vida mudou para melhor"; e 63,7%, com "Aprendi a dar valor às pequenas coisas da vida". Constatou-se que o espiritual/religioso exerce grande influência na saúde do paciente com lesão renal em hemodiálise, evidenciando a importância de profissionais preparados para lidarem com esta temática.

DESCRIPTORES: Espiritualidade; Insuficiência Renal Crônica; Diálise Renal; Enfermagem.

UTILIZACIÓN DE LA ESCALA DE EVALUACIÓN DE LA ESPIRITUALIDAD EN PACIENTES CON LESIÓN RENAL EN HEMODIÁLISIS

RESUMEN: Se objetivó evaluar la espiritualidad de pacientes en hemodiálisis, fundamentada en la Escala de Evaluación de la Espiritualidad en Contextos de Salud. Estudio descriptivo y transversal, realizado con 80 pacientes internados por lesión renal en hemodiálisis. Datos obtenidos de diciembre de 2011 a enero de 2012, por medio de una escala autoaplicable de evaluación de la espiritualidad. De los 80 pacientes, 93,75% presentaban alguna creencia religiosa. Quanto a las expresiones de espiritualidad, 57,5% estaban de acuerdo con la variable "Mis creencias espirituales/religiosas dan sentido a mi vida"; 70%, con "Mi fe y creencia me dan fuerza en los momentos difíciles"; 48,8%, con "Miro el futuro con esperanza"; 21,3%, "Siento que mi vida se cambió para mejor"; e 63,7%, con "He aprendido a valorar las pequeñas cosas de la vida". Se constató que el espiritual/religioso ejerce grande influencia en la salud del paciente con lesión renal en hemodiálisis, evidenciándose la importancia de profesionales preparados para proceder con esta temática.

DESCRIPTORES: Espiritualidad; Insuficiencia Renal Crónica; Diálisis Renal; Enfermería.

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INTRODUCTION

Chronic kidney Disease (CKD) is characterized by progressive and irreversible loss of kidney function, resulting in the inability of the kidneys to perform their basic functions of excretion and maintenance of homeostasis. It affects about 2 to 5% of hospitalized patients and can be influenced by factors such as sepsis, hypovolemia, use of aminoglycosides, heart failure and radiocontrasts⁽¹⁾.

CKD is major public health problem in Brazil, since the prevalence of patients in chronic dialysis programs has doubled in the past eight years, and due to the growing number of individuals affected with chronic kidney disease in the country, Brazil has become the world's third largest dialysis market. The mortality rate by kidney disease is 10 to 20 times greater than that of the general population, and cardiovascular disease is the most common cause of death⁽²⁾.

The patient with chronic illnesses often faces situations whose complexity goes beyond the clinical manifestations of the disease. He deals with the suffering caused by the difficult moments experienced, rejection, guilt and fights, the daily attempt to live in harmony with a health condition⁽³⁾. CKD imposes many changes in the lives of the patients, including continued use of medication, dependency on other people and the use of devices to adapt to the new circumstances, and in most cases, financial dependence.

Living with the disease and the painful treatment generate existential conflicts that can provoke spiritual anguish, which, in turn, aggravates the physical and emotional symptoms and the ability to tackle the disease. The search for spiritual well-being is one way of the many ways to help the patient deal with the difficulties and adaptations involved in the disease process⁽⁴⁾. A study on the spirituality of patients with CKD revealed that spirituality plays a key role in the patient's ability to cope with the disease, and understanding of the spiritual experiences lived by patients helps in the delivery of adequate spiritual care⁽⁵⁾.

We stress that holistic care in nursing practice must consider the physical, emotional, social and spiritual needs of patients and response to the disease⁽⁶⁾. It is therefore necessary to understand the religious beliefs and the several ways of expressing religiosity/spirituality.

Based on the theory of Basic Human Needs of Wanda Horta, we realized the importance of the

adoption of holistic care, which involves spirituality as part of the physical and psychological needs of the individuals, being a predominant factor in the assistance to patients with CKD⁽³⁾.

We hope that this study may contribute to the practice of nurses working in nephrology, since spirituality can provide balance in life, favoring the adaptation of patients with CKD, and improving the care practice in nursing.

Thus, the present study aimed to assess the spirituality of patients undergoing hemodialysis based on the Spirituality Self-Rating Scale for use in health care.

