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The Effect of Spiritual Counseling on Spiritual Health of Hemodialysis Patients: A Randomized Controlled Trial

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Abstract

Background: Culture is effective in discourse analysis of spirituality. Cultural customs can destroy a secure attachment to God. Hemodialysis patients with insecure attachment to God due to the fear and despair, experience spiritual distress, which endangers their psychospiritual health and creates the need for spiritual counseling. The aim of this study was investigation of the effect of strengthening secure attachment to God in spiritual counseling on spiritual health of hemodialysis patients.

Methods: This randomized controlled trial with pre-post-test, and control groups was performed in 2020 at the hemodialysis department of Kamkar Hospital in Qom for 110 patients. The Sound Heart Model- based spiritual counseling was performed in 12 sessions of 35 minutes for intervention group. The spiritual health questionnaire was completed by both groups before and after the intervention. Independent t-test was used to compare the mean score between the two groups. The T-pair test was used to compare the change of each group. The significance level for all tests was 0.05. Data were analyzed by using SPSS software version 24.

Results: There was no statistically significant difference in spiritual health scores between the intervention (76.83±1.35) and control (73.43±1.41) groups, before intervention (P =0.08). After intervention, a significant statistical difference was observed (P <0.0001) between the intervention (85.73±0.97) and control group (68.17±1.86). There was no statistically significant difference in the control group before (73.43±1.41) and after (68.17±1.86) the intervention (P =0.017). Whereas in the intervention group, there was significant difference (P <0.0001) in the mean score of spiritual health before (76.83±1.65)

and after the intervention (85.73±0.97).

Conclusion: Due to positive effect of strengthening secure attachment to God in spiritual counseling on spiritual health of hemodialysis patients, implementation of Sound Heart Model is recommended.

Trial registration: Clinical Trial Code: IRCT20181103041532N1.

Keywords: Counseling; Dialysis; Patient Care; Religion; Spirituality

Background

Chronic renal failure (CRF) as a life-threatening disease and a health problem requires alternative kidney therapies [1]. In 2016, the population of Iranian patients with CFR who have passed the fifth stage of kidney failure were 58,000 and 95% of them were treated with hemodialysis. Probably 7000 new patients have been added to this number every year [2]. Although hemodialysis increases the survival rate and reduces the symptoms of the disease but this recurrent, long-term and high-cost treatment, cause spiritual reactions [3]. Usually, patients consider their life-threatening disease as a traumatic event and show signs of spiritual distress such as death anxiety, disappointment from God's mercy, dissatisfaction with destiny, regret for losses, fear [2]. The severity of distress increases with the severity of disease [4]. Therefore, in recent decades, governments have been obliged to provide holistic treatment with spiritual care in order to reduce spiritual distress and improve the patients' quality of life [5]. The scientific evidence indicates the positive effect of spirituality on emotional well-being, adaptation to life's problems and reducing stress, anxiety and depression [6] Sadok explained the positive effect of spirituality in creating mental peace and promoting physical health through psycho-neuro-endocrine-immunology [7]. Asadzandi and Seyed kalal considered spirituality as a protective factor in the diathesis-stress model. They introduced positive image of God and secure attachment to God as the creating factors of spiritual security and changing, factor for changing the attitude towards stress and transforming the traumatic experience of life events into spiritual experience that can be managed by God's power [8]. Zoheiri and et al. showed the positive effect of religious beliefs (prayer, relationship with God, participation in religious ceremonies, social-religious support) on changing the attitude of patient and family towards illness crisis by improving spiritual intelligence that leads to adaptation and resilience [9]. Park considered religion as a meaningful system for dealing with adversity, in which the religious meaning of events has an impact on the coping process [10]. Pargament and et al. introduced religious coping styles as optimistic explanation for unpleasant events which is effective in creating sense of commitment, support and motivation to improve social communication [11]. Koenig introduced religion as a psycho-social resource to deal with stress. He considered religious beliefs as powerful sources of comfort, hope and meaning that increases psychological health by promoting the patient's self-esteem and creating sense of meaningfulness [12]. Paloutzian introduced religiosity, participation in religious ceremonies and social-religious support networks as effective factors for life satisfaction [13].

Despite the scientific evidences about the therapeutic and positive effects of spirituality and religious coping strategies on adaptation, self-esteem, emotional regulation, normal social behavior, dealing with the disease, acceptance the dialysis and protection against depression [14], it seems that these positive effects cannot be generalized without considering the social determinants of spiritual health such as the cultural context and social customs. Because spirituality as a discourse is formed in a social flow and has "power" or "hegemony". Every discourse follows the subjective semantic system of the target society [15]. Every society analyzes this discourse based on their ideology and thoughts [16]. Therefore, spiritual health as a social concept is affected by the culture of the society. Sometimes in a religious society, the prevalence of Mental Health Disorders (MHD) is higher than other societies due to the misunderstanding of religion [17].

