

SELF-EFFICACY AND SPIRITUAL CARE NEEDS OF INDIVIDUALS RECEIVING HEMODIALYSIS

HEMODİYALİZ ALAN BİREYLERDE ÖZ YETERLİLİK VE SPİRİTÜEL BAKIM GEREKSİNİMLERİ

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ABSTRACT

Objective: This study was conducted to determine the Self-Efficacy and Spiritual Care needs of Individuals Receiving Hemodialysis.

Methods: This descriptive study was conducted with 102 dialysis patients who volunteered to participate in the study. The study data were collected using the Descriptive Information Form, the General Self-Efficacy Scale and the Spiritual Care Needs Inventory. In the analysis of the data, descriptive statistics, arithmetic mean, standard deviation, Pearson's correlation analysis were used.

Results: The mean scores obtained from the overall General Self-Efficacy Scale and its "Initiation", "Perseverance" and "Insistence" sub-dimensions were 55.98±10.03, 32.60±8.22, 15.62±3.28 and 7.74±2.60 respectively. The mean scores obtained from the overall Spiritual Care Needs Inventory and its "caring and respect" and "meaning and hope" subscales were 79.58±17.34, 32.77±6.97 and 46.81± 11.66 respectively. There was a significant relationship between the mean scores the participants obtained from the overall General Self-Efficacy Scale and its Initiation", "Perseverance" and "Insistence" sub-dimensions, and the mean scores they obtained from the overall Spiritual Care Needs Inventory and its "caring and respect" and "meaning and hope" subscales.

Conclusion: The participants Self-Efficacy level was at an average level, which suggested that they needed spiritual care. In conclusion, we think that creating environments that will facilitate the spiritual practices of patients in hemodialysis units will improve their self-efficacy and spirituality.

Keywords: Hemodialysis, Self-Sufficiency, Spiritual Care, Spirituality

ÖZET

Amaç: Bu çalışma hemodiyaliz alan bireylerde öz yeterlilik ve spiritüel bakım gereksinimlerini belirlemek amacıyla yapıldı.

Yöntem: Tanımlayıcı tipte yapılan araştırma, çalışmaya katılmaya istekli ve gönüllü olan 102 diyaliz hastası ile gerçekleştirildi. Çalışmanın verileri, Tanımlayıcı Bilgi Formu, Genel Özyeterlilik Ölçeği ve Spiritüel Bakım Gereksinimleri Ölçeği kullanılarak toplandı. Verilerin analizinde tanımlayıcı istatistikler, ortalama, standart sapma, Pearson korelasyon analizi kullanıldı.

Bulgular: Genel Özyeterlilik Ölçeği Başlama alt boyut puan ortalaması 32,60±8,22, Yılmama alt boyut puan ortalaması 15,62±3,28, Sürdürme Çabası alt boyut puan ortalaması 7,74±2,60, toplam puan ortalaması 55,98±10,03, Spiritüel Bakım Gereksinimleri Ölçeği, Önemsememe ve Saygı alt boyut puan ortalaması 32,77±6,97, Anlam ve Umut alt boyut puan ortalaması 46,81± 11,66, toplam puan ortalaması 79,58±17,34 olarak belirlendi. Katılımcıların Genel Özyeterlilik Başlama alt boyutu, Yılmama alt boyutu Sürdürme alt boyutu, toplam boyut ile Spiritüel Bakım Gereksinimleri Ölçeği, Önemseme ve Saygı Ölçeği alt boyutu ile Anlam ve Umut alt boyutu ve toplam ölçek puanı arasında anlamlı bir ilişki saptandı.

