

## The effects of spiritual counseling on the hope in hemodialysis patients: A clinical trial study

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**Abstract:** Hope is one of the most significant sources of compatibility in individuals suffering from chronic diseases such as chronic renal failure to survive. Moreover, despair is considered as an important criterion in quitting the treatment and diet, tendency to die, and thoughts of suicide. In this regard, the present study was aimed at determining the effects of spiritual counseling on the hope in hemodialysis patients. **Method:** This investigation is a clinical trial study that was conducted on 90 hemodialysis patients who were randomly divided into an experimental group (45 patients) and a control one (45 patients). The experimental patients received spiritual counseling for one month while the control group was provided with typical care. Require data were collected through a demographic information questionnaire and the Herth's Hope questionnaire and then analyzed using SPSS 11.5 software. **Results:** Patients' mean hope was  $33.36 \pm 5.9$  after spiritual counseling which is significantly higher than the mean hope ( $28.48 \pm 3.2$ ) before the treatment ( $p < 0.0001$ ). In the control group; however, no significant difference between the hope and after the study was observed. Moreover, mean hope was significantly higher after spiritual counseling to that of the control group ( $p < 0.0001$ ). **Conclusion:** Utilizing spiritual counseling as an effective, economical, and unaggressive treatment has resulted in improving methods of enhancing hope in hemodialysis patients.

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### Introduction

Chronic renal failure is a destructive and progressive disease which leads to disorder in the water level, electrolytes, metabolism of the body. The main treatment to chronic renal failure is kidney transplant. However, due to transplant problems, patients undergo hemodialysis treatment until required conditions for transplant are met [1 & 2]. Although hemodialysis has therapeutic effects in patients suffering from chronic renal failure, these patients will encounter uncontrollable physical, psychiatric, social, and emotional problems [3 & 4]. Most important psychiatric problems in hemodialysis patients are anxiety, depression, inquietude, irresponsibility, and failure to follow the diet and in extreme phases of despair the patient denies and quits the therapy [5 & 6]. Quitting the therapy and diet depends on the individual's personal and social characteristics and cognitive and emotional variables [7]. One of the essential related variables is hope. Hope is one of the most important sources of compatibility in patients to survive because it affects the individual's attitude, health state, and future capabilities [8]. Hope is composed of some factors like concentration ability, attention, planning, and purposefulness in life [9]. Studies show that hope has a positive effect on physical treatment in patients with gastrointestinal problems and angina, causes

them to be optimistic and hopeful, and improves their relationships, which finally leads to their treatment [10, 11 & 12]. Moreover, studies indicate that hope enhances the patient's self-efficacy, self-esteem, spirituality, social support, and life quality [13]. On the other hand, irregularity, boredom, and despair are among the most important factors in unwillingness to continue the treatment. In fact, despair is equal to death [14]. Despair causes the patient to quit the treatment, which is a challenge in society and medicine profession; and half of the intervention applied to help the patients keep their treatment and diet is in vain. However, it should be mentioned that level of treatment continuation in chronic diseases like chronic renal failure is really lower compared to other extreme disease and it needs more attention [15]. Therefore, paying attention to the concept of hope is an essential component of treatment plans. One of the most important psychiatric interventions in hemodialysis patients is to provide them with social-emotional support; and spiritual counseling is an example of this type [17 & 18]. In counseling with a spiritual approach the therapist deals with the individual's cognitive, emotional, and behavioral dimensions. Regarding the cognitive dimension, the therapist familiarizes the individual with meaning, purpose, concept of life, beliefs, and values. Regarding the emotional aspect, the he copes with