If the social norms of a Muslim society are shaped by misinterpretations of the Qur'an, illness may be attributed to supernatu-

ral causes such as human sinfulness. Within this framework, disease is perceived as divine punishment or a manifestation of God's wrath, which may distort the individual's perception of God and weaken their sense of secure attachment to Him. Such beliefs can result in various forms of spiritual distress, including feelings of helplessness and insecurity, despair of God's mercy, anger toward God, and dissatisfaction with divine destiny [18]. Attributing the occurrence of illness as a sign of sin usually falsifies the meaning of the illness suffering as a means to cleanse sins and gives the patient a social stigma of being a sinner [19]. These socio-cultural hazards in religious societies can create a negative perception of God and insecure attachment to God. So, it harms the family and patients' psycho-spiritual health and disrupts communication with God, self, people and nature. These spiritual reactions to CRF associated with mental illness and weaker coping strategies [20]. Empirical studies support this pathway. Tahmasb and Multafat (2019) found that secure attachment to God, along with cognitive emotion regulation, enhances life satisfaction [21]. In contrast, Ranjbar et al. (2021) reported that insecure attachment to God is negatively associated with resilience and patience [22]. These findings underscore the importance of correcting negative God-images within spiritual counseling and strengthening secure attachment to God to improve spiritual well-being.

In Iran, with more than 90% of the Muslim population, spiritual health services are not provided by members of the treatment team as a specialized clinical routine practice and research about the effects of spiritual care in hemodialysis patients are rare [1,2]. Despite the emphasis of scientific evidences on holistic care, and the growing recognition of community-oriented and model-based spiritual care as an effective approach for managing chronic diseases and despite the Qur'an's emphasis on spiritual self-care spiritual counseling, as a set of spiritually based practices aimed at promoting recovery during illness and improving patients' quality of life, has been neglected in Iran[23]. Meanwhile, spiritual counseling is essential for hemodialysis patients due to the long-term treatment, poor quality of life, the need for lifestyle change, better adaptation and for increasing patient participation in treatment process [24].

Due to the existing hazards in the spiritual health services in Iran, Asadzandi, designed and validated the Sound Heart model, based on the Islamic evidences, in harmony with the religious beliefs of Muslims [25]. She introduced human beings as spiritual beings with soul /heart from unseen world that requires spiritual care, throughout the life at all levels of prevention by spiritual mentors. The heart as a place of faith (love of merciful God), is the center of perception, emotions and behavior control. Every illness is a divine test which can lead patient and family to search for the purpose and meaning of life [26]. She introduced spiritual health as having a sound heart (heart free from the past grief and the future fear and anxiety, who live in the present time with patience and gratitude) [27]. Also, introduced the Qur'anic concept of "dedication" or the secure attachment to merciful God, as the main element in the formation of a sound heart. Dedication as a romantic journey towards God is the inner movement of man towards God which gradually moves the seeker away from "various heart attachments" to depend only on God and reach a sound heart where "there is nothing but God's love in his/her heart [28]. Dedication is caused by knowing the truth of religion, positive image of God. It creates secure attachment to God and believe in the presence of God, as best supporter whose presence is sufficient for his servant. The model according to the patients' self-care ability emphasizes on spiritual self--care empowerment [29].

Objectives

Due to the misinterpretation of the Qur'an and its potential to cause spiritual distress among hemodialysis patients, and considering the lack of studies addressing secure attachment to God, this study aimed to investigate the effect of strengthening secure attachment to God through spiritual counseling on the spiritual health of hemodialysis patients.

Methods

This randomized controlled clinical trial with pre-post-test and control groups was performed in 2020 at the hemodialysis department of Kamkar Hospital in Qom

Participants

The target-based sampling was done in an accessible form and according to inclusion criteria: - Adult patients over 18 years old, able to read and communicate, Persian language, with at least one year and twice a week dialysis, without history of chronic mental illness and use of psychotropic drugs and history of attending in spiritual health training courses. Exclusion criteria included severe physical or mental crisis, additional life-threatening illness, unwillingness to continue research, transfer to another hemodialysis center and candidate for kidney transplant.

Measurement Tools

The Paloutzian and Ellison spiritual health questionnaire, with 20 sentences, in two groups of religious and existential health was used [30] its validity was confirmed through content validity and its reliability was determined by Cronbach's alpha 0.82, which indicates a good reliability of this tool [31].