Sonuç: Katılımcıların Öz Yeterliliklerinin ortalama düzeyde olduğu, bunun sonucunda Spiritüel Bakım Gereksinimlerine ihtiyaç duydukları belirlendi. Sonuç olarak; hemodiyaliz ünitelerinde hastaların manevi uygulamalarını kolaylaştıracak ortamların oluşturulmasının özyeterlilik ve maneviyatın yükseltilmesinde etkili olacağı düşünülmektedir

Anahtar Kelimeler: Hemodiyaliz, Öz Yeterlilik, Spiritüel Bakım, Spiritüelite

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INTRODUCTION

Chronic kidney disease is becoming a growing global public health problem due to its incidence, prevalence and mortality rates (Bikbov et al., 2020). Hemodialysis is effectively used in the treatment of chronic kidney diseases (Musa et al., 2018). Hemodialysis is a therapeutic modality administered in instances of irreversible kidney dysfunction (Wu et al., 2021). Within this protocol, patients may contend not only with the complexities and symptoms intrinsic to kidney disease but also with the intricacies of hemodialysis and comorbid chronic conditions. Concurrently, these patients may grapple with treatment-associated challenges encompassing pain, restlessness, fatigue, weakness, and psychological distress. Such challenges can precipitate considerable impacts on both the mental and physical well-being of individuals, thereby impinging upon their overall quality of life. It is noteworthy that the identification of stressors linked to the ailment can substantively mitigate both mortality and morbidity outcomes (Ghasemi Bahresaman et al., 2021).

In general, the prevalence of chronic kidney disease is high and there is a significant increase in the number of hemodialysis patients; thus, patients with the chronic kidney disease may suffer from stress and disability. Therefore, planning and implementing interventions to improve stress and to increase self-efficacy in patients is of great importance (Ghasemi Bahraseman et al., 2021). Self-efficacy is the belief in successfully fulfilling a certain task and achieving success (Ghasemi Bahraseman et al., 2021).

Self-efficacy stands as an individual's self-assessment of their competence to engage in specific activities; thereby, it occupies a pivotal role in steering one's introspective realm and cultivating emotional resilience. This psychological construct, contingent upon an individual's proficiencies and capabilities, fosters the potential for achievement. Notably, individuals endowed with robust self-efficacy tend to exhibit traits of patience and assiduity, distinguishing them from their counterparts who possess diminished self-efficacy. Furthermore, self-efficacy constitutes a salient determinant in the cultivation and transformation of healthful lifestyle behaviors. In this regard, interventions aimed at augmenting self-efficacy levels should be judiciously devised and executed, with the ultimate objective of alleviating stress encumbrances among patients (Ghasemi Bahraseman et al., 2021).

In the context of individuals grappling with chronic kidney conditions and undergoing hemodialysis, proficient management of self-efficacy emerges as a crucial factor alongside necessary lifestyle adjustments. Self-efficacy is recognized as an essential component within the spectrum of chronic disease treatment, serving as an emblem of a patient's inherent belief in their healing journey (Fradelos et al., 2022). Given these considerations, evaluating individuals' self-efficacy levels assumes paramount importance, as it contributes to a better quality of life. Understanding the self-efficacy levels among chronic kidney disease patients becomes imperative, enabling the formulation of suitable intervention strategies to halt and manage disease progression within this specific patient population (Almutary & Tayyib, 2021).

In hemodialysis patients, spirituality plays an active role in the process of coping with the disease as much as self-efficacy does. Spirituality is an effective factor in increasing patients' self-esteem (Asadzandi et al., 2022). As a cultural concept, spirituality refers to environmental factors such as religious belief and culture. Spirituality provides a therapeutic effect in coping with illness and developing self-esteem and self-efficacy (Asadzandi et al., 2022; Darvishi et al., 2020). Spirituality is a potential resource for the maintenance of mental health and is considered as a coping mechanism in stressful life experiences (Martinez & Custodio, 2014). Although spirituality is often used synonymously with religious belief, it is a broader and comprehensive concept that enables individuals to make sense of life according to their personal values and to gain an ultimate meaning for their lives (Cheawchanwattana et al., 2014).

Spirituality is expressed as being in a relationship with God, seeking meaning and purpose in life, and worshiping in non-physical ways. Spirituality is defined as communicating with others, having meaning and purpose in life, believing in a higher power and establishing a relationship with this power (Duran et al., 2020). Positive beliefs about chronic kidney disease and hemodialysis treatment are associated with patients' self-efficacy and independence. In this process, hemodialysis patients should be encouraged and supported to develop positive and realistic beliefs (Darvishi et al., 2020).

