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Effect of Spiritual Care Based on Sound-Heart Consulting Model (SHCM) on Spiritual Health of Hemodialysis Patients

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Abstract

Objectives: Anxiety and worry about the future, depression and grief caused by loss of health, along with: physical problems, decreased efficacy and self-confidence, and social isolation damage the spiritual health of hemodialysis patients. The aim of this study was to investigate the effect of spiritual care based on sound-heart consulting model on the spiritual well being of hemodialysis patients.

Methods: In a semi-experimental study, in the dialysis department of Baqiyatallah hospital in Tehran, 38 patients under hemodialysis were selected according to the inclusion criteria. Regarding outpatient care, spiritual care was carried out in the form of spiritual counseling based on the sound-heart consulting model. During the 8 volunteering counseling sessions, spiritual skills were taught to improve the four-dimensional relationship (relationship with God, self, others, and the universe of nature) with an educational booklet. The spiritual health of patients with Alison's questionnaire was examined before intervention, immediately after counseling and 3 months later. Data were analyzed with descriptive statistics (mean, standard deviation) and inferential statistics (Chi-square, t-test, Fisher exact test, Friedman). The SPSS24 software was used.

Results: At the beginning of the study, the level of spiritual well-being of patients was moderate (overall score of 59/93), however, after the implementation of spiritual care and 3 months after the completion of counseling, there was a significant increase in the existential health and total score of spiritual well-being ($P < 0.001$).

Conclusions: Performing spiritual counseling based on the Sound Heart model, by training religious-based spiritual skills, is a good way to improve the level of spiritual well-being of patients and can be used as a community-based approach in a nursing educational-supportive system.

Keywords: Spiritual Care, Spiritual Health, Kidney Dialysis, Counseling

1. Background

Hemodialysis is a successful, common (1), and the most important method of renal replacement therapy in patients with end stage renal failure (2), which allows patients to survive. However, the limitations of dialysis affect the lifestyle of patients (3, 4) and creates a sense of dependency and deprivation of freedom for planning in personal life (5). Patients are often concerned about the unpredictable future of their illness and are always depressed and fearful of death, due to chronic illness (6, 7) decreased efficiency, inability to perform activities, weakness, fatigue, social isolation, decreased self-esteem, sleep problems caused by restless legs syndrome, and daily drowsiness, which damage spiritual health of hemodialysis patients and their families (8). Chronic illnesses, threatens the patient's confidence and religious faith. Uncertainty about the future disrupts the adjustment mechanisms and individual communications, and creates a spiritual crisis (9). Depression and anxiety in hemodialysis patients (10) along with other aspects of patient's health (physical, psychosocial) affects the spiritual health of patients (11). Studies show the low level of spiritual health in hemodialysis patients confirms that other aspects of health can not function properly or reach their maximum capacity without spiritual health (12). Spirituality is the basic need of patients, answers the patient's questions about the concept of illness, the cause of suffering from illness, and the purpose of life. It is also one of the resources available to deal

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with the disease crisis, which can lead to patient's adaptation to disease problems, with increasing faith (13). Most experts believe that spiritual care is necessary in patients suffering from several problems (14). Today, spiritual care is a fundamental component of holistic nursing practice and determines how people respond to their illness and their associated expectations (15). The spiritual care model sound heart, based on religious spirituality by strengthening the relationship between patient and God, can reduce the fear and anxiety of the future, the sadness and grief caused by loss of health, as well as increase the spiritual health of patients. The goal of spiritual care is to reach the sound heart (a calm and safe soul, full of trust, love, hope, joy, security, satisfaction, pleasure). It emphasizes the correction of the 4 dimensions of human communication (with God, others, self, and the world of creation), emphasis on self-care and home care, encourages the patient's participation in the care, and respects the patient's and family's interests in choosing spiritual care. People with sound hearts live in the light of faith in God, with satisfaction of fate, patience, happiness, optimism, and hope, without fear and future anxiety, as well as regret and sorrow (16). Unfortunately, despite the global emphasis on self-care and home care, performing holistic and community-based care with attention to the spiritual needs of patients along with physical needs, however, in Iran, spiritual intervention based on care model in chronic patients such as hemodialysis patients has not been performed. Only Aqajani used religious concepts such as patience and amnesty to conduct spiritual counseling and could reduce the anxiety and depression of hemodialysis patients (17). Morasaie succeeded in promoting hope in hemodialysis patients in counseling with spirituality approach, (18) however, the most research has only examined the level of spiritual well-being of patients without proper spiritual intervention for patients, in accordance with their own self-care capacity and in line with their beliefs. This study aimed to investigate the effect of spiritual care based on sound-heart consulting model (SHCM) on spiritual health of hemodialysis patients.

