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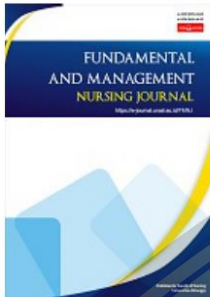
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## Spiritual Support In Chronic Renal Failure Patients With Hemodialysis : A Systematic Literature Review

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Check for updates

**Arista Maisyarah**

✉ [aristamaisyarah@unej.ac.id](mailto:aristamaisyarah@unej.ac.id)

🏢 Diploma Nursing Study Program, Faculty of Nursing, University of Jember, Lumajang, East Java, Indonesia

📄 <https://orcid.org/0000-0001-7849-1186>

**Eko Prasetya Widiyanto**

🏢 Diploma Nursing Study Program, Faculty of Nursing, University of Jember, Lumajang, East Java, Indonesia

📄 <https://orcid.org/0000-0002-4749-3776>

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🏢 Diploma Nursing Study Program, Faculty of Nursing, University of Jember, Lumajang, East Java, Indonesia

📄 <https://orcid.org/0000-0001-7060-9389>

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🏢 Diploma Nursing Study Program, Faculty of Nursing, University of Jember, Lumajang, East Java, Indonesia

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**Introduction:** Chronic renal failure (CRF) is a terminal condition. For decades, hemodialysis has become a chosen treatment for CRF patients to keep alive. Nevertheless, anxiety associated with the disease remains a major concern among this particular population. Therefore, spiritual therapy is given reduce the level of anxiety. This literature review aims to explore the benefits of spiritual therapies: reading and listening to prayers, supportive education, and counseling.

**Methods:** In this study the authors used the Literature Review method. Data collection methods with electronic databases are carried out through Spinger Link, PubMed, and ProQuest. Data were obtained from January 2022 to May 2022, included articles were full-text primary research, focused on spirituality support in CRF patients with Hemodialysis, within the publication period of 2017-2024. Exclusion criteria details are available in the full manuscript. To address the potential limitations introduced by language bias, only English and Indonesian-language publications were included. Instruments to assess the success of spiritual support in chronic renal failure patients with hemodialysis consist of the Daily Spiritual Experiences Questionnaire (DSES), HADS, CES-D: Epidemiologist Study Center Depression Scale, SWBS (Spirituality Well Being Scale) DUREL, Interview, RSC-brief, Questionnaire and Physical Symptom Distress Scale, PSQI Chinese version, Geriatric Depression Scale and Spiritual Well-Being Scale.

**Results:** Ten (n= 10) articles were retrieved. Those described the benefits of spiritual therapies: reading and listening to prayers, supportive education and counseling. The level of anxiety among hemodialysis patients decrease after the treatments were given. The single and whole treatment can be applied daily, and no negatives of treatments were reported.

**Conclusions:** Spiritual support positively reduce anxiety in patients with CRF with hemodialysis. Nurse is high recommended to include spiritual education, counseling, listening to prayers, and reading prayers in anxiet



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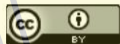
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## Literature Review

**Spiritual Support In Chronic Renal Failure Patients With Hemodialysis : A Systematic Literature Review**

Arista Maisyaroh\* , Eko Prasetya Widiyanto , Syaifuddin Kurnianto and Hilmi Miftahur Rizky

Diploma Nursing Study Program, Faculty of Nursing, University of Jember, Lumajang, East Java, Indonesia

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## CORRESPONDING AUTHOR

Arista Maisyaroh  
[aristamaisyaroh@unej.ac.id](mailto:aristamaisyaroh@unej.ac.id)  
Diploma Nursing Study  
Program, Faculty of Nursing,  
University of Jember, Lumajang,  
East Java, Indonesia

## ABSTRACT

**Introduction:** Chronic renal failure (CRF) is a terminal condition. For decades, hemodialysis has become a chosen treatment for CRF patients to keep alive. Nevertheless, anxiety associated with the disease remains a major concern among this particular population. Therefore, spiritual therapy is given reduce the level of anxiety. This literature review aims to explore the benefits of spiritual therapies: reading and listening to prayers, supportive education, and counseling.

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## 1. INTRODUCTION

Chronic Renal Failure (CRF) is renal failure or a decrease in glomerular filtration rate (GFR) for at

least 3 months below 60ml/min/1.73m. Chronic renal failure is an incurable disease that changes the quality of life, this disease causes biological,

psychological, social and mental imbalances. Mental illness leads to serious illnesses such as suicide. To improve the quality of life of chronic renal disease patients undergoing hemodialysis, families and medical personnel need to take a mental approach (Muzaenah & Makiyah, 2018). Increases the risk of anxiety and depression because it increases economic burden, reduces quality of life, and impairs activities of daily living may appear in chronic renal failure (Kim et al., 2022).