METHOD

Cross-sectional descriptive study with quantitative approach. The survey was performed in a hemodialysis unit of a nephrology service of a large tertiary hospital connected to Brazil's Unified Health System (SUS), in the city of Fortaleza, Ceará, Brazil.

The population of the study was composed of 80 patients with kidney disease undergoing hemodialysis in the collection period and who met the inclusion criteria of the study: patients aged at least 18 years old, of both genders, capable of completing the self-reporting instrument and who agreed to participate in the study by signing the Informed Consent document.

Data collection was performed from December 2011 to January 2012, with the use of two instruments: at first, a questionnaire containing questions related to socio-demographic characteristics of the patients and then the Spirituality Self-Rating Scale for use in health care, created and validated in Brazil⁽⁷⁾.

The scale is composed of five items: 1. My spiritual/religious beliefs give a meaning to my life; 2. My faith and belief give me strength at difficult times; 3. I have hope in the future; 4. I feel my life has changed for the better; 5. I learned to appreciate the little things in life. A Likert-type scale with four levels of responses ranging from "I disagree" to "I fully agree" was used.

Data of all variables were analyzed through absolute and relative frequencies using EpiInfo statistical package, version 3.5.1. The results were presented on a descriptive form and through tables and figures for better viewing.

The research was approved by the Research Ethics Committee of the referred institution

under no 201006/11, according to the provisions of Resolution no 196/96 of Brazil's National Health Council⁽⁸⁾. The purpose of the study was explained to all the participants, and anonymity was ensured to them.

RESULTS

The participants were characterized regarding the following variables: gender, age range, marital status, education, profession and place of birth, shown in Table 1.

As observed, there was a predominance of female subjects (51.3%), age range above 50 years (45%) and married (53.75%). Concerning education, the same number of subjects had incomplete elementary and secondary education, with 18 (22.5%) each. Regarding profession, 19 (23.75%) were retired and housewives. Regarding the place of birth, 53 (66.25%) were born in cities from the state of Ceará; 17 (21.25%), were born in the capital; and ten (12.5%) came from other states.

Concerning religious beliefs/religiosity, 56 (70%) reported being catholics; 16 (20%), evangelicals; one (1.25), spiritualists; two (2.5%) reported having other beliefs; and five (6.25%), reported not having any religion. Analysis of the distribution of spirituality expressions and personal beliefs concerning the views of patients with CKD on their spirituality, shown in Figure 1, demonstrated that most patients, 46 (57.5%), fully agreed with the expression "My spiritual/religious beliefs give a meaning to my life", while 28 (35%) said they mostly agreed, four (5%) slightly agreed and two (2.5%) disagreed with the expression. Analysis of the responses given to the expression "My faith and belief give me strength at difficult times", showed that 56 (70%) patients fully agreed, 19 (23.80%) mostly agreed, four (5.0%) slightly agree and one (1.30%) disagreed with the expression.

Regarding the expression "I have hope in the future", 39 (48.80%) said they fully agreed, 25 (31.30%) mostly agreed, 11 (13.80%) slightly agreed and five (6.30%) disagreed with the referred expression. Concerning the expression "I feel my life has changed for the better", there was a discrepancy: 25 (31.3%) disagreed and 25 (31.3%) mostly agreed, 17 (21.30%) fully agreed and 13 (16.30%) slightly agreed with the expression.

As for the expression "I learned to appreciate the little things in life", most subjects, that is, 51 patients (63.75%) fully agreed; 24 (30.4%) mostly

Table 1 – Distribution of the participants of the study according to socio-demographic variables. Fortaleza, CE, Brazil, 2012

Variables	N	%
Gender		
Female	41	51.25
Male	39	48.75
Age range		
18 – 19 years	4	5
20 – 29 years	13	16.25
30 – 39 years	13	16.25
40 – 49 years	14	17.5
Over 50 years	36	45
Marital status		
Married	43	53.75
Divorced	10	12.5
Single	21	26.25
Stable relationship	4	5
Widowed	2	2.5
Education		
Illiterate	13	16.25
Incomplete elementary school	18	22.5
Completed elementary school	14	17.5
Incomplete high school	18	22.5
Completed high school	13	16.25
Incomplete higher education	2	2.5
College degree	2	2.5
Profession		
Retired	19	23.75
Housewife	19	23.75
Mechanic	3	3.75
Farmer	9	11.25
Student	7	9.75
Others	23	28.75
Place of birth		
Capital	17	21.25
Cities of the state of Ceará	53	66.25
Cities of other states	10	12.5
Religious beliefs/Spirituality		
Catholic	56	70
Evangelical	16	20
Spiritualist	1	1.25
Others	2	2.5
None	5	6.25

agreed and five (6.30%) slightly agreed with the expression; there was no disagreement.

