Iranian Journal of Critical Care Nursing, Spring 2012, Volume 5, Issue 1, Pages: 29 - 34

The Effect of Prayer on Mental Health of Hemodialysis Patients Referring to Imam Reza Hospital in Amol City

Seyyed Hamid Sharif Nia[1], Hamid Hojjati*[2], Roghayeh Nazari[3], Mostafa Qorbani[4], Golbahar Akhoondzade[1]

1.School of Nursing and Midwifery of Amol,Babol University of Medical Sciences,Babol, Iran
**2. Depateman of nursing,Aliabad katoul branch,Islamic azad university, Aliabad katoul,iran*
3. Babol University of medical sciences, Babol, Iran
4. Instructor, Faculty of Medicine, Golestan University of Medical Sciences

ABSTRACT

Background: Hemodialysis brings about difficulties in individuals' mental health by causing disorder in the function and quality of life. Asking for religious help and prayer play a vital role in sickness acceptance and it causes positive treatment motivation through decreasing mental disorders. Among the important factors which lead to diseases, psychological problems as well as physical and social complications, one can mention to absurdity and uselessness as well as mental instability which is resulted from lack of spiritual dimension in peoples' life. The present research aimed to review the effect of prayer on mental health of hemodialysis patients referring to Imam Reza Hospital of Amol City in 2009.

Methods: This experimental study was conducted on 88 people under hemodialysis treatment (44 people as test group and 44 people as control group). The survey was done in Solomon pattern. "*Tavassol Prayer*" was played periodically for the test group for 10 weeks in the mornings for 20 minutes. Then, mental health of both groups was evaluated by the spiritual health standard questionnaire of Palutzian & Ellison. The results were analyzed by descriptive and inferential statistics after entering data into statistical Software $SPSS_{16}$.

Results: The findings showed mental health for the test group was 103 ± 3 as a high level and for the control group as 93 ± 10 in an intermediate level. Two ways ANOVA test showed a significant correlation between mental health of the test and control groups both in pretest and posttest ($p< 0.01$). In addition, this test also showed a significant correlation between the two groups who had only posttest ($p< 0.01$).

Discussion: According to the results, it can be concluded that prayer is a suitable method to adapt with the disease. Because, not only it mitigates stress, but also, it improves health spirituality. Since, life approach of these patients is built on spirituality, it is necessary for physicians and nurses to know the key role of ideological beliefs in the patients' life. Therefore, it is hoped that with the serious cooperation among the health team members in following the religious rituals, which are known as religious care today, we may see the effect of these cares and creation of peace feeling as well as rapid recovery in health condition of these patients.

Keywords: Prayer, Spiritual Health, Hemodialysi.

Introduction

Chronic renal failure is a progressive and irreversible impairment of renal function that during past five years has increased nearly with rate of 8% per year [1]. According to Renal Patients and Renal Transplantation Research Center's report, there approximately were 29000 patients with renal failure in 2007 in Iran among whom 14000 had underwent hemodialysis therapy [2]. Nonetheless, long life of renal patients has increased due to hemodialysis; but disease would impact their life and in progressed stages would cause impairment in individual's function status and changes in their quality of life [3]. Because it causes the individual to be dependent to others, reduction of confidence and feeling loneliness and also it would endanger mental health of the people [4].

Due to spiritual crisis along with chronic diseases, sometimes confidence and religious faith is at risk, interpersonal interactions would be destructed due to uncertainty about the future, adjustment mechanisms seems inadequate and it may induce loneliness to the individual. In short, spiritual crisis would be manifested in individual [5]. Spiritual turbulences cause anguish and grief in patients and can destroy positive treatment motivations [6]. Because a patient who spiritually is more anxious and stressful would suffer more pain and discomfort which often is associated with problems such as pain, low self-confidence, feeling loneliness, weakness, disappointment and anger [7].

Studies have shown that faith and religion, as coping strategies, can have positive effects n treatment [8]. In this regard, the Holy Quran

* Correspondence Author: h_hojjati1362@yahoo.com

[Downloaded from jccnursing.com on 2026-11-04]

in Sura of Az-Zumar says: "*when human gets harm, He would call unto God and come back to Him*" [9]. Because in life's crisis, religion is considered as one of the human's shelters as well as a strong base in coping with the problems, difficulties and deprivations. Therefore, religious beliefs at the time of illness would be of high importance for the individual than any other time [10].