Treatment with hemodialysis can extend the lives of CRF patients indefinitely, but it cannot change the course of the underlying renal failure and overall renal function as before and will not recover. Patients with CRF suffer not only from physical pain but also mental conditions. Patients with CRF often suffer from mental illnesses related to general health, namely psychological disorders such as delirium, depression and frequent anxiety (Putri et al., 2020). When a patient experiences an illness, it affects the psychological changes of the patient by adapting to himself, one of which is an anxious patient. blood pressure and causes an increase in heart rate (Kamil et al., 2018).

In hemodialysis (HD) patients, mild symptoms of depression were observed in 48%, while 13.5% experienced moderate-to-severe depressive symptoms. Both depression and anxiety were significantly correlated with overall quality of life (QoL), affecting physical health, psychological health, social relationships, and environmental well-being (Mohamed et al., 2023). Riau which tends to be lower at 2.0%. The highest prevalence of CRF in 2013 and 2018 was in North Kalimantan and Gorontalo at 3.8% respectively. When sick with chronic renal disease, the mental state of chronic renal disease patients is significantly impaired, which is interconnected, namely the individual's perception of the disease A state of severe anxiety that can lead to depression, the mental state of patients with chronic renal disease stage 3 to 5.

Anxiety is a reaction to stress that has both psychological and physical features. Anxiety triggers the stress response so that the brain releases many chemicals and hormones, such as adrenaline, into a person's system. This increases the pulse and breathing rate, so that the brain gets more oxygen. This prepares the body to respond appropriately to the situation. If anxiety and stress are repeated, it weakens the immune system and makes the body susceptible to viral infections and diseases, leading to death (Steinach & Gunga, 2020). Spiritual practice facilitates the process of solving cases of preventing or reducing negative psychological effects according to situations of stress & anxiety. Spirituality helps people cope with the physical requirements of undergoing hemodialysis, which puts pressure on the patient's psychology (Hartiti et al., 2021). One way to overcome fear in medical patients' healing activities is to solve cases using belief or spiritual needs. Educational level, economic level, duration of illness, and mental health were identified as statistically

significant predictors of patient resilience. In this context, nurses can provide psychosocial and psychological care, education and counseling services that create patient resilience (Duran et al., 2020). Nurses providing spiritual care need to assess spiritual needs, distinguish between religious and spiritual aspects, and identify appropriate interventions. A broad understanding of spirituality is essential for connecting with diverse patients. Additionally, nurses should remain positive and engaged to empower patients and their families facing end-of-life issues (Connerton & Moe, 2018).

Religion or belief actually gives one a great sense of well-being. Religion and spirituality are crucial aspects according to the happiness of overcoming illness (Connerton & Moe, 2018). People have very high faith in religious beliefs and activities, and there is no fear of death. In this regard, some studies suggest that prayer is a mental activity that reduces anxiety and fear of death and increases the speed of healing. Spirituality is an integral part according to the individual's quality of life and is one of the most important aspects according to GJK patients undergoing hemodialysis. Spirituality includes the importance of human-God interaction through the use of media such as prayer, fasting, zakat, and haji. The components of spirituality are interaction using nature, interaction using self, interaction using others. The spiritual realm refers to the search for answers to the basic aspects of life through transcendental sacred experiences that can enhance health. Spirituality is a value, principle, belief, inner strength, universal, subjective, multidimensional, transcendental, usually experienced personally (Muzaenah & Makiyah, 2018).

Based on the above background, spiritual support can reduce anxiety in patients with chronic renal failure with Hemodialysis. Spiritual support needs to be given because remembering CRF is a chronic or terminal disease that cannot return to normal again so that spiritual support is provided to bring patients closer to the creator so that their spiritual needs can be met properly. Therefore, the authors conducted further studies related to other research in the literature review to find out the types of Spiritual therapy in Renal Failure Patients with Hemodialysis.

## 2. METHODS

### 2.1 Research Design

The study is a systematic review that aims to collect and analyze research articles related to the spiritual support given to patient with CRF undergoing hemodialysis. The literature search and evaluation protocol used PRISMA (Figure 1).