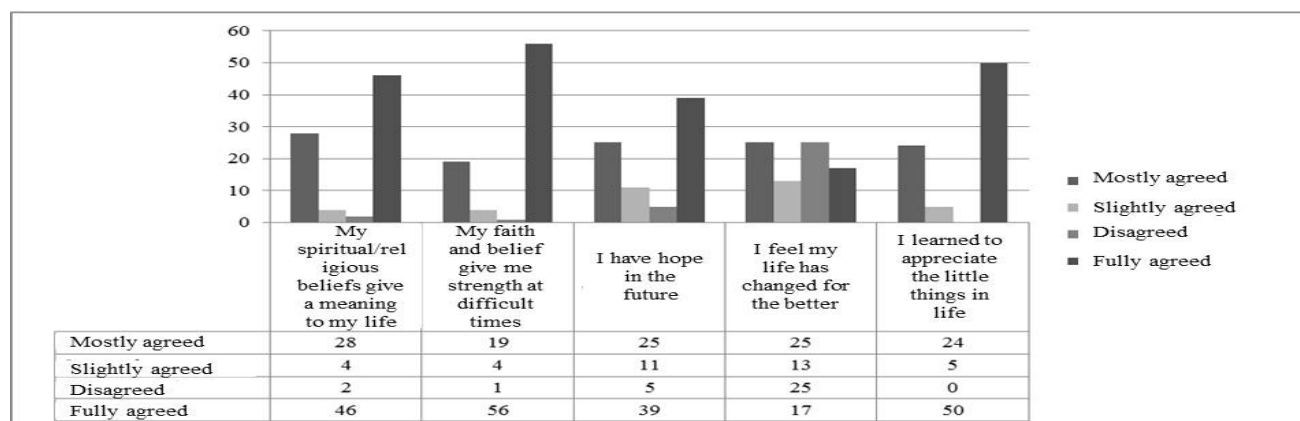


Figure 1 – Distribution of expressions related to personal religious beliefs/spirituality, according to the participants of the study. Fortaleza, CE, Brazil, 2012

DISCUSSION

Although other studies demonstrated the prevalence of male individuals among the adult population with CKD, the results obtained in the present study found a prevalence of female individuals among these patients. This finding can be associated to the difficulties faced by public health facilities regarding the assistance provided to women. In this regard, the several tasks performed by women, in general, such as maternity, work at home and outside of the home, which may have a negative impact on health, lack of self-care and the onset of chronic diseases that lead to hospitalization should also be considered⁽⁹⁾.

The prevalent age group was consistent with the findings of the relevant literature, according to which the average age of patients affected by CKD is 60 years⁽¹⁰⁾. Regarding marital status, most subjects were married, and these family ties provided emotional and spiritual relief to these patients, favoring their recovery and subsequent adaptation. Some authors stressed that most patients have the support of their families, and many times, at the disease onset, friends move away, and the only support is provided by the family – usually, wives and children⁽¹¹⁾.

Most participants had low educational level, which may lead to poor adherence to therapy, which contributed to discontinuity of care and poor treatment outcome. Some authors report that most patients undergoing hemodialysis have low educational level, which contributes to limited access to and understanding of health care⁽¹²⁾.

Regarding the occupation of the subjects, most were retired and housewives, probably due to

their older age, and family members may become concerned with the possibility of being deprived of the only source of family income. As for the fact that most women were housewives, their age and lifestyles were considered.

Regarding the place of birth, most respondents came from the inland of the state. A significant part of the population with CKD move to the capital to undergo hemodialysis, which is another adaptation they have to face in their daily activities⁽¹³⁾.

Most respondents reported being Catholics. Most of the Brazilian population is Christian, believing in an omniscient, omnipotent and omnipresent God, whose actions are based on ethical principles and values and directly impact their lives, and especially their health.

The influence of religiosity has great impact on physical health, being considered a possible factor in the prevention of the development of diseases among the population and the eventual reduction of deaths and the impact of several disorders. The evidence strongly suggests a scenario of prevention. Studies that attempt to investigate the relationship between reduced mortality rate and religious practices have emphasized the possible encouragement of these practices to healthy life habits, social support, lower rates of stress and depression⁽⁴⁾.

