ABSTRACT
Objective: evaluating the religious attitude of patients with chronic renal failure on hemodialysis services. Method: a descriptive and exploratory study, performed with 100 patients in two Nephrology Services of João Pessoa-Paraíba. For analyses were carried out calculations of percentage, variance, average, standard deviation, Cronbach's alpha, Student t test, Pearson correlation. The research project was approved by the Ethics Research Committee, Protocol nº 081. Results: 60% of the sample reported themselves Catholic. The minimum factor loading, the scale of religious attitude, the first component met 8 items, with a standard deviation of 8,6 and a variance of 74,6%, with Cronbach's alpha of 0,87. The second component comprised 6 items, with a standard deviation of 7,7 and variance of 59,1%, Cronbach's alpha of 0,86. The third component bound together 7 items, with a standard deviation of 5,8 and variance of 34,1%, Cronbach's alpha of 0,86. Conclusion: religiosity is a source of acceptance of the inevitable condition and promotion of wellness. Descriptors: Chronic Renal Failure; Religion; Dialysis.

RESUMO
Objetivo: avaliar a atitude religiosa dos pacientes com insuficiência renal crônica no serviço de hemodiálise. Método: estudo descritivo exploratório, realizado com 100 pacientes em dois Serviços Nefrológicos de João Pessoa-PB. Para análises foram realizados cálculos de percentagem, variância, média, desvio-padrão, alfa de Cronbach, teste t de Student, correlação de Pearson. O projeto de pesquisa foi aprovação pelo Comitê de Ética em Pesquisa, Protocolo nº 081. Resultados: 60% da amostra se autodenominaram católica. A carga fatorial mínima, na escala de atitude religiosa, no primeiro componente reuniu 8 itens, com desvio padrão de 8,6 e uma variância de 74,6%, com alfa de Cronbach de 0,87. O segundo componente agrupou 6 itens, com desvio padrão de 7,7 e variância de 59,1%, alfa de Cronbach de 0,86. O terceiro componente coligiu 7 itens, com desvio padrão de 5,8 e variância de 34,1%, o alfa de Cronbach de 0,86. Conclusão: religiosidade é fonte de aceitação da condição inevitável e promove bem-estar geral. Descritores: Insuficiência Renal Crônica; Religião; Diálise.

RESEÑA
Objetivo: evaluar la actitud religiosa de los pacientes con insuficiencia renal crónica en servicios de hemodiálisis. Método: un estudio descriptivo exploratorio, realizado con 100 pacientes en dos servicios de nefrología de João Pessoa-Paráiba. Para los análisis se llevaron a cabo los cálculos del porcentaje, varianza, media, desviación típica, el alfa de Cronbach, la prueba t Student, la correlación de Pearson. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación de Protocolo nº 081. Resultados: 60% de la muestra informó a sí mismos católicos. El factor de carga mínima, en la escala de actitud religiosa, en el primer componente se reunió 8 puntos, con una desviación estándar de 8,6 y una varianza de 74,6%, con un alfa de Cronbach de 0,87. El segundo componente consta de 6 puntos, con una desviación estándar de 7,7 y la varianza de 59,1%, el alfa de Cronbach de 0,86. El tercer componente correlacionó 7 puntos, con una desviación estándar de 5,8 y la varianza de 34,1%, el alfa de Cronbach de 0,86. Conclusion: la religiosidad es una fuente de aceptación de la condición inevitable y promueve el bienestar general. Descriptores: Insuficiencia Renal Crónica; Religión; Diálisis.
INTRODUCTION

Disease can be defined as an organic or a bad psychic functioning which, as its manifestation, changes the dynamics of development of the individual as a total being. The severity of any disease is related to the degree of physiological or morphological disorders of the patient. Thus, chronic diseases have received more attention from healthcare professionals in recent decades. Among these are chronic renal failure (CRF), a condition considered no alternatives for a speedy recovery, progressive evolution, causing medical, social and economic problems.¹