### 2.2 Search Methods

The literature search was conducted in October 2021. The literature search for this literature review

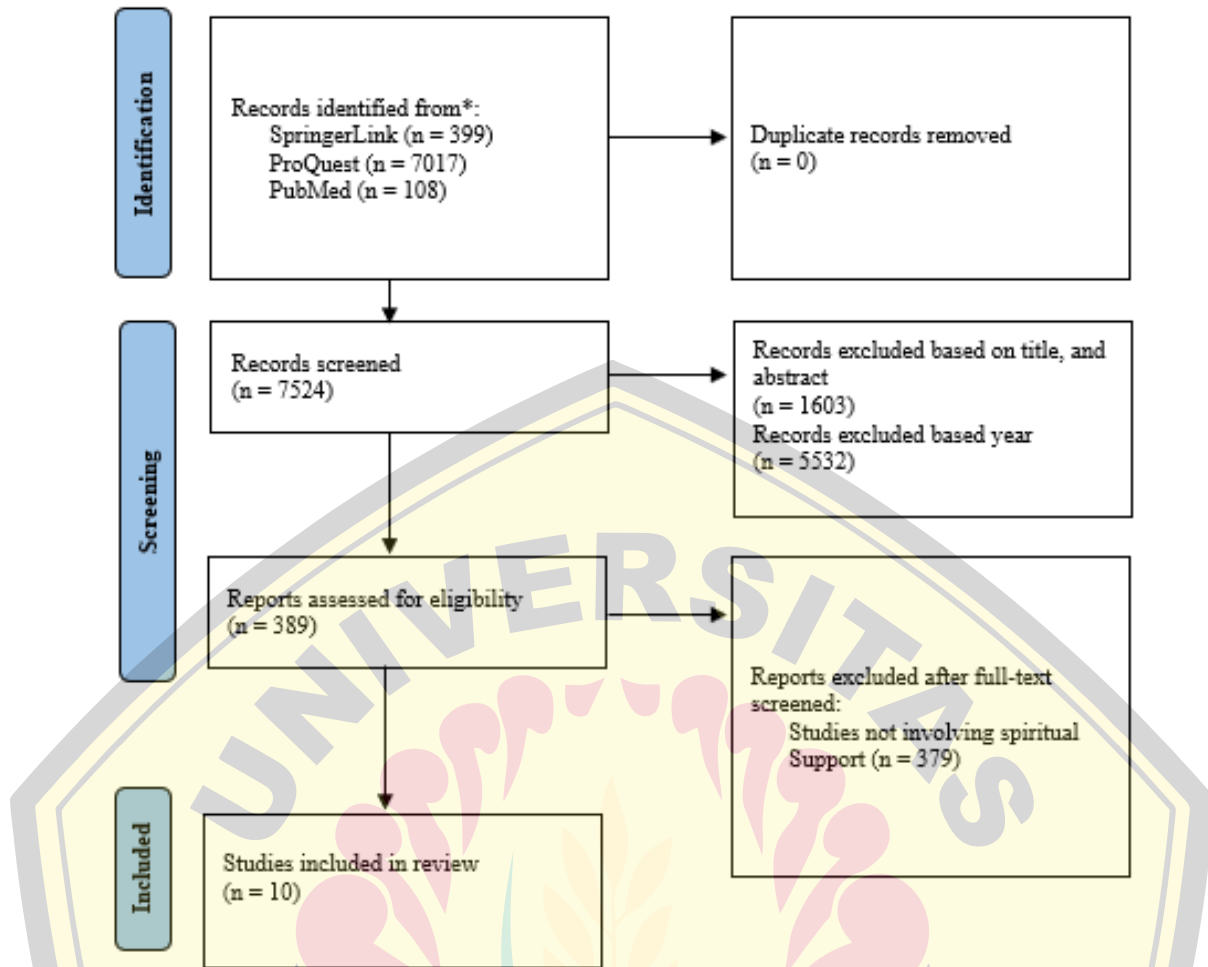


Figure 1. PRISMA Diagram

used three databases, namely Springer Link, Pubmed, and Proquest.

2.3 Inclusion and Exclusion

Inclusion and exclusion criteria used to search for articles using the PICOS Framework (Table 2).

2.4 Research Outcomes

The search strategy in this literature study uses data bases including SpingerLink, Pubmed and Proquest. At the initial search stage, it was found (Spingerlink = 399, Pubmed = 108 and Proquest = 7,017). after filtering from 2017-2021 and focusing on the objectives that will be desired from the three data bases, there are = 1,992. After that, selecting articles with filters amounted to 389 articles. And the inclusion articles totaled = 10 and the exclusion articles totaled = 379. The total number of articles that can be reviewed is 10 articles. The literature used in this literature review is still in the form of Original Research or has never been reviewed with Scimago Q1-Q4 indexed quality, to speed up or facilitate selection based on study area, title, and abstract using the mendeley application. The application will find the number of search results, duplicate journal articles from each database, and selected articles.