Spirituality along with religious rituals such as prayer have important role in disease acceptance [11]. Dr. Mateos believed encouraging patients who believed in prayer and invocation and also implementing religious acts are one of the effective factors in the treatment [12]. Among the religious and spiritual resources, the most used resource is prayer. Recalling prayer's meaning and the ways God and His presence and relationship with Him would be experienced are a rich source for the patients. The reason is when someone physically is disabled and is hospitalized in the hospital, mentally imagination can enable him/her to travel to other places which this place might is a healing place for him/her [5]. Faith in God and a purposive life along with more sense of suspicion and attention to the spiritual affairs of the life can reduce anxiety and emotional insecurity and its outcomes [13].

Spiritual care is not only necessary for the people who have religious beliefs but also is essential for every one [7]. Nursing studies have shown that spiritual dimension is one of the important dimensions in care and pain relief in patients who and it is required that nurses know religious aspects of the people in their own regions so that help them in palliative treatments [14]. One of the recent concerns in nursing literature has been insufficient spiritual care for the patients; because evidences show that learning opportunities in nursing has been confined to physical needs and information about spirituality would be forgotten [7, 15]. While studied researches have shown that spirituality not only influences on mental health, but also it improves individuals' physical condition [16]. Unfortunately, religious and spiritual needs of the patients disregarded in hospitals too. And repeatedly it has been observed that for doing religious acts, staff do not help that much [10]. Today, in our country, in many cases nursing only suffices to identify formal issues of the patients. Whereas, nursing should have a complete surround to physical, mental and spiritual aspects of the individuals [17]. Since Iran possesses more than 70 million Muslim who are involved with adherence to legal provisions and religious values in their life [10] and considering to the role of spiritual health of patients particularly chronic patients, the researcher tried to review the effects of prayer on spiritual health of the hemodialysis patients.

Methods

This was an experimental study with four-group Solomon design. The subjects were selected among 104 patients who had referred to Hemodialysis Center of Imam Reza Hospital in Amol City in 2009. Among 104 patients, 88 people who had inclusion criteria were selected and then randomly were divided into two 44-member groups of test and control. The entire study subjects were originally Iranian-born and Muslim and underwent hemodialysis at least once a week and six months had been passed from their hemodialysis onset. Besides, none of the study subject had ever participated in such a similar research. They had no history of chronic mental and psychological disease and psychoactive drugs and they had the least literacy ability. Data collection tools included individual characteristic and Palutzian & Ellison Spiritual Health Questionnaire whose reliability had been confirmed by Rezaie in 2006 with Cronbach's alpha coefficient (α = 0.82). This questionnaire consisted of 20 questions which the first 10 questions assessed religious health and the next 10 questions assessed existential health. Scoring the questions had been classified according to 6-choices Likert scale from "completely disagree" to "completely agree". Reversed scoring was done for negative questions. And finally, spiritual health score from 20-120 was divided into three levels as the following: low (20-40), average (41-99) and high (100-120).

[Downloaded from jccnursing.com on 2026-11-04]

First, among 88 people in the study population who had inclusion criteria, they were randomly divided into two 44-member test and control groups. Then, each group was divided into two groups with 22 members. Thus, to control confounding factors a pretest was taken before the beginning of the study from the control group and the other 22 subjects received no test. In the test group also 22 subjects underwent a pretest and the rest received no test [18]. Then test group received played prayer during dialysis every morning for 10 days each session for 20 minutes through a player device. After implementation the intervention, every four groups underwent posttest. For the patients who were not able to complete the questionnaire, the researcher helped them to do so. To collect data, the researcher, after obtaining permission from the university authorities and referring to Imam Reza Hospital in Amol City and after selecting the study subjects, introduced himself and explained adequate explanations about the objective of the study and he also obtained their written consent form, then the study subjects voluntarily completed the questionnaires. Data were analyzed using Software $SPSS_{16}$ and also descriptive (tables, graphs, mean and standard deviation) and inferential statistics (two ways ANOVA test). First, the two groups of test and control who both had been received pre and posttest were compared. Thereafter, according to Solomon design analysis for generalizing the study, the two tests and control group, who had been received only posttest, were compared together [19].

Results

In terms of demographic characteristics of the test group, their mean age was 54 ± 1.5 years which the highest percentages were 61% females, 43% Quranic literacy and having primary literacy. Moreover, 79% of the study subjects were married who averagely had 4 children, 57% were rural whom the highest percentage (57%) were jobless and then they were housewives (34%) who averagely had been underwent hemodialysis for 4 years. In record of 9% of the study subjects, there was kidney transplantation and 50% also intended to undergo kidney transplantation surgery.