Sample Size

The minimum sample size was estimated at least 46 in each subgroup. This was achieved by using G Power software with a significance level of 0.05, at least test power of 0.80, and effect size of 0.6 [32]. With a 20 percent chance of falling, nine patients were added to each group.

$$n = \frac{(z_{1-\alpha/2} + z_{1-\beta})^2 (s_1^2 + s_2^2)}{(\mu_1 - \mu_2)^2}$$

After explaining the aim of study and obtaining written informed consent, samples were randomly assigned into intervention and control groups. Random allocation of 110 samples was performed using Bernoulli distribution (0.5 chance of success) ribbon command (100.1, .5) in R software. As a result, 51 (code 0) was assigned to the control group and 59 (code 1) to the intervention group. During the research three patients from control group, refused to continue their cooperation that will not disrupt the statistical tests.

Setting

Spiritual counseling is a team work skill and requires competency-based education, so the researchers consisting of a physician, nurse, clinical psychologist, participated in a training workshop at Baqiyatallah University and received a certification for spiritual care. They implemented spiritual counseling in the educational-supportive system, educational sessions were conducted in 12 individuals, 45-35-minute sessions for the patient and family on a separate floor from control group, based on the Sound Heart Algorithm (figure1) with donating education booklet. In the counseling sessions, the following considerations were observed: - Choosing spiritual skills based onthe patient and family desire - Collaborating with the patient to implement the skills- Ending the therapeutic relationship by the patient and family during the follow up. The spiritual health questionnaire was completed by both groups before and after the intervention.

Statistical Methods

Independent t-test was used to compare the spiritual health score between the intervention and control groups. Paired t-test was used to compare the spiritual health score before and after the intervention in each group. The significance level for all tests was 0.05. Calculations were performed by SPSS software version 24.

Findings

There was no significant statistical difference between the two groups in terms of demographic characteristics.

Table 1: Comparison of spiritual health scores before and after the intervention in the control and intervention groups

Independent t-test	Control group (n = 48) Mean (standard error)	Intervention group (n = 59) Mean (standard error)	Time
P=0. 08	(1.41) 73.43	76.83(1.35)	Before
P<0.000	68.13(1.82)	85.54(0.95)	After
	P=0.017	P<0.001	Paired t-test

Table 1 showed that there was no statistically significant difference in spiritual health scores between the intervention (76.83±1.35) and control (73.43±1.41) groups, before the intervention (P = 0.08). After intervention, a significant statistical difference was observed (P <0.0001) between intervention (85.73±0.97) and control group (68.17±1.86).

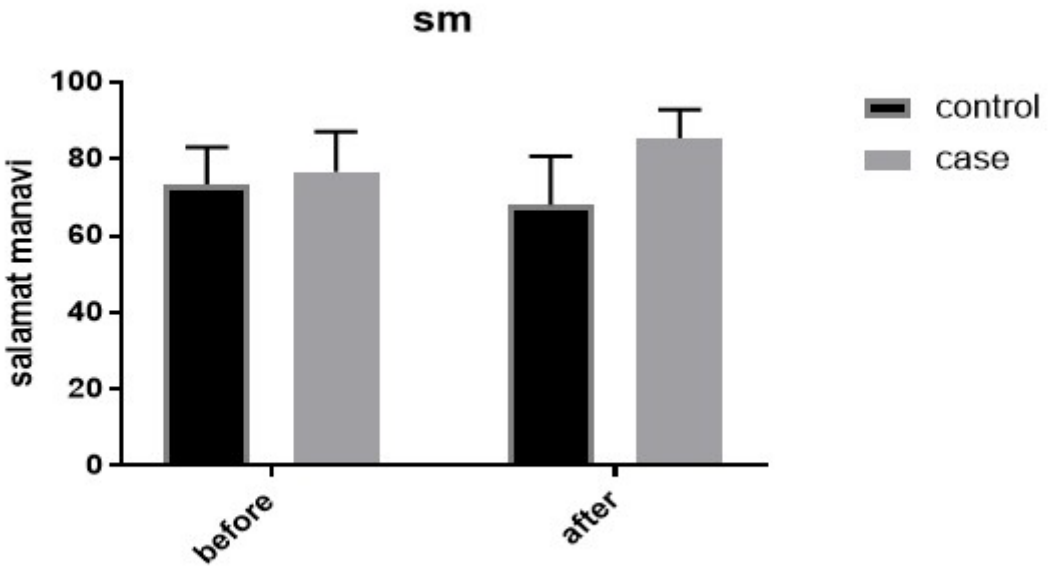

Figure 1: Comparison of spiritual health scores between case and control group by intervention time