variables like hope, interest, and support in treatment procedure. And in the behavioral dimension, the individual's spiritual and religious beliefs are attended to [19]. Recently, utilizing the method of spiritual counseling and religious-spiritual psychiatry has been regarded to change the individual's attitude in order to resolve the problems. However, research on spiritual counseling in patients and its effect on hope is highly limited. In their study of the effect of behavioral-cognitive medicine with a religious-spiritual approach, Pauker *et al* (2009) reported that this approach could enhance the individuals' compatibility skills [20]. Moreover, Koszycki *et al* (2010) stated that spiritual-based interventions would reduce depression and anxiety [21]. In these studies which are limited in number the effects of some components of spirituality on psychiatric problems are considered; however, spirituality is composed of a group of elements and techniques. Spirituality and spiritual counseling have components like prayers, invocation, listening to the verses of the Holy Quran, and muscle relaxation, which motivate internal faith. And Miller believes that there is a positive relation between internal faith, spiritual health, hope, and positive mood states [22]. In addition, nurses as health providers play a significant role in the patients' internal peace, hopefulness, and support [23 & 24]. Since nurses are more accessible to the patients, they can spend more time on counseling which can lead to a complete counseling. In fact, counseling and training are among important elements in nursery [25 & 26]. In this regard and based on the consequences of chronic renal failure disease such as despair, failure to keep the treatment, diet, and dialysis, tendency to die, thoughts of suicide, and remarkable costs for the families and the country's medical-health system, the present study was aimed at determining the effects of spiritual counseling on dialysis patients' hope.

### Method

This investigation is a clinical trial study. The study sample was consisted of 90 patients suffering from chronic renal failure who were under hemodialysis at Isfahan's Amin Hospital (2013). Subjects were selected based on some criteria including age of 18-65, a minimum of 3 months' hemodialysis experience, consent to enter the study, being Muslim and Shia, ability to talk, read and write, not having known neurological, sight, and hearing diseases. Factors to cross out of the study included: having neurological problems such as Alzheimer, stroke, cerebrovascular attack, and sight hearing diseases. Patients were randomly divided into an experimental group and a control one; each included 45 patients. During the study, a patient from

the control group died and was crossed out. In this study, all of the moral factors that were based on moral codes and confirmed and emphasized by the university's moral committee were considered.

The study instruments included a demographic questionnaire composed of 2 sections and the Herth's Hope questionnaire that was filled in through interviewing during dialysis. The Herth's Hope questionnaire has 12 questions that are organized based on four degrees of Likert (from "I completely disagree" to "I completely agree"). Questions of 3 and 6 are scored reversely. Total scores of the hope index vary from 12 to 48; where higher score shows better hope state. Using Cronbach's alpha, Baljani *et al* (2011) reported the reliability of this questionnaire as 0.82. Moreover, Pourghaznein (2000) used retesting method for cancer patients at Mashhad Hospital and reported its reliability as 0.84 [27]. The intervention was conducted this way that after gaining informed consent and explaining the purposes of the study, the participants in the both groups were made sure that their information would remain confidential. Intervention was carried out in hemodialysis ward beside the patients' beds and without intruding into their privacy. It was accomplished over eight 45-minute sessions in the morning or afternoon shifts dependent on the patient's conditions. Based on Islamic lessons, spiritual counseling was carried out twice a week by the researcher. Spiritual counseling included prayers, classical texts and writings, meditation, spiritual illustration, forgiveness, worship and rituals, spiritual self-healing, support and service, diary, concentration, and bibliotherapy [28-30]. It should be noted that in spiritual counseling, the patient's cultural and religious beliefs should be taken into consideration; therefore, the spiritual counseling in this study was carried out based on Islamic lessons and spiritual-religious interventions applied in studies conducted by Miller (2003), Bahrami (2007) and Moarefzadeh (2010). One month after the intervention was carried out; the data collection instruments were utilized for both groups one more. Descriptive statistics (frequency distribution, mean, and SD) and analytic statistics (Chi-square test, Fischer, T-test, paired T-test) were used to analyze the collected data through SPSS 11.5 software. Significance level was considered as 0.05.