2. Methods

This study is a semi-experimental, single-group, before and after. It was performed in 2016 in Baqiyatallah Allah (AS) hospital in Tehran. The sample size was calculated by using the standard deviation and mean value obtained from Rahimi's study (19). Considering a 20%, at least 32 patients were obtained. The probability of type I error is equal to 0.05 and the test power is 80%. Initially, 38 patients, based on inclusion criteria: adult patients (over 18 years), being able to communicate in order to complete the questionnaire, being fluent in Persian, and having at least 6 months of dialysis (at least 2 times a week) were selected. During the study, 6 patients were excluded, according to the exclusion criteria (the emergence of a crisis leading to hospitalization and loss of self-care capacity, death, transfer to another center for dialysis or kidney transplantation), and the sample size was 32 patients. All moral considerations were observed, such as obtaining the code of the ethics committee: IR.BMSU.REC.1395.180 and the registration code in the clinical trial, university license, explaining the method of reading, and obtaining informed written consent. Available sampling was done based on the inclusion criteria. The questionnaires were completed before the consultation by the patients.

The demographic questionnaire was validated by some of the faculty members of Baqiyatallah University. The Palutzin and Ellison spiritual health questionnaire, which contains 20 sentences with 6-point Likert scale answers the lowest score of 1 and a maximum of 6 (totally agree, relatively agree, agree, disagree, relatively disagree, totally disagree). This scale is divided into 2 groups of religious health and existential health, which has 10 items and account for 10 - 60 score. Total score of spiritual health is 20 - 120. Categorizing scores included score 20 - 40 for low spiritual health, 41 - 99 average spiritual health, and 100 - 120 high spiritual health. Validity of the spiritual health questionnaire was identified and confirmed through content validity and its reliability was determined by Cronbach's alpha 0.82, which indicates a good reliability of this tool (20). Intervention of the experiment group performed by the researcher included 8 sessions of spiritual advice, which ranged from 25 to 45 minutes, individually and during dialysis of the patient, and once a week. The content of the counseling sessions includes: familiarity, examination of the patient's feelings and attitudes toward the disease, paying attention to the positive aspects of the disease, creating self-awareness, developing social communication and communicating with nature, motivating, teaching methods of adaptation, as well as self-control by checking daily performance. All sessions were conducted by the nursing student with donation of a training book and without using headphones to listen to the Quran or prayers. In this study, due to the unwillingness of patients to attend the hospital except dialysis hours, intervention was performed simultaneously with dialysis. Spiritual counseling was done only for the patient because of lack of family support. After completing the training sessions and 3months later, the spiritual health questionnaire was completed by the patients. Quantitative variables KS test were used to study the normal distribution and the data were analyzed by using the SPSS24 software, descriptive statistics (mean, standard deviation), and inferential

statistics (Chi-Square, Fisher exact, independent t-test, and Friedman). The significance level in this study was less than 0.05.

3. Results

After spiritual counseling and 3 months later, there was a significant difference in the level of existential health and spiritual well-being ($P < 0.001$) without significant difference in religious health ($P = 0.275$).