In the control group, mean age of the study subjects was 56.6 ± 1.4 years, 57% were females, 45% Quranic literacy, 79% married who averagely had four children. In addition, 54% were rural, 41 jobless and then 34% housewives who in record of 7% of the study subjects, there was kidney transplantation and 48% also intended to undergo kidney transplantation surgery. Their hemodialysis treatment also averagely passed 3.7 ± 1.8 years.

Spiritual health in the test group which had pretest was moderate with mean and SD of 92.1 ± 11 that the highest percentage (63.6%) had moderate spiritual health and 34.4% had high spiritual health. Furthermore, pretest in the control group indicated a moderate spiritual health with mean and SD of 93 ± 14.6. So that the highest percentage of the study subjects (54.5%) had moderate spiritual health and 45.5% of them had a high spiritual health. There was no significant difference between spiritual health of the two groups before the intervention ($p = 0.8$) i.e. spiritual health of the both groups in control and test group had no significant difference. Moreover, after conducting the spiritual health intervention in the test group who had pretest, they showed a high spiritual health with mean and SD of 105.2 ± 5.5. So that the highest percentage (81.8%) had a high spiritual health and 18.2% had moderate spiritual health.

In the control group who had pretest before the intervention, their spiritual health was moderate with mean and SD of 93.4 ± 10.7. The highest percentage (72.7%) of them had moderate spiritual health and 27.3% of them had a high spiritual health. Two ways ANOVA test showed a significant correlation between the two groups ($p < 0.01$) i.e. spiritual health in the intervention group was higher than control group.

Spiritual health in the test group who had not pretest before the intervention was high with mean and SD of 100.5 ± 6.6. The highest percentage (72.7%) had high spiritual health and 27.3% also had high spiritual health. Spiritual health in the control group who had

[Downloaded from jccnursing.com on 2026-11-04]

Table 1. Comparing spiritual health in hemodialysis patients referring to hemodialysis ward

Spiritual Health / Group		Mean ± SD	P value
Had pretest before	Case	105.2 ± 5.5	p < 0.01
	Control	93.4 ± 10.7	
Had not pretest before	Case	100.5 ± 6.6.	p < 0.01
	Control	92.2 ± 9.6	

Table 2: Comparing spiritual health of the hemodialysis patients referring to hemodialysis ward

Spiritual Health / Group	Moderate		High		Mean ± SD
	Frequency	%	Frequency	%	
Case n = 44	10	22.7	34	77.3	103 ± 3
Control n = 44	13	29.5	31	70.5	93 ± 10

not pretest before the intervention was moderate with mean and SD of 92.2 ± 9.6. The highest percentage (68.2%) had a moderate spiritual health and 31.8% had a high spiritual health and ANOVA showed a significant difference between the control and test groups who had pretest ($p < 0.01$) (Table 2). Furthermore, in comparing the two 44-member control and test groups, spiritual health in the test group was high (103 ± 3) and in the control group was moderate (93 ± 10) (Table 2).

Comparing the two groups of control and case indicated higher spiritual health in the case group which indicated the effect of prayer on spiritual health in the hemodialysis patients.

Discussion

The results of two ways ANOVA test in this study showed that listening to the prayer promotes spiritual health of the patients. Various studies also have shown that there was a positive correlation between physical and spiritual health and prayer [20]. Because supports due to religious resources and having with a Higher Power would be beneficial and can be useful for improving quality of life, interpersonal support, reducing symptoms' severity and appropriate medical results [21]. Because prayer therapy is one of the treatment methods through which there creates a spiritual relationship between God and needed human, and this relationship causes spiritual refection of the patient and also removing disappointment inside him/her, which this would influence acceptance of the disease [22].

God, in Holy Quran, Sura Ra'd says: "*Remembering God's Greatness in the mind, thinking about philosophy of creation, praise the nature of Truth and blessing and thanksgiving towards God's gifts would cause peace of minds and hearts*" [23]. Koeing (2004) believed religious causes a positive motivation in the individual towards the world and it would help him/her in coping with life's unfortunate events such as loss or disease and also it would make him hopeful to the a better life with establishing motivation and energy. And this would increase tolerance and acceptance of unchangeable situations and in many emergency cases that science is unable, it can help the individual. This issue, particularly in very serious cases such as incurable diseases, would be of high importance [24].