### Results

Mean age in the experimental group and the control one was respectively  $53.06 \pm 10.5$  and  $52.11 \pm 11.34$ . Moreover, 60% of the patients in the experimental group were male and the rest 46% were female. The results of the statistics tests proved a significant difference between demographic

variables and both groups were the same regarding these variables ( $p < 0.05$ ) (See Table 1). The statistics T-test indicated a significant difference between the level of hope before and after spiritual counseling in hemodialysis patients ( $p < 0.0001$ ) so that hope level after the intervention was ( $33.35 \pm 5.9$ ) which is higher than its level before the study ( $28.48 \pm 3.2$ ). However, there was no significant difference in the control group before and after the study (See Table 2). There was also a significant difference between the both groups' hope level one month after the study ( $p < 0.0001$ ) (See Table 3).

and physical problems of the patients. In their study of investigating complementary remedies in cancer patients, Richardson *et al* (2000) have stated that spirituality and religion are the most useful medications to reduce anxiety and enhancing calmness compared to other complementary remedies [36]. Asayesh *et al* (2007) in their study of prayer as a spiritual approach in psychological interventions showed that prayers as a voluntary spiritual behavioral to communicate with God are effective in preventing and improving mental health threatening issues like anxiety and depression [37]. In their

Table 1. Hemodialysis Patients' Demographic Information in the both Groups

	Experimental Group		Control Group		Test Result
Age	53.06 $\pm$ 10.5		52.11 $\pm$ 11.34		p = 2
Hemodialysis Experience	28.6 $\pm$ 15		25.3 $\pm$ 14		p = 0.52
Number of Children	4.2 $\pm$ 2		5.6 $\pm$ 2		p = 0.085
Gender	Male	Female	Male	Female	p = 0.35
	27 (60%)	18 (40%)	24 (52%)	21 (48%)	
Marriage	Married	Single	Married	Single	p = 1
	40 (85%)	5 (15%)	36 (80%)	9 (20%)	
Residency	Personal	Rental	Personal	Rental	p = 1
	32 (70%)	13 (30%)	31 (68%)	14 (32%)	
Smoking	Yes	No	Yes	No	p = 0.13
	11 (24%)	34 (76%)	10 (22%)	35 (78%)	

Table 2. Comparison between Hope Level before and after the Study in the both group

Variable	Experimental Group		Test Result	Control Group		Test Result
	Before Spiritual Counseling	After Spiritual Counseling		Before Typical Care	After Typical Care	
Hope	28.48 $\pm$ 3.2	33.36 $\pm$ 5.9	P<0.0001	29.27 $\pm$ 3.12	29.59 $\pm$ 2.67	P<0.085

Table 3. Comparison Hope Levels after the Study in the both Groups

Variable	Experimental Group	Test Result	Control Group	Test Result
Hope	33.36 $\pm$ 5.98	P<0.0001	29.59 $\pm$ 2.67	P<0.085

## Discussion

The results of the present study showed that spiritual counseling would greatly enhance hope in hemodialysis patients. These results are in line with those found by Theris *et al* (2001) and Shahni Yeylugh *et al* (2010) [31 & 32]. Various studies have showed that spiritual counseling or medication can increase mental health in patients. For instance, in their studies Aghaali *et al* (2009) on investigating group cognitive-behavioral counseling with emphasis on spiritual ideas in MS patients, Yaghubi *et al* (2011) on investigating the effectiveness of the cognitive-behavioral therapy and spiritual-religious psychotherapy based on Islamic lessons, Rahmati *et al* (2010) on investigating the effect of group spiritual-religious therapy in schizophrenic patients reported that spirituality can improve mental health [33-35]. Moreover, spiritual counseling, spirituality and its components are effective in reducing mental

investigation on the relation between religion, anxiety, and peace among youths, Ellison *et al* (2009) reported that belief in after death life and attention to prayers caused anxiety to reduce and peace to increase in individuals [38]. Paukert *et al* (2010) studied cognitive-behavioral and spiritual treatment and reported that this treatment approach can improve coping skills in mental health [20]. It seems that one of the effective factors that influences spiritual counseling and spirituality to increase and improve hope in patients, decrease their physical and mental problems.