The person with CRF has a permanent disease with irreversible pathological changes leading to various disabilities at various levels (organic, psychological, social and economic) that most often require long periods of monitoring.¹ Available treatment in terminal kidney disease is: continuous ambulatory peritoneal dialysis, automated peritoneal dialysis, intermittent peritoneal dialysis, hemodialysis and renal transplantation. These treatments can partially replace kidney function, relieve symptoms and preserve the patient’s life, but none of them is curative.²

According to the Brazilian Census Dialysis, 2011, the estimated number of patients on dialysis was 91,314. Estimates of prevalence and incidence of chronic renal failure on dialysis treatment were 475 and 149 patients per million populations, respectively. The estimated number of patients who started treatment was 28,680. The annual gross rate mortality was of 19.9%.³

Hemodialysis (HD) is the process of filtering and cleaning unwanted substances from the blood (creatinine and urea); conducted in patients with acute and chronic renal failure, since in these cases the body cannot eliminate such substances due to failure of excretory mechanisms kidney. This therapy is conducted with an extracorporeal circuit containing a composite filter surrounded by a semipermeable microcapillary membrane and a machine that enables blood flow and process efficiency.²

In this current context of increasingly pronounced prevalence of comorbidities and dialysis patients, is the role of religion/religiosity. Patients who have chronic and often incurable diseases cling to faith and religion as a way to find support and relief for their pain. Religiosity is presented in this way as a strategy commonly used by the individual in situations of illness as a way to seek improvement and strength to cope with the disease.⁴

It is considered by the whole spirituality of all the emotions and beliefs of non-material nature, with the assumption that there is more to life than can be seen or fully understood, leading to questions as expressed and experienced life, not limited to any type of religious belief or practice.⁴

From the 1950s, epidemiological studies began to show the correlations between religiosity and spirituality to the patient and triggered a lot of research on this subject. In recent years, studies have reported associations between greater religiosity and spirituality in diseases with greater overall well-being, lower prevalence of depression, quality of life, better coping, lower mortality, shorter hospital stays and even better immune function. Therefore, it is important (especially in a country like Brazil, where 92,6% of the population has a religion and approximately 90% attend church often), it is verified the role of religiosity in hemodialysis patients.⁵

Based on this information the aim of this study is to evaluate the religious attitude of patients with chronic renal failure on hemodialysis services. METHOD

This is an exploratory, descriptive study with a quantitative approach performed at the Nephrology Services in the city of João Pessoa-Paraíba: CLINEPA - Nephrology Clinic of Paraíba and UNIRIM - Unit Kidney Diseases.

The sample consisted of 100 patients with chronic renal insufficiency treated in Hemodialysis Services in the city of João Pessoa/PB, being 50 males and 50 females. The inclusion criteria were: patients were older than 18 years old, had been treated by hemodialysis, have the ability to understand and verbalize appropriate to answer the questions; being CRF over 1 year ago, agreed to participate in the study. To sample exclusion, not all criteria described above were used.

Questionnaires to collect data covering socio-demographic data and Religious Attitude Scale were applied, it presents internal consistency checked by the Cronbach’s alpha of 0.91. This scale was originally in Portuguese, and consisted of 20 items organized into five-point Likert scale (1 - never to 5 - always), where the answers are in the following pattern: never, rarely, sometimes, often and always. Such items are divided into three domains: cognitive, affective and behavioral.⁶
For statistical analyzes the data were entered in SPSS platform (Statistical Package for Social Sciences) for Windows (version 15), allowing the achievement of percentage calculations as well as verification of the accuracy of the scales, which were obtained by Cronbach's alpha, as a way to estimate the reliability of the questionnaire used in the research.

There were obtained the averages and standard deviations for the description of the profile of participants. Also, the Student t test was used for testing were obtained from two groups differ statistically from the comparison of means, Pearson correlation calculations to see if there were associations between variables, analysis of variance was taken as a measure of statistical dispersion, the tests KMO in order to indicate the proportion of variance of the data that can be considered common to all variables and Bartlett's sphericity test in order to test whether the correlation matrix is an identity matrix, both tests being used to indicate the adequacy of the data to perform the factor analysis.