Regarding the distribution of expressions related to spirituality/personal beliefs, most subjects fully agreed with the expression “My spiritual/religious beliefs give a meaning to my life”. Spiritual and religious beliefs are beneficial for humans, because they activate their spirituality. One study demonstrated a strong correlation between religious attitude and

existential achievement, with religious attitude considered the expression or the act of believing in something higher than ourselves, in order to find a meaning in life⁽¹⁴⁾.

The subjects also fully agreed with the expression "My faith and belief give me strength at difficult times". It can be inferred that faith is very important for the human being. Some authors demonstrated that faith is a treatment modality, which increases the courage and patience needed to cope with difficult situations⁽³⁾.

A recent study reported that those patients who see religion/spirituality as something important or very important in their lives have a high score of religious/spiritual coping, thereby strengthening their strategies to deal with the disease⁽¹⁵⁾. Some authors corroborate these findings by stating that a "good relationship" with God or a superior being increases the resilience of the individual, ie the ability of humans to respond to the demands of everyday life positively, despite the adversities throughout their life cycle development, resulting in the combination of the attributes of the individual and their family, social and cultural context⁽¹⁶⁾.

Concerning the expression "I have hope in the future", the majority of the respondents said they mostly agreed with it. A national survey on the correlation between hope and spirituality found a positive correlation of moderate magnitude. Thus, since help is essential for humans and help them cope with difficult situations in their daily lives, in a positive way, religiosity and spirituality can be associated to life expectancy, because the spiritual dimension is described as relevant in assigning meanings to life and providing hope to deal with illnesses⁽¹⁴⁾.

There was a disagreement in the answers given to the expression "I feel my life has changed for the better". Kidney disease can be associated to other illnesses that generate in the patients a general sensation of discomfort, lack of interest in daily activities, fear, frustration and insecurity, functional, emotional, behavioral and social difficulties, leading to a process of adaptation to the reality experienced by the patient, who also experiences the uncertainty of hospitalization⁽¹³⁾. Thus, the individual with CKD must be viewed in its totality, taking into consideration individuality and life history, reintegration within the family and social context, reconstruction of citizenship, ie with a biopsychosocial approach.

Faith brings comfort and well-being to the

individual, with a positive impact on life. In a study aimed to assess the quality of life of patients undergoing hemodialysis, faith was more strongly associated with a feeling of positive change, focusing especially spirituality, religion and personal beliefs as important factors that must be considered and respected when care is delivered⁽¹⁷⁾.

The expression "I learned to appreciate the little things in life" deserved considerable attention of the participants. The difficult situations may provide unique experiences for humans, leading to major changes in views and behaviors. This may directly influence the appreciation of little things in life, such as living with the family, individuality, health itself, friendships and especially, the relationship with God and with one another⁽¹⁸⁾.

It should be stressed that hospitalization produces reflections on life and the true feelings and values of each individual. There are several ways to experience suffering and different ways to deal with this experience, which can be positive and lead to personal growth or negative, generating anger and despair. This feeling of despair is not necessarily tragic, because sometimes it helps the individual give a new meaning to life. Crisis can be the mainstay of a change⁽⁵⁾.

The relevant literature stresses that nurses must be aware of the signs shown by patients with the nursing diagnosis impaired spirituality, to be able to elucidate the information and meanings embedded in their experiences, as well as to assess the intervention of aspects of spirituality on the clinical status of these patients^(6,19).

CONCLUSION

The results of the present study revealed that the spiritual/religious aspect of patients with kidney disease is crucial for the patients' health, because it directly influences their quality of life. Therefore, it is critically important that nurses consider the views of the patients on spirituality and use instruments for assessment of suffering and spiritual activity.

This study also attempted to expand the possibilities of identification of diagnoses related to the spiritual dimension, which involves nursing under a holistic approach, with more benefits for the patient and family members.

We emphasize, thus, the importance of counting on a multidisciplinary health team well

prepared for this approach of spirituality and religiosity in the patients' lives, and able to deal with feelings and behaviors. Unfortunately, in Brazil, spirituality is not a subject of the curriculum of health courses.

It is expected that this study contribute to generate interest in the theme, since we live in a country with different cultures and religions and where the population needs safe guidance on spirituality. The nursing teams are prepared to meet the basic needs of patients in all their aspects (physical, emotional and spiritual levels), delivering care according to a holistic approach.

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