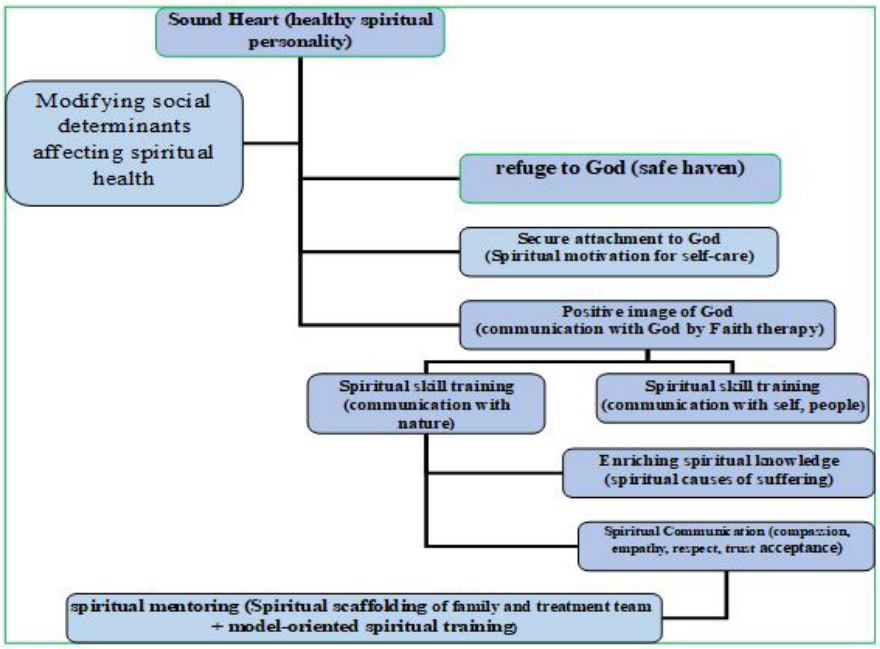

Figure 2: Spiritual health interventions based on the Sound Heart Model

Figure1 show that: Spiritual counselors as spiritual mentors can carry out spiritual education through scaffolding by establishing spiritual communication, increasing spiritual knowledge and skills, and strengthening spiritual motivation. This is indirect education, with model-oriented education, without coercion and violence. Mentors can introduce the truth of religiosity by strengthening love and affection for God. The behavior of spiritual mentors is helpful in modifying social determinants affecting spiritual health. So, a correct understanding of religion leads to the creation of a positive image of God and secure attachment to God. In this case, the patient will attain spiritual health by taking refuge in God as a safe haven and feel peace and security.

Discussion

Spiritual counselling by strengthening a secure attachment to God increased the spiritual health of patients in the intervention group. But in the control group, who received only routine care, no significant differences were observed (Table 1). Considering the effect of model-oriented education, imitation from the role-models in spiritual training and promotion of spiritual health, spiritual empowerment of family members was conducted to increase their competence of spiritual mentoring [33]. The concept of mentor is derived from the classical literature. It refers to a wise, knowledgeable, experienced, trusted and progressive person who shows the way of prosperity to his follower (mentee). The concept of mentor introduced in the epic poem "Odyssey" by Homer. To participate in the "Trojan War", Odysseus entrusts his son" Telemachus" to his oldest friend and advisor named "Mentor", to take care of him, to teach him, to guide him, to introduce him to the way of life step by step from childhood to adulthood [34]. The character of a mentor is his wisdom and his teacher role. Today, a mentor refers to an experienced, guiding, perceptive, wise, gifted, insightful person who is able to scrutinize subtleties hidden from the eyes of others [26]. Spiritual mentoring is a system in which a self-made, experienced and knowledgeable person helps a person with less experience to grow in the spiritual field. It is consistent with Islamic evidences, Bandura's social learning theory, the role of the hidden curriculum in education [35]. Spiritual scaffolding in creating secure attachment to God is possible only through spiritual mentoring, which Vygotsky emphasized [36]. In research, spiritual mentors through communication based on compassion and unconditional acceptance implemented "knowledge enhancement", "skills learning" and "motivation". Which is in harmony with the study of Edraki and et al., about the effect of compassion-based communication, who helped the family to discover and use of their natural abilities to increase their mastery and control over stressful conditions [37]. It is consistent with people's perception of their "role in life" that makes them worthy, effective, self-reliant and meaningful. Also, can improve self-confidence, future hope and ability of goal achievement [38]. In the counseling sessions, for knowledge enhancement the medical causes of the disease, the effect of lifestyle and unhealthy habits, destructive feelings on the occurrence of disease were trained for producing positive emotions, and accelerating recovery by proper functioning of the psycho-neuron- immune systems [37]. The wrong meaning of illness suffering in social customs of a group of Iranian people was corrected. Because suffering is a divine test and a means of drawing closer to God. God gives "endless reward" to patients. By introducing the disease as a challenge that can be managed with God's mercy and power, hope, optimism and courage to face the disease crisis were strengthened [8, 9]. In the stage of increasing spiritual knowledge, by introducing the truth of religion as loving God, efforts were made to create a positive image of God and secure attachment to God. These measures were consistent with the study of Ghalyanee et al. study, which showed that patients would have less stress, if they had a meaning and purpose in life through hope for God's help in difficult situations [4].