The research was conducted in compliance with the ethical aspects of research involving humans, recommended by the Resolution 196/96 of the National Health Council, and was approved at the Research Ethics Committee of the Faculty of Medical Sciences of Paraíba, under Protocol nº 081 081.

RESULTS

The study group consisted of 100 patients diagnosed with CRF distributed equally in both sexes and were treated by hemodialysis. Regarding the profile of participants, the average age was 55 years old with a standard deviation of 14.6, with a minimum age of 18 years old and maximum of 90 years old.

Regarding marital status, found that 62% of participants were married, 21% single, 9% widowed and only 8% divorced. Regarding education in this sample, it was found that 36% of participants had complete elementary education, 4% not completed secondary school, 30% completed high school, 5% incomplete higher education and 25% a university degree.

In this study, as the time when the patients have chronic kidney disease was observed average of 48 months with a standard deviation of 52 months. However, the mean duration of treatment of the disease in these patients was 30 months with a standard deviation of 33.5 months, and verified minimum of one month of treatment and maximum of 144 months.

As to the duration of hemodialysis was found that 27% were over 24 months and under 36 months on this therapy, followed by 23% with less than 12 months and 17% over 12 months and under 24 months on hemodialysis. Regarding religious options, 60% of the sample self-identified as Catholic, 34% Evangelical, 3% Spiritists, and 3% said that had no religion.

The scale used religious attitude has three domains: cognitive, affective and behavioral components that match: search for religious knowledge, religious expressions and bodily manifestations, emotional aspects and religious behavior, respectively.

Because it is little known, the scale of religious attitude in the Brazilian context, we decided to perform factor analysis. Initially, we verified the appropriateness of performing an analysis of the components, which was confirmed through the indices KMO = 0.83 and Bartlett Sphericity Test, $x^2 (190) = 898.3$, $p < 0.0001$. Thus, we proceeded to an analysis of the components of the principal axes with varimax rotation. Thus, three components met the criterion Kaiser, with higher eigenvalues 1.5, suggesting the presence of three components that together explain 54.4% of the total variance.
Table 1. Religious Attitude scale components of chronic renal patients in treatment by hemodialysis. João Pessoa, 2011 (n = 100).

<table>
<thead>
<tr>
<th>Items</th>
<th>Components</th>
</tr>
</thead>
<tbody>
<tr>
<td>01. I read the Holy Scriptures (the Bible or other holy book)</td>
<td>0,83*</td>
</tr>
<tr>
<td>04. I participate in discussions on matters that relate to the</td>
<td>0,74*</td>
</tr>
<tr>
<td>09. I participate collectively with prayers of my religion/religiosity</td>
<td>0,72*</td>
</tr>
<tr>
<td>02. I often read the books that talk about religion.</td>
<td>0,71*</td>
</tr>
<tr>
<td>03. Looking for meet the doctrines or precepts of my religion/religiosity</td>
<td>0,69*</td>
</tr>
<tr>
<td>05. I talk to my family about religious matters.</td>
<td>0,58*</td>
</tr>
<tr>
<td>07. I talk to my friends about my religious experiences.</td>
<td>0,55*</td>
</tr>
<tr>
<td>10. I go to the celebrations of my religion/religiosity (masses, cults, etc.)</td>
<td>0,48*</td>
</tr>
<tr>
<td>19. Make body movements to express my Union with God.</td>
<td>0,11</td>
</tr>
<tr>
<td>18. Clap my hands in moments of religious chants.</td>
<td>0,12</td>
</tr>
<tr>
<td>20. Dance with religious songs on the occasions of contemplations.</td>
<td>0,21</td>
</tr>
<tr>
<td>16. I lift my arms in moments of praise.</td>
<td>0,18</td>
</tr>
<tr>
<td>17. I kneel to make my personal prayer with God.</td>
<td>0,14</td>
</tr>
<tr>
<td>13. I put out sadness or joy through religious songs.</td>
<td>0,30</td>
</tr>
<tr>
<td>11. I do personal prayers (spontaneous communications with God).</td>
<td>0,10</td>
</tr>
<tr>
<td>14. I feel attached to a “Being” (God).</td>
<td>-0,04</td>
</tr>
<tr>
<td>16. Act according to what my religion/religiosity prescribes</td>
<td>0,23</td>
</tr>
<tr>
<td>08. Religion/religiosity influences my decisions on what I should do.</td>
<td>0,33</td>
</tr>
<tr>
<td>15. When I walk into a church or temple, arouse me emotions.</td>
<td>0,11</td>
</tr>
<tr>
<td>06. Watch television shows about religious matters.</td>
<td>0,32</td>
</tr>
<tr>
<td>Number of items</td>
<td>8</td>
</tr>
<tr>
<td>Self Value</td>
<td>7,2</td>
</tr>
<tr>
<td>% of explained variance</td>
<td>74,0</td>
</tr>
<tr>
<td>Cronbach’s alpha</td>
<td>0,87</td>
</tr>
</tbody>
</table>