A plethora of recent studies have spotlighted spirituality and religiosity as pivotal components in the coping mechanisms employed amidst chronic or terminal illnesses (Delgado-Guay, 2014). Within this sphere, spiritual dimensions encompassing emotions, beliefs, acceptance, comprehension, and

empowerment have emerged as influential factors shaping the psychosocial adaptation trajectory of patients with chronic kidney disease. Notably, spirituality and religious coping can assume a significant role as coping strategies for individuals grappling with chronic kidney disease, thereby contributing to the spectrum of adaptive mechanisms (Burlacu et al., 2019). In light of these dynamics, it becomes essential to recognize the psychological dimensions and spiritual inclinations of patients within the healthcare paradigm (Darvishi et al., 2020). Moreover, spiritual well-being serves as a catalyst in elevating self-esteem and self-efficacy among hemodialysis patients. (Darvishi et al., 2020).

Since chronic kidney disease and end-stage renal disease continue to be prevalent worldwide, it is important for ongoing research to explore the conditions of treatment and the way through which patients can be better supported in this process (Wood, 2020). Elements of self-efficacy and spirituality should be explored to support caregivers of these patients who have different needs (Wood, 2020). This study was conducted to determine the self-efficacy and spiritual care needs of individuals receiving hemodialysis.

MATERIALS AND METHODS

Research Model

The present study adhered to a descriptive methodology. All individuals undergoing hemodialysis, who willingly consented and volunteered for participation, were encompassed within the study cohort. Inclusion criteria necessitated a willingness to partake, functional literacy, and ongoing hemodialysis treatment. Those who did not meet these specific inclusion criteria were excluded from the study.

Participants

The present study was carried out in a private dialysis center located in a province in the north of Turkey. Patients (N=102) who actively underwent hemodialysis and volunteered to participate in the study comprised the study population. The study encompassed the entirety of 120 patients receiving treatment at the dialysis center throughout the summer duration. No deliberate sample selection was executed; rather, all patients expressing an interest in participation were seamlessly incorporated into the study cohort. This study was conducted with 102 patients who underwent hemodialysis between July 2022 and October 2022. The study's objective was explained to the patients undergoing treatment. Subsequent to securing verbal consent, a battery of assessments, including a descriptive information form, the general self-efficacy scale, and the Spiritual Care Needs Inventory, was administered.

Measurement

Descriptive Information Form

The form was prepared to measure such characteristics of the participants as age, sex, marital status, and educational status, duration of dialysis, chronic disease status and income status.

General Self-Efficacy Scale

The 23-item scale was developed by Sherer et al. (1982). The validity and reliability study of the Turkish version of the scale was carried out by Yıldırım and İlhan. The Turkish version of the scale consists of 17 items. The responses given to the items of the scale are rated on a five-point Likert type scale ranging from 1 (never) to 5 (always). Items 2, 4, 5, 6, 7, 10, 11, 12, 14, 16 and 17 in the scale are reverse scored. The scale consists of the following three sub-dimensions: Initiation, Perseverance and Insistence. In Yıldırım and İlhan's study, Cronbach's Alpha values were as follows: .80 for the overall scale, .81 for the Initiation subscale, .84 for the Perseverance subscale and .87 for the Insistence subscale. The minimum and maximum scores to be obtained from the scale are 17 and 85 respectively. The higher the score is the higher the level of self-efficacy belief is (Yıldırım & İlhan, 2010). In the validity and reliability study, Cronbach's Alpha value was .80 and in our study it was 0.89.

Spiritual Care Needs Inventory (SCNI)

The SCNI developed by Wu et al. in 2016 is used to assess the spiritual care needs of patients (L. F. Wu, Koo, Liao, Chen, & Yeh, 2016). The Turkish validity and reliability study of the scale was carried out by İsmailoğlu et al. The SCNI differs from other scales in that it can be administered to all patients regardless of their religious beliefs and reasons for their hospitalization.