Articles obtained from the search came from several countries, namely Iran with 1 article (Asadzandi et al., 2021), from the country of Turkey 2 articles (Durmuş & Ekinci, 2021) (Duran et al., 2020), from Brazil 3 articles (Santos et al., 2017) (Brasileiro et al., 2017) (Eloia et al., 2021), from America 1 Article (Burlacu et al., 2019), from Malaysia 1 article (Adanan et al., 2021), from the country of Greece 1 article (Fradelos, 2021), from Taiwan 1 article (Chia-Yu et al., 2021). Based on the 10 articles that have passed the critical appraisal assessment above, 2 major themes were found, namely the types of spiritual therapy in Chronic Renal Failure patients with Hemodialysis, the effectiveness of reducing anxiety in Chronic Renal Failure patients with Hemodialysis using spiritual therapy. From the results that have been found, it shows a positive value for patients experiencing CRF so that this therapy can be applied.

2.5 Data Abstraction and Synthesis

Data synthesis using the Joanna Briggs Institute (JBI) with analytical cross sectional studies, randomized controlled trials, qualitative research and systematic reviews. In the assessment of analytical cross sectional studies there are 8 questions, randomized controlled trials 13 questions,

Table 1. Search strings/keywords

Data Base	Search strings/keywords
Pubmed	((Spiritual) AND (Renal Failure)) AND (hemodialysis)
SpringerLink	Spiritual AND Chronic Renal Failure AND hemodialysis
Proquest	"(spiritual) AND (renal failure) AND (hemodialysis)"

Table 2. Inclusion and Exclusion Criteria

Criteria	Inclusion	Exclusion
<i>Population/ problem</i>	Chronic renal failure patients on hemodialysis	Besides patients who have chronic renal failure with hemodialysis
<i>Intervention</i>	Spiritual healing: reading prayers, listening to prayers, supportive education and counseling.	Apart from spiritual healing: reading prayers, listening to prayers, supportive educative and counseling guidance
<i>Comparison</i>	-	-
<i>Outcome</i>	Spiritual support has a positive or highly effective effect on reducing anxiety in patients with chronic renal failure.	Another support intervention, or it not effective on reducing anxiety in patients with chronic renal failure.
<i>Study Design</i>	analytical cross sectional studies, randomized controlled trials, qualitative research and systematic reviews	Beside analytical cross sectional studies, randomized controlled trials, qualitative research and systematic reviews
<i>Publication Years</i>	Post-2017	Pre-2017
<i>Language</i>	Indonesian, English	Another language besides Indonesian, English

Table 3. Results of Spiritual Therapy

NO	Author	Results
1	(Asadzandi et al., 2021)	There was a statistically significant difference between the interventions
2	(Durmuş & Ekinici, 2021)	It can be said that spirituality strengthening training is effective in reducing the level of anxiety and depression in patients undergoing HD treatment.
3	(Santos et al., 2017)	Our results provide further evidence suggesting that R/S coping methods may be associated with quality of life and depression among HD patients.
4	(Duran et al., 2020)	Results In this study it was found that the level of spiritual well-being of patients was high
5	(Burlacu et al., 2019)	In this systematic review, we synthesized studies involving the assessment of R/S in dialysis patients and its benefits on quality of life. R/S has a positive impact on most QoL parameters in 5D-CRF
6	(Brasileiro et al., 2017)	A statistically significant reduction (p<0001) of blood pressure, heart rate and respiratory rate was observed in all evaluations of the prayed-for people.
7	(Adanan et al., 2021)	Patients expressed the importance of Ramadan fasting as well as the perceived impact of fasting on their health. In addition, a lack of health-seeking behavior was observed among patients, increasing the need for awareness and education regarding Ramadan fasting.
8	(Eloia et al., 2021)	Participants used positive coping at a high mean score in both groups (control - 3.62 and intervention - 3.26), the use of prayer promoted improved coping and religious/spiritual expectations
9	(Fradelos, 2021)	The scores obtained from both the overall spirituality scale and the individual dimensions of meaning, peace, and faith) were above average.
10	(Chia-Yu et al., 2021)	Patients with different treatments showed significantly different suffering of physical symptoms, After controlling for variables, sleep quality and hemodialysis treatment were key predictors of spiritual well-being.

qualitative research there are 10 questions and systematic reviews there are 11 questions. Questions on the assessment include 4 answers, namely "Yes", "No", "Unclear", and "Not Applicable" (Joanna Briggs Institute, 2019). In the 10 articles reviewed, there were 4 articles using analytical cross sectional studies, 4 articles using randomized controlled trials,

1 article using qualitative research, and 1 article using systematic reviews with an assessment score above 50%.