According to the Sound Heart Model based on religious spirituality, in the skill training sessions by developing the patient's relationship with God, attention to the kingdom of universe was reminded and the skills of developing relationships with self, people and nature were taught, which is consistent with studies of Babamohamadi, et al [38]. The skills of "spiritual self-awareness based on the self-compassion, communication with people based on forgiveness, charity and kindness to nature were

taught. The patient's relationship with self, people and world were encouraged. The spiritual care instructions, daily self-calculation method was taught that is consistent with studies of Davaridolatabadi.et al. about the relation between perceived social support and anxiety in hemodialysis patients [39] and study based on Reed's theory of Self-transcendence and the effect of peer groups on the physical performance of hemodialysis patients that showed patients education based on their educational needs, promoted self-care behaviors and patients' health by facilitating internal resources [40]. Dr. Reed designed the Self-transcendence theory in 1991 as an evolutionary theory for patients who experienced the critical conditions to increase the perception of health in people who are more vulnerable to death due to disease-related conditions. Since chronic illness causes fear and death anxiety, in Self-transcendence theory, the patient-awareness of the environment and his views on life is expanded by: - Assessing the patients' educational needs and concerns - Planning and prioritizing nursing interventions with the participation of the family- Provide individualized intervention based on patients' needs. In this way, patient can organize the life challenges to achieve well-being and sense of wholeness [41]. This theory is consistent with the Sound Heart Model in increasing self- awareness and organizing life challenges, strengthening hope, optimism, positive thinking [1,2]. In counseling sessions, mentors strengthened spiritual motivations. By telling stories about the Prophet's life and his love for the creatures, love and affection for the Prophet was strengthened so that the truth of religion was introduced as love and affection for the creatures of the world, until love can motivate patients and families. This is consistent with study of Ghalyanee [4] and Shahrabi et al [6]. In this research, an attempt was made to create a secure attachment to God because people who have a secure attachment to God value themselves and know that God loves them despite their mistakes. This study has several limitations: the sample size was relatively small, which may limit the generalizability of the findings. Also, the absence of long-term follow-up restricts conclusions regarding the sustained effects of the intervention over time. The study was also conducted in a specific cultural and religious context, which may limit the applicability of the results to other populations. Future studies with larger and more diverse samples are needed to validate these findings.

Conclusion

These results highlight the clinical relevance of incorporating spiritually informed counseling into routine care for hemodialysis patients to enhance their spiritual well-being. Future studies are encouraged to replicate this intervention in diverse cultural contexts and to conduct long-term follow-up assessments to determine the sustainability and broader applicability of its effects.

Declarations

Ethics Approval and Consent to Participate

This research was approved by the ethics committee of the Spiritual Health Research Center of Qom University of Medical Sciences, with ethical code: IR.MUQ.REC.1397.83 and also Clinical Trial Code: IRCT20181103041532N1.

Consent for Publication

"Not applicable"

Availability of Data and Material

The datasets analyzed during the current study are available from the corresponding author on reasonable request.

Competing Interests

"The authors declare that they have no competing interests."

Funding

"Not applicable"

Authors' Contributions

Z.N. Participated in the writing of the proposal and the follow-up of the research implementation.M.A. Participated in idea generation, writing and submitting the manuscript, scientific supervision of research implementation and training of the research group. M.M. Performed statistical analysis of research data. M.V.F & K.T They participated in conducting research and holding consultation meetings. All authors read and approved the final manuscript.

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Authors' Information

Minoo Asadzandi is the theorist of the Sound Heart Model. Vice President of the Working Group on Ethics, Spiritual Health and Professional Commitment in Medical Sciences Education in the Ministry of Health and Medicine of Iran.

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