The 21 items of the SCNI question patients' potential spiritual care needs. The items of the SCNI are rated on a five-point Likert scale ranging from 1 to 5 (1 = Not necessary at all, 2 = Not necessary, 3 = doesn't matter (neither necessary nor unnecessary), 4 = Necessary, 5 = Absolutely necessary).

An increase in the total mean score of the scale indicates that the patient needs spiritual care more. The scale consists of two sub-dimensions: “meaning and hope” and “caring and respect” (İsmailloğlu, Özdemir, Erol, & Zaybak, 2019). In Wu et al.’s study (2016), the Cronbach’s Alpha value was .96 for the overall SCNI, .96 for the “meaning and hope” subscale, and .91 for the “caring and respect” subscale (L. F. Wu et al., 2016). In the present study, the Cronbach’s Alpha value was .80 for the overall SCNI, .78 for the “meaning and hope” subscale, and .80 for the “caring and respect” subscale.

Data analysis

The data of the present study was analyzed using the Statistical Package for the Social Sciences (SPSS) 25. Numbers, percentages, arithmetic mean, standard deviation, minimum and maximum values were used for quantitative variables and scale scores. Pearson’s correlation analysis was performed to indicate the relationship between the scale scores. P-values less than 0.05 were considered statistically significant.

Ethical Considerations

Before the study was conducted, ethics committee approval (decision date: July 06, 2022; decision number: 2022/130) was obtained from Sinop University Human Research Ethics Committee. The study was carried out in accordance with the Declaration of Helsinki. Verbal consent was obtained from the individuals to participate in the study. Credentials of the participants were kept confidential

RESULTS

The mean age of the participants was 56.6±10.6 years. Of them, 56.9% were women, 52.9% were literate, 83.3% were married, 36.7% were homemakers, 60.8% had diabetes mellitus, 63.7% felt bad in terms of their general health status, and 66.7% had an income equal to their expenses (Table 1).

Table 1. Descriptive characteristics of the participants

		N	%
Mean Age	56.6±10.6 years		
Mean duration of undergoing dialysis	8.9±4.3 years		
Sex	Women	58	56.9
	Men	44	43.1
Educational status	Literate but not a graduate of any school	54	52.9
	Primary school	35	34.3
	High school	13	12.7
Marital status	Married	85	83.3
	Single	17	16.7
Occupation	Homemaker	37	36.7
	Retiree	35	34.3
	Self-employed	30	29.4
Chronic disease	Diabetes mellitus	62	60.8
	Hypertension	23	22.5
	Cardiovascular disease	17	16.7
Perceived general health	Bad	65	63.7
	Moderate	30	29.4
	Good	6	5.9
Income status	Income less than expenses	28	27.5
	Income equal to expenses	68	66.7
	Income more than expenses	6	5.9

The mean scores obtained from the overall General Self-Efficacy Scale and its Initiation, Perseverance and Insistence sub-dimensions were 55.98±10.03, 32.60±8.22, 15.62±3.28, and 7.74±2.60 respectively. The mean scores obtained from the overall Spiritual Care Needs Inventory and its “caring and respect” and “meaning and hope” sub-dimensions were 79.58±17.34, 32.77±6.97 and 46.81± 11.66 respectively Table 2.

Table 2. Mean scores obtained from the data collection tools and their sub-dimensions

Scales	Cronbach Alfa	Min.-Max.	Mean±SD
General Self-Efficacy Scale total	.899	22-80	55.98±10.03
Initiation sub-dimension	.815	13-45	32.60±8.22
Perseverance sub-dimension	.848	5-24	15.62±3.28
Insistence sub-dimension	.870	3-15	7.74±2.60
Spiritual Care Needs Inventory total	.801	33-105	79.58±17.34
Caring and respect sub-dimension	.805	13-40	32.77±6.97
Meaning and hope sub-dimension	.780	20-65	46.81± 11.66