Taleghani quoted from Malli and Fiber announced religious beliefs is an important factor in mental support of the patients and they believed that to have more comfortable feeling and rehabilitation for moving toward more adjustment with the disease, patients have to rely on God's power [25]. Hojjati et al (2010) in a study titled as "reviewing the restoring to pray rate in hemodialysis patients in Golestan Province" showed that 98 percent of the patients prayed very much and they asked God to help them and they believed God would protect them and it is God who

[Downloaded from jccnursing.com on 2026-11-04]

heals his servants [26]. Rezaie in Tehran and Hojjati in Golestan in their studies showed that prayer frequency was in association with spiritual health. Thus the patients, who prayer more and believe more in God, have higher spiritual health [18, 27]. According to the results of this study, generally it can be said that doing religious acts is a power supply source for patients which it would accelerate their improvement and recovery rate. On the contrary, if the client sees differences between what he expresses out of his faith and what he acts, he would spiritually suffer. In this case, many of the individual depressions and anxieties are resulted from spiritual distress and suffering [28]. Praying and vowing would raise tolerance of the individual against problems and diseases, and religious aiding (praying) is the factor of coping with special problems which would cause mental relaxation of the patients. This relaxation and control feeling in religious acts would be established through praying. Because praying causes controlling the situation which apparently is non-controllable; this issue, particularly in very serious cases such as incurable diseases, would be of high importance [29]. Balboni et al in their study showed a significant correlation between spiritual supports in patients with cancer with their quality of life. So that, the higher the patients' spiritual level is, the better they can cope with the disease and the issue related to it and the better their recovery would be [30].

In general, spirituality, as a common strategy in coping with the problems and diseases, has many effects on mental and physical health of the people [31]. Prayer is not just for getting rid of the disease, but all the people need it whether healthy or unhealthy [31]. Imam Ali **(PBUH)** says: "*One who is severely afoul, his need to prayer is not more than one who is safe*" [7]. Desire for praying and praise in humans is something innate that the truth of this secret should be sought in inherent richness of God [32]. Therefore, spiritual care is for all the people, so that the subsequent adoption of a religion or spirituality is considered as essential requirement [7]. Accordingly, several literatures announced that spirituality has considerable health benefits which can lead to improvement in care. The presumption of these literatures is that if health caregivers really want to provide comprehensive care, they have to consider and recognize spiritual needs of the patients in addition to body, mind [15]. The reason is that as a professional group, nurses must accompany the patients during their hospitalization in the hospital, and hospital is a suitable place to recognize spiritual turbulences. Nurses can improve spiritual health as well as public health of the patients by nursing supports and meet the spiritual needs [6].

Nursing researches have shown that spirituality would influence on all the aspects of the nursing care [14]. Therefore, it is hoped that using results of this study and with serious cooperation among the health team members in following the religious rituals, which are known as religious care today, we may see the effect of these cares and creation of peace feeling as well as rapid recovery in health condition of these patients.

Acknowledgments

This article was the result of approved research project of Babol University of Medical Sciences (Research Project No. 8185198).

Thanks go to staff of Hemodialysis ward of Imam Reza Hospital of Amol City particularly Mrs. F. Nouri, M. Motallagh and G. Akhoundzadeh.

References

1. Smeltzer SC, Bare BG, Hinkle JL, Cheever KH. Brunner & Suddarth Textbook of Medical Surgical Nursing. 11th ed. Philadelphia: Lippincott Williams & Wilkins; 2008.
2. Aghighi M, Rouchi AH, Zamyadi M, Mahdavi-Mazdeh M, Norouzi Sh, Rajolani H, et al. Dialysis in Iran. Iranian Journal of Kidney Diseases. 2008;2(1):11-5. [Persian]
3. Rambod M, Rafiee F, Hosseini F. Evaluated the quality of life in patients with chronic renal failure life Magazine. 2009;14(2):51-61. [Persian]
4. AL-Arabi S. Quality of Life: Subjective descriptions of challenges to patients with end stage renal disease. Nephrology Nursing Journal. 2006;33(3):285-98.