### 3 RESULTS

Based on the results of the analysis of 10 articles, it is stated that Chronic Renal Failure patients with

Hemodialysis really need spiritual support, especially through the Religious Supportive Educative approach. Interventions are carried out within the framework of an educative supportive nursing system, tailored to the patient's self-care abilities. The focus is on developing the patient's relationship with God, self, humans, and nature. Generating courage to face the crisis of illness, strengthening hope and optimism are the main goals of spiritual care. Counseling is also an important part to improving care (Sarkar et al., 2020). This guidance acts as assistance or support for individuals or groups in overcoming life difficulties related to aspects of religion or belief. Research shows that high spiritual well-being and strong levels of religiosity are associated with reduced levels of depression, anxiety and stress in patients receiving Hemodialysis treatment. Spiritual healing has also been shown to be effective in improving the mental well-being and self-efficacy of patients undergoing such treatment (Darvishi et al., 2020). Utilizing religious counseling, a special spiritual program and therapy for CRF patients on Hemodialysis has been implemented. This approach is highly relevant and effective especially in patients who experience anxiety and depression due to their illness. Prayer listening therapy is also a good and recommended step, because through listening to prayers, patients can get closer to the Creator and feel calm, so that slowly the anxiety can subside and patients can accept their situation better (Brasileiro et al., 2017).

#### 4 DISCUSSION

Based on the review of articles that have been carried out, it is found that there are 5 articles that do not explain the type of therapy, namely from citations (Chia-Yu et al., 2021), (Fradelos, 2021), (Adanan et al., 2021), (Burlacu et al., 2019), (Santos et al., 2017). However, the other 5 articles mention the type of spiritual therapy and judging from the type of spiritual therapy it is suitable for reducing anxiety problems in CRF patients with hemodialysis.

Based on this table 3, rresearch results in this study it was found that spiritual support was clearly have a positive impact or can reduce anxiety even though it is not said what percentage of the results have succeeded in reducing anxiety. The therapy aims to reduce anxiety in patients with CRF with hemodialysis which is expected from the therapy that anxiety can decrease or be resolved and the results of the therapy are very good because from 9 articles say that the therapy is successful or good to apply and 1 article the results are unclear. This may occur due to the high level of spirituality in the subjects on to (Duran et al., 2020), which could make the results being unclear.

From the results of this review, it shows that patients with CRF with Hemodialysis really need spiritual support. Among them are Religious Supportive Education. Interventions are carried out in the educative supportive nursing system according

to the patient's self-care ability. Eight individual counseling sessions, 15-45 minutes, face-to-face, as long as it is analyzed, once a week is implemented for the intervention group with developing relationships with God, self, humans and nature is the main goal of care, awakening courage to face the crisis of illness, strengthening hope and optimism is the main goal of spiritual care.

In addition to educational supportive therapy there is also counseling guidance. It helped an individual or group of people in avoiding or overcoming difficulties in their lives that are associated with religion or belief. so that High spiritual well-being and religiosity are associated with reduced levels of depression, anxiety, and stress in patients receiving HD treatment (Musa et al., 2018). and It is stated that spiritual therapy can be used as an effective intervention to improve mental well-being and increase self-efficacy of patients undergoing hemodialysis treatment (Darvishi et al., 2020). The intervention consisted of 16 meetings, 2 meetings per week. Each meeting lasted approximately 20-30 minutes. The interview continued with verbal narration and question and answer with a training book prepared by the researcher. From the religious counseling guidance, it is used as a program and spiritual therapy for patients with CRF with Hemodialysis, because religious counseling guidance is very appropriate to be applied to patients who experience anxiety and depression due to their illness.

Prayer is an important spiritual experience. Prayer is more than just a resource to promote religious/spiritual coping, but it also increases hope by providing a connection to the sacred and transcendent dimensions. It also helps people to feel stronger and more secure in the face of illness, treatment, and the whole context in which they find themselves. The study found that prayer is an effective spiritual strategy to reduce anxiety during the care of critically ill patients. Each prayer reading is 11 minutes long. Reading prayer is a way or therapy for CRF patients with hemodialysis to ask for forgiveness and the miracle of recovery that is beyond human or medical expectations and prayer is a therapy to eliminate anxiety by reading the prayer of the patient's self or all humans experience calmness. Listening to prayer is one of the experiences that can improve the RSC of patients with CRF. The intervention applied in this study was intercessory prayer. Elaborated from Psalm 139, the prayer contains Christian prayers, prayers of saints or holiness. The prayer