There was a significant relationship between the mean scores obtained from the overall General Self-Efficacy Scale ($r = .925^{**}$; $p < 0.001$) and its Initiation ($r = .865^{**}$; $p < 0.001$), Perseverance ($r = .723^{**}$; $p < 0.001$) and Insistence ($r = .209^*$; $p < 0.035$) sub-dimensions, and the mean scores obtained from the overall Spiritual Care Needs Inventory ($r = .589^{**}$; $p < 0.001$) and its “caring and respect” ($r = .555^{**}$; $p < 0.001$), and “meaning and hope” ($r = .544^{**}$; $p < 0.001$) sub-dimensions (Table 3).

Table 3. Relationship between the scale scores

Scales	r	p
General Self-Efficacy Scale total	.925**	.000
Initiation sub-dimension	.865**	.000
Perseverance sub-dimension	.723**	.000
Insistence sub-dimension	.209*	.035
Spiritual Care Needs Inventory total	.589**	.000
Caring and respect sub-dimension	.555**	.000
Meaning and hope sub-dimension	.544**	.000

* $p < 0.05$ ** $p < 0.001$

DISCUSSION

In the present study carried out in a private dialysis center, most of the participants were women, married and homemakers, and had diabetes mellitus, felt bad in terms of their general health status, and had an income equal to their expenses. Variables such as education level, economic level, duration of illness and mental well-being play a significant role in the spiritual well-being and resilience of patients undergoing dialysis (Duran et al., 2020). Almutary and Tayyib (2021) delineated noteworthy outcomes in the correlation encompassing employment status, perception of illness, and self-efficacy. Employed individuals demonstrated superior socio-economic standings and faced minimal impediments in accessing healthcare services. (Kav et al., 2017).

Among other variables affecting spirituality are sex, age and presence of comorbidity (Fradelos, 2021). Self-efficacy might experience a decline in individuals undergoing hemodialysis during their advanced years, attributed to a confluence of physiological, psychological alterations, and biopsychosocial challenges. (Almutary et al., 2006). Has been determined that single women are more stressed and anxious in this process (Dehghan et al., 2021). In several studies, it has been shown that patients with diabetes who undergo dialysis suffer a decrease in their physical health, and in doing activities of daily living such as climbing stairs, walking, bathing and dressing, and thus, their self-care level is lower (Izadi Avanzi et al., 2021).

In the present study, the participants had been on dialysis for an average of nine years. In the literature, the psychological resilience of the patients was determined to decrease as the duration of their disease increased (Duran et al., 2020). Physical, mental, social and economic problems that arise as the disease progresses can cause a decrease in psychological resilience. Therefore, developing strategies that take into account the individual characteristics and needs of patients, and are aimed at improving their ability to cope with disease-related stressors may contribute to the increase in their psychological

resilience, and moral and spiritual well-being (Duran et al., 2020). Mental well-being is an important variable that affects resilience (Duran et al., 2020). The literature supports our study.

The self-efficacy levels of the participants were close to the average and they needed spiritual care. In a study, the self-efficacy levels exhibited by dialysis patients were ascertained to reside at a moderate threshold. Notably, those individuals manifesting higher levels of self-efficacy displayed a more auspicious trajectory and ultimate outcome of their ailment compared to counterparts with lesser self-efficacy. The self-efficacy dynamics within the dialysis patient cohort are contingent upon the efficacy of nursing diagnoses, therapeutic interventions, and overall disease management (Almutary & Tayyib, 2021). Moreover, an affirmative correlation was established between adept self-care practices and self-efficacy. In the context of chronic kidney disease patients, an elevated self-efficacy level assumes a pivotal role in the exercise of informed decision-making and fostering self-reliance throughout the progression of the disease (Almutary & Tayyib, 2021). The augmentation of self-efficacy among dialysis patients yields consequential reductions in hospitalization rates while concurrently elevating the overall quality of life. Elevated self-efficacy engenders transformative behavioral shifts, fosters treatment acceptance, and fosters enhancements in both physical and mental well-being (Ghasemi Bahraseman et al., 2021). Studies that support our study have emphasized the importance of spiritual well-being on self-efficacy.