*{[0,40]} (minimum load factor considered for the interpretation of the components).

Component Identification: 1 = search for religious knowledge; 2 = religious expressions and bodily manifestations, 3 = religious behaviors and emotional aspects.

In Table 1, it appears that the first component seeks religious knowledge gathered 8 items, with saturation ranging from 0.83 for this: I read the scriptures (Bible or other holy book) 0.48 – I attend the celebrations of my religion/religiosity (masses, cults) showed a standard deviation of 8.6, a proper value of 7.2 and a variance of 74.6%. The internal consistency of this component was measured by Cronbach’s alpha, which resulted in a coefficient of 0.87. The second component of religious expressions and bodily manifestations grouped 6 items, saturation ranging from 0.80 - I make body movements to express my union with God, to 0.55 - I make personal prayers (spontaneous communication with God) to item 0.47 - watch television programs about religious matters. The standard deviation was 5.8, an eigenvalue of 1.6 and variance of 34.1%. Cronbach’s alpha was 0.86.

Table 2. Religious attitude between Catholics and Evangelicals of chronic renal patients in treatment by hemodialysis. João Pessoa, 2011 (n = 100).

<table>
<thead>
<tr>
<th>Components of Religiosity</th>
<th>Religion</th>
<th>Average</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - Search for religious knowledge</td>
<td>Catholic</td>
<td>21,3</td>
<td>8,11</td>
</tr>
<tr>
<td></td>
<td>Evangelicals</td>
<td>28,3</td>
<td>7,57</td>
</tr>
<tr>
<td>2 - Expressions and bodily religious manifestations</td>
<td>Catholic</td>
<td>18,7</td>
<td>7,56</td>
</tr>
<tr>
<td></td>
<td>Evangelicals</td>
<td>21,9</td>
<td>6,81</td>
</tr>
<tr>
<td>3 - Emotional aspects and religious behaviors</td>
<td>Catholic</td>
<td>27,5</td>
<td>6,27</td>
</tr>
<tr>
<td></td>
<td>Evangelicals</td>
<td>29,4</td>
<td>4,98</td>
</tr>
</tbody>
</table>
Table 2 shows the religious attitude of Catholics and Evangelicals, which found that the average Evangelical were higher than to the Catholics in all components of religiosity.

As the analysis of the religious attitude of Catholics and evangelicals by Student’s t test, there was only one significant correlation with component 1 and 2 with religions. Component 1, it was obtained a T (92) = 4,10, p < 0,0001, with averages of 21,3 and 28,3 of Catholic and Evangelicals, respectively. In part 2, we observed a T (92) = 2,05, p < 0,05, with averages of 18,7 and 21,9 of Catholic and Evangelicals. However, the component T 3 was observed (92) = 1,84, p > 0,05, with averages of 27,1 and 29,4 of Catholic and Evangelicals, respectively.