[Downloaded from jccnursing.com on 2026-11-04]

5. Seyyedfatemi N, Rezaie M, Givari A, Hosseini F. Prayer and spiritual Well-being in cancer patients. Journal Payesh. 2007;5(4):295-304. [Persian]
6. Karimollahi M, Abedi HA, Yousefi R. School of Nursing and Midwifery, Ardabil Medical Sciences University. Iran School of Nursing and Midwifery. Islamic Azad University Khorasgan Branch and Medical Education Research Center of Isfahan Medical Sciences University. Iran Research Journal Biological Sciences. 2008;3(5):491-9.
7. Farsi Z, Slsaly M. Mtaparadym Conceptual and Nursing care in Islam. 2008;16(66-64):8-21. [Persian]
8. Rippentrop EA, Altmaier EM, Chen JJ, Found EM, Keffala VJ. The relationship between religion/spirituality and physical health, mental health, and pain in a chronic pain population. Pain. 2005;116(3):311-21.
9. Abedi H, Asgari M, Kazemi Z, Saffari F, Nasiri M. Religious Care Patients and the barriers. Journal of Teb and Tazkieh. 2005;4(53):23-16. [Persian]
10. Moher WK. Psychiatric mental health nursing. Edition. Lippincott Willams & Wilkins. 2006.
11. Noorbakhsh M, Poryousefi H. Rol of Religion and beliefs of mental health. Journal of Studies. 2007;2(3):72-94. [Persian]
12. Seyyednavazy M. Book a Comprehensive Public health. Second Printing. Tehran: Publishing Smat; 2006.
13. Cheraghi M, Payan S, Salsali. Spiritual aspects of end of Life Care for Muslim patients. 2005;11(9):468-74.
14. Narayanasamy A. The impact of Epirical Studies of Spirtuality and Culture on Nurse Education. Journal of Clinical Nusing. J Clin Nurs. 2006;15(7):840-51.
15. Cheraghi M, Molavi H. The Relationship between different dimensions of religiosity and general health in student of Isfahan University. Journal of Educational and Psychological Research Education and Psychology University Isfahan. 2007;2(2):1-22. [Persian]
16. Ilkhani M. Consolation providers. Golban Publication. 2002. [Persian]
17. Rezaei M, Adib M, Seyyedfatemi N, Hoseini F. Prayer in Iran Cancer Patients Undergoing Chemotherapy. Journal Complementary Thrapies in Clinical Practice. 2008;14(2):90-7.
18. Hojjat H, Sharifinia H, Tahery N. Statistic and research methodology in Medical. Theran: Salemi Publication. 2010. [Persian]
19. Khalatbary J. Statistic and Research Methodology. Theran: Pardazesh Publication. 2008. [Persian]
20. Tasumura Y, Maskarince G, Shumay DM, Kakai H. Religiigious and spiritual resources. Alternative Therapies in Health and Medicine. 2003; 9(3):64-71.
21. Navidi A, Ghasemi Kh. Adopts a Comprehensive medical encyclopedia (Way of traditional and modem medicine). Vol III. Theran: Saman Publication; 2004. [Persian]
22. Koeing HG. Spirituality Wellness and quaitly of life. Sexuality reproduction and Menopause. 2004;2(2):76-82.
23. Taleghani F. The Coping process in breast cancer patient. Doctorial thesis. Theran: nursing School of Tehran Medical Tehran University. 2005.p.75-8,138. [Persian]
24. Hojjati H, Taheri N, Akhoondzadeh G, Sharifnia H, Mohammadnejad S, Heydari B. Restoring to pray rate in hemodyalysis paints of Golestan provaince. Journal of Critical Care Nursing. 2010;3(2):75-9.
25. Hojjati H, Ghorbani M, Nazari R, Sharifnia SH, Akhundzade G. Relationship between prayer frequency and spiritual health in patients with hemodialysis referred to hospitals in Golestan University of Medical Sciences. Journal Mental Health. 2010;46(1):67-71. [Persian]
26. Hojjati H. Comprehensive over view of mental health. Tehran: Jamenegar Puplication. 2011. [Persian]
27. Hojjati H, Tahery N, Akhondzadeh G, Hydary B, Sharifnia H. Pray rate in hemodialysis patiens of Golestan province. J Crit Care Nurs. 2010;3(2):75-9.
28. *Balboni TA, Vanderwerker LC, Block SD, Paulk ME, Lathan CS, Peteet JR, et al. Religiousness and Spiritual Support Among Advanced Cancer Patients and Associations With End-of-Life Treatment Preferences and Quality of Life. J Clin Oncol. 2007 Feb 10;25(5):555-60.*
29. Carmody J, Reed G, Kristeller J, Merriam P. Mindfulness, Spirituality, and health-related Symptoms. J Psychosom Res. 2008 Apr; 64(4):393-403.

Qayany A. Surely prayer and works and the clear evidence. Journal Sci Educ Nurs. 2007; 7(24):3-10. [Persian]

[Downloaded from jccnursing.com on 2026-11-04]