Religious Faith and Adjustment to Long-Term Hemodialysis

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ABSTRACT: This study examines religious faith as associated with adjustment to end-stage renal failure and its treatment regimen of maintenance hemodialysis. Both quantitative and qualitative data were collected initially and after a three-year interval in order to observe changes over time. The variable of the patient's perception of the import of religious faith was found to be positively related to interactional behavior and sick role behavior and to be inversely associated with alienation. Content analysis of qualitative responses for the item of perceived import of religious faith revealed a pattern of increasingly more positive patient attitudes occurring over time.

Religious belief, interpreted in terms of one's life orientation system and as a central element in what Durkheim identified as "collective representations," has long been of interest to social and behavioral science. The association between religion or one's particular religious/ethical belief system and health and illness, however, has only recently become a topic of interest within the health care community. With the advent of the concept of holistic health services, encompassing an assessment of the patient as bio-psycho-social-spiritual being, the spiritual dimension of man, frequently defined in terms of participation in an organized religious group, is receiving notable attention. Advocates of the contemporary holistic health care centers have focused particularly on the religious needs of clients, suggesting that when "a person is ill, his total being is involved—body, mind and spirit."

There is a paucity of literature dealing specifically with the relation of religious orientation or beliefs and adjustment to long-term illness; however, certain sociologists of medicine have addressed related issues. Friedson suggested that historically the rise of Christianity "changed the definition of illness from a generally naturalistic one to a religious and a supernatural one." It has frequently been observed that persons faced with serious illness

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turn to religion as a source of comfort and peace. The ill, as discussed by Susser and Watson, nevertheless showed certain variability in their religious responses.4 David Mechanic, in a study of illness behavior among Catholic, Protestant, and Jewish college students, reported a greater incidence of illness among Jews than among either Catholics or Protestants; the study, which also controlled for subjects' income, suggested that differences in illness behavior were most significant, however, for the higher income group.5

Relative to the chronic hemodialysis patient, upon whom much research has been focused in regard to the physical, psychological, and sociological correlates of the treatment procedure, little attention has been paid to the spiritual or religious dimension of attitudes and behavior. For the end-stage renal patient, who lives totally dependent upon a machine for his continued existence, the quality of life becomes questionable and often poses ethical or spiritual dilemmas for both the patient and his family. Certain patients have elected to die rather than continue with the hemodialysis regimen; others become extremely depressed, sometimes questioning the reason for their plight, as well as the justification for their continuing to live.7 Patients may become notably more alienated as the length of time on dialysis increases,8 and many feel very strongly the need for both emotional and spiritual support systems.

In a study of 21 hemodialysis patients carried out over a two-year period, Foster, Cohn, and McKeyney reported that all Catholic study patients (N=9) survived and the only Jewish patient died.9 The authors appeared to consider religion as a significant factor but did not discuss its implications theoretically. Barry, in a study of seven dialysis patients, related numerous positive responses reported by individuals in regard to the influence of religion; data indicated that these patients might not have adapted to their illness and its treatment regimen without the strength provided by their religious faith.10

The design of the present research focused on the possible relation between religious faith and adjustment to chronic renal failure and hemodialysis.11 More specifically, the problem raised by Lenski in his Detroit study was of influence—a problem that is of both theoretical and methodological importance: whether one's religious commitment really affects his everyday life or whether the seeming relation between religious faith and behavior is merely the result of a number of interacting social factors whose combination produces certain behavioral effects.

One religious question for the study related to a determination of the possible association between religious affiliation, formal religious participation, and social functioning for the chronically ill person—in this case, the chronic dialysis patient. Qualitative data were also generated relative to the patient's own perception of the import of religious or ethical beliefs in adjusting to this illness condition. Through the identification of a panel of patient subjects, located three years after the time of original interview, data were obtained reflective of over-time changes in regard to the patient's perception of the influence of religious faith in adjusting to end-stage renal