Regarding the difference between the means of religiosity by gender, it was observed that there was no significant difference between the sexes in any of the components evaluated by the instrument of religious attitude: T(98) = 1,22, p>0,05 for component 1 - search for religious knowledge, T(98) = 1,31, p>0,05 for component 2 - religious expressions and bodily expressions, T (98) = 1,40, p>0,05 for component 3 - emotional aspects and religious behaviors.

**DISCUSSION**

Kidney disease markedly reduces the physical and occupational functioning, and self-perceived health has a negative impact on energy levels and vitality, which can reduce or limit social interaction, which is consistent with the study of 84 patients with CRF undergoing hemodialysis where the lower values were observed in the physical dimension aspect.  

A person with chronic renal failure has several disabilities and comorbidities. Facing changes in health and life in general carrier CRF occur on many levels: organic, psychological, social and economic. This can be confirmed in this study, it was found that patients’ health is compromised and quality life is altered in biopsychosocial aspects, since users showed clinical signs of kidney disease, limitations to daily life and work activities besides dissatisfaction with their living conditions.

The studies say there is a clear reduction in QoL in patients with CRF, particularly in the physical, psychological and vitality aspects. Likewise, also correlated negatively the treatment time in HD with the emotional aspects and mental health, suggesting that patients with longer dialysis CRF and present progressive impairment of family and social relationships. Thus, there is an agreement between the literature and the findings of this study with regard to physical, psychological, social and spiritual aspects of chronic renal failure patients with the quality of life of those affected considered in a multidisciplinary model, because it is related to the mode and lifestyles.

Religiosity is pointed by the literature as a variable that may have positive or negative effects on the quality of life of individuals, but appears as a possible factor preventing the development of disease in previously healthy population, and possible reduction death or impact on various diseases.

The purpose of religion is to provide psychological well-being, because the religious man anchors its existence at all. We can interpret that religiosity is a protective factor of emptiness and existential despair. In this sense, religiosity could offer psychological well-being to the subject, and besides, religiosity could help man in search of answers to the their questions of philosophical- existential nature. However, it is inconceivable that the lack of religiosity to lead to disease, but only one can understand that religion can constitute only protective factor or even coping in adversity every day. Thus, religion is not a necessary or sufficient for the psychological well-being condition, but can lead to a worldview that helps the individual to discover meanings in life.

With regard to religious groups, although Catholicism, being the religious group that has lost more faithful in absolute numbers over the past decades, it still remains the largest in Brazil, evenly divided between the sexes, with the most prevalent religious practice occurring than 41 years and young people under 25 years old, this event explained by the fact that people inherit their parents’ religion and preferably begin a process of religious change when older. These data are consistent with the present study where we found that 60 % were Catholic.

To gauge the level of religious attitude of 169 individuals, and by means of a factorial analysis showed that it had a single dimension, explaining 41,7% of the total variance, which indicates consistency between attitudes, knowledge and religious affections. This finding is similar to that found in the present study with regard to the statistical dispersion.

When trying to understand the meanings of renal disease on hemodialysis for the customer, was identified in a study based on narrative help and anchored in faith in God for the renewal of hope in a kidney
There is an influence of religiosity as a support for coping with the disease, a hope for a treatment that does not generate much dependence, often interpreted as a cure and as an acceptance of the present moment.  

**CONCLUSION**

This study showed the contents involved with the evaluation of the religious attitude. Thus, it was found that religiosity is a source of comfort and hope to patients, empowering them and promoting their overall well-being, helping them in accepting the inevitable condition of finitude.

This study extends the discussion about the religiosity of people with CKD, offering content to assist in filling the gap of shortage of studies on the subject. Religiosity has an important role in hemodialysis patients, especially improving their quality of life and helping them in fighting the disease, which should be considered by the professionals who assist them.

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