The analysis of the relationship between the scale scores demonstrated there was a significant relationship between the overall General Self-Efficacy Scale and its sub-dimensions, and the overall Spiritual Care Needs Inventory and its sub-dimensions. In the treatment of chronic diseases, the patient should be at the center of care. The self-efficacy of patients on dialysis is a valuable determinant of effective management, nursing interventions and better outcomes (Almutary & Tayyib, 2021). Self-efficacy of hemodialysis patients is associated with their self-care (Nguyen et al., 2022). In a study, it was demonstrated that the self-efficacy scores of patients on dialysis were moderate. According to the results of several studies, dialysis patients whose self-efficacy is better are better in terms of care than are patients whose self-efficacy is worse (Almutary & Tayyib, 2021). Our study is parallel to the literature.

In a study, the patients' spiritual well-being levels were determined as high (Alshraifeen et al., 2020). The uncertainty of life events can increase spiritual needs of individuals (Asadzandi et al., 2022). Al-Ghabeesh et al. (2018) determined that spirituality helped patients with kidney failure to cope with their psychological problems, strengthened their acceptance of their illness, and helped them to feel stronger in coping with their illness (Al-Ghabeesh et al., 2018). Although spirituality is an effective method that increases the psychological resilience of patients, it is thought that the spiritual needs of patients are not adequately met (Duran et al., 2020). Generally, psychological and mental problems pave the way for the infrastructure of the diseases. Individuals who lack motivation to pursue life's purpose and meaning often develop negative emotions such as depression and fear. Such negative emotions affect human behaviors, delay the recovery of physical functions and increase the care burden of patients. Within this context, meeting of the spiritual needs of patients gains importance (Li et al., 2021). In our study, most of the participants were homemakers and women, and they lacked support and thus were unable to fulfill their family roles, which may have affected their physical and psychological health.

A scholarly exposition by Novak et al. has underscored the consequentiality of bolstering self-efficacy within the context of chronic maladies, resulting in pronounced improvements spanning domains encompassing quality of life enhancement, adept disease coping mechanisms, symptom mitigation proficiency, and attendant diminution in healthcare expenditure (Darvishi et al., 2020; Novak et al., 2013). In several studies, it has been indicated that spirituality affects self-esteem and self-efficacy of hemodialysis patients. Therefore, supporting patients in terms of spirituality can be used as an effective intervention to improve their self-esteem and self-efficacy. In this respect, it is recommended that health professionals should include spirituality in care programs and that it should be given in holistic nursing care (Darvishi et al., 2020). Within this context, patients' having a high level of spirituality emerges as an effective factor in coping with the disease (Duran et al., 2020). The influence of spirituality is salient within the curative trajectory of hemodialysis patients. Elevated spiritual well-being substantiates an augmentation in self-esteem and an enhancement in self-efficacy, both of which contribute substantively to the realm of care management.

CONCLUSION

The participants Self-Efficacy level was at an average level, which suggested that they needed spiritual care. In line with these results, we recommend that all hemodialysis patients should be evaluated in terms of psychological resilience and that their self-efficacy and spiritual needs should be determined. We also recommend that further studies on this topic should be carried out to support and improve patient care. Nurses and healthcare professionals should enable patients to express their spiritual and religious beliefs and needs.

Thus, nurses will be able to provide evidence-based, individualized spiritual care that strengthens the psychological resilience of patients and to give education and counseling services to patients. It is important that these services should be provided continuously and monitored at regular intervals. In conclusion, it is thought that creating environments that will facilitate the spiritual practices of patients in hemodialysis units will improve their self-efficacy and spirituality.

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Conflict of interest

There is no conflict of interest.

Author Contributions

Plan and desing: YÖG, KG; Data collection: YÖG, KG; Analysis and comments: YÖG, KG; Review and check: AA,BB; Writing: YÖG, KG.

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