4. Discussion

The findings of this study showed that: the spiritual care, based on sound-heart consulting model (SHCM), has increased the spiritual health of patients. The spiritual health scores of most of the samples were in the middle level prior to intervention, which is consistent with Deghashi's study, Asayesh, and Dehkordi (9, 21, 22). However, in Hojjati's study, the level of spiritual well being of hemodialysis patients was high (13) and in the study of Alibi Ring-Frieda, it was reported low (11). Significant increase in the level of spiritual well being of the samples after the intervention indicates a positive effect of spiritual counseling based on the sound-heart consulting model. In Hojjati's study, a prayer was effective in increasing the level of spiritual well being (13). In this study, prayer therapy was a part of the faith healing skills that was consistent with Hijati's study. In the Bamdad study, spiritual care, which involved listening and instilling hope during hospitalization, had a significant effect on improving the spiritual health of patients (23). In SHCM, creating hope, optimism about the future is done in the light of the relationship with God and is consistent with his study. In the study by Momeni, pastoral care program was carried out for 3 days based on the patient's needs with the help of a clergyman and a member of patient's family (24). In this research, 8 to 9 individual training sessions were conducted. The whole process of spiritual counseling was conducted by the nurse, in order to correct the 4 dimensions of patient communication (communication with God, self, people and nature). Aqajani conducted the spiritual counseling in 8 individual educational sessions, twice a week, for 45 minutes at the bedside of the patients (17), which is consistent with the present study, with the exception that the Aqajani's study was not carried out based on the consultation model and only used religious concepts. Interventions of this study were performed based on the sound heart consultation model and the interventions were planned and implemented in the form of executive steps and scheduling algorithm. Sound Heart Model reduced anxiety in patients undergoing CABG, in the study by Asadi (16). In the study by Saeidi Taheri, spiritual care based on sound heart model improved sleep quality in patients with coronary disease (25). In these 2 studies, spiritual care was performed by a nurse for hospitalized patients in the acute phase and in a semi-compensatory system. However, in this study, hemodialysis patients were considered as outpatients with self-care ability and therefore, in the educational system, spiritual counseling was conducted to give chronic patients an effective way of self-care, which had

Table 1. Demographic Information

Variable	No. (%)
Male	20 (62.5%)
Female	12 (37.5%)
Married	27 (84.4%)
Single	5 (15.6%)
Housewife	10 (31.3%)
Unemployed	2 (6.3%)
Employed	4 (12.5%)
Retired	16 (50%)
Illiterate	1 (3.1%)
Subdomain diploma	13 (40.6%)
Diploma	8 (25%)
Associate degree	3 (9.4%)
Bachelor	4 (12.5%)
Master degree	3 (9.4%)
Kidney transplant	6 (18.8%)
Kidney transplant NO	26 (81.2%)
Surgical history	24(75%)
NO surgical history	8 (25%)
Diabetes	5 (15.6%)
Hyper pressure	4 (12.5%)
Diabetes and hyper pressure	8 (25%)
Others	8 (25%)
History of the disease NO	7 (21.9%)
Fistula	21 (65.6%)
Catheter	10 (31.3%)
Fistula and catheter	1 (3.1%)
Variable	**Mean (SD)**
Age	57.75 (12.57)
Dialysis history	47.84 (62.45)
Dialysis times	3.09 (0.296)
Dialysis hours	1.13 (0.492)

Table 2. Comparison Ellison Spiritual Health Questionnaires in Experimental Group

Questionnaire Level	Spiritual Health, Mean (SD)	Existential Health, Mean (SD)	Religious Health, Mean (SD)
Pre-test	93.59 (15.43)	42.90 (9.21)	50.68 (7.93)
Posttest 1	102.00 (10.16)	49.28 (5.79)	52.71 (5.13)
Posttest 2 (three months later)	107.03 (7.31)	52.84 (4.50)	54.18 (3.63)
Friedman test	df = 2, P < 0.001	df = 2, P < 0.001	df = 2, P = 0.275

a positive effect. The limitations of this study are the impossibility of counseling outside the dialysis time with the presence of a member of the patient's family and in a separate room. It seems that conditions during dialysis have affected the patient's concentration. Therefore, it is suggested that spiritual counseling be performed, in a suitable place (like the counseling room), with the presence of the patient and one of his family members, in a team form. It is essential that doctors, clerics, nursing staff, and the family participate in this matter and carefully examine their self-care capabilities. In addition, the amount of self-care capacity in patients must be carefully controlled.

4.1. Conclusion

Negligence of nurses and treatment team to the spiritual health, in hemodialysis patients, can cause a crisis. Therefore, it is recommended to use spiritual care based on sound-heart consulting model (SHCM) for hemodialysis patients.

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Footnotes

Authors' Contribution: Conception and design: Minoo Asadizandi; conduct research: Halimeh Akbarpour Mazandarani; drafting the article: Minoo Asadzandi; final approval: Minoo Asadzandi; statistical counseling: Mohsen Saffari; counseling: Morteza Khaghanizadeh.

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