According to the great effect of spiritual counseling in patients' mental and spiritual health and the importance of mental care in nursery, it is recommended that students and nurses are provided with courses in order to familiarize them with concepts and components of spiritual care. Moreover, it is suggested that in the future studies, the effect of intervention in different periods of time to be

considered. Other studies can clarify important and different fields about how this intervention affects and specify facilitators and obstacles in clinics for patients suffering from other chronic diseases. In addition, it is advised that the effect of spiritual counseling on the patients' hope in specific age groups like elderly people to be measured. The patients' mental state while answering the questionnaire can be one of the limitations of the study.

### Conclusion

The results of the present study show that spiritual counseling can have a positive effect of hemodialysis patients' hope. Therefore, because hemodialysis patients have different problems and despair can affect their life quality, they will be helped continue their treatment and recover, and spiritual counseling is economical and can affect the patients' physical, spiritual and mental aspects, it is highly recommended that this type of counseling to be implemented in care plans and authorities, managers, and scholars pay more attention to it. It is hoped that by providing this important human dimension and extensive care, patients' recovery and comfort hastens and increases.

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### References

1. Beaulieu M, Levin A. Analysis Multidisciplinary care Models and interface with Primary Care in Management of Chronic Kidney Disease. *Semin Nephrol* 2009;29(5):467-474
2. Heidarzadeh M, Ateshpour S, Jalilazar T. Relationship between Quality of life and self-care ability in Patients receiving hemodialysis. *Iran J Nurse and midwifery* 2010; 15(2): 71-76
3. Markus M, Jager K, Dekker F, Boeschoten E, Sterens P, Krediet R. Quality of life in Patients on Chronic dialysis: self- assessment 3 months after the start of treatment. *Am j Kidney D* 1997; 29(4): 584-592
4. Lancaster LE. Impact of Chronic illness Over The life span. *ANNAJ* 2000; 15(3): 164-70
5. Dabaghzadeh M. Text book Nurse and hemodialysis. 297-298
6. Kimmel P, Weihs K, Peterson R. Survival in Hemodialysis Patients: Survival in Hemodialysis Patients: The Role of Depression. *J Am Soc Nephrol* 1995;3:12-27
7. Rustoen T, Cooper B, Miaskowski G. The importance of Hope as a mediator of Psychological distress and life- satisfaction in community sample of cancer patients. *Cancer nursing j* 2010;33(4): 258-267
8. Geraghty A, Wood A, Hyland M. Dissociating The Facet of Hope: Agency and Pathways predict dropout from unguided self-help therapy in Opposite directions. *J of Research in Personality* 2010; 44: 155 – 158
9. Ghezelsefloo M, Esbati M. Effectiveness of Hope-Oriented Group Therapy on Improving Quality of life in HIV male Patients. *Procedia- social and Behavioral Sciences* 2013;84:534-537
10. Aldridge D. Spirituality, Hope and Music Therapy in Palliative care. *The Arts in psychotherapy* 2000;22(2):103-109
11. Werner S. Subjective Well-being hope and needs of individuals with serious mental illness. *Psychiatry Research J* 2012; 196: 214-219
12. Benzein E, Saveman B. One Step towards the understanding of Hope : A concept analysis. *Int J of Nursing studies* 1998; 35: 322 -329
13. Schrank B, Woppmann A, Hay A, Sibitz I, Zehetmayer S, Lauber C. Validation of the integrative Hope scale in People With psychosis. *Psychiatry Research J* 2012; 198:395-399
14. Aylotts S. When hope becomes hopelessness. *Eur J of oncology Nurse* 1998;4(4):231-234
15. Dulmen D, Sluijs E, Dijk L, Ridder D, Heerdink R, Bensing J. Patient adherence to medical treatment. *BMC Health services Research* 2007;7(55): 1- 13
16. Davison S, Simpson C. Hope and advance care planning in Patients with end stage renal disease: Qualitative interview study. *BMJ* 2006; 333-886: 221-230
17. Davison S, Simpson C. Hope and Advance Care planning in Patients With End Stage Renal Disease. *British Medical J* 2006; 333(757): 886-888
18. Hematimasla M, Ahadi F, Anooonesheh M. Spiritual Beliefs and Quality of Life: Qualitative Research about Diabetic Adolescence girls perception. *Koomesh j Golestan Medical University* 2011;12(2): 144-151

19. Anandarajah G, Hight E. Spirituality and Medical Practice: using Hope Question as a practical Tool for Spiritual Assessment. *Am Fam Physician J* 2001
20. Paukert A, Phillips L, Cully JA, Loboprabhu S, Lomax J, Stanley M. *J Psychiatric Prac* 2009; 15(2): 103-112
21. Koszycki D, Raab K, Aldosary F, Bradwein J. A Multifaith spirituality Based Intervention for Generalized Anxiety Disorder: A pilot Randomized Trial. *J Clin Psychol* 2010;66(4): 430 – 441
22. Fehring RJ, Niller JF, Shaw C. Spiritual Wellbeing, Religiosity, hope, depression and othemoodstates in elderly people coping with cancer. *OncolNursing Forum*1997;24:663-71
23. Kermanshahi S, HoseynzadehSh, Alhani F. [The Effect of the group Counselling Program on the Status on Primary dysmenorrhea, Dietary condition and Exercise in shahriyar Girl' High school]. *J Zanjan Uni Med Sci* 2008;16(65): 49-59
24. Herth K. Development and implementation of a Hope intervention program. *Oncology Nursing Forum* 1998;28(6): 1009-1017
25. Mcshery W, Cash K, Ross L. Meaning of Spirituality: Implications for Nursing practice. *J of Cli Nursing* 2004;13:934-941
27. Baljani E, Kazemi M, Amanpour E, Tizfahm T. A Survey on relationship between religion, spiritual wellbeing hope and quality of life in patients with cancer. *Evidence based Care j* 2011;1(1):54-60
28. Moarefzadeh S, Sodani M, Shafiabadi A. The study of the effect of teaching of contrastivetraining skills originated of Quran on reducing anxiety among high school girl student in Ahwaz. *Quarterly Journal of Educational Psychology Islamic Azad University Tonekabon Branch* 2010;1(3):19-26
29. Miller R, Thoresen E. Spirituality & Religion Health and Emergency Research Field. *J of American Psychologist* 2003;58(1):24-31
30. Bahrami H, Alizadeh H, Ghoobaribonab B, Karami A, Bahrami H, Alizadeh H. The Effect Spirituality Healling on Decrease Depression for Student. *Tazeha and Advice pajohesh J* 1385;5(19):49-72
31. Theris A, Touhy ND. Nurturing Hope and Spirituality in the Nursing Home. *Holis Nurse Prac* 2001;15:45-56
32. Hoseinian E, Soudani M, Mehrabizadeh M. Efficacy of group Logo Therapy on Cancer Patient' Life Expectation. *J of behavior science* 2009;3(4):287-292
33. Aghaali F, Zandipour F, Ahmadi M. The Effect of Behavioral – Cognition group counselling with Islamic thinking. *Psychiatry and Religion j* 2011;1(4):34-57
34. Yaghubi H, Sohrabi F, Mohammadzadeh A. The Comparison of cognitive behavioral Therapy and Islamic Based spiritual Religion psychotherapy on Reducing of student overt Anxiety. *Beh Sci J* 2011;10(2): 99-107
35. Rahmati M, Khoshknab F, Rahgou A, Rahgozar M. The Effect of Spiritua- Religious group Therapy on Mental Status of Schizophrenic in Patients. *J of Nurse Research* 2010;5(16):13-20
36. Richardson, Sanders T, Palmer B, Greising A. Complementary / Alternative Medicine Use in a Comprehensive Cancer Center and The Implications for oncology. *J cli oncology* 2000;18(13):2505-2514
37. Taheri Kharame Z, Asayesh H, Zamanian H, Sharifi fard F. Spiritual Well being and religious coping strategies among hemodialysis patient. *Iran J Psychiatry Nursing* 2013;1(1):49-53
38. Ellison C, Burdette AM, Hill T. Blessed Assurance: Religion, anxiety and tranquility among us adult. *Soc Scie J*2009;38(3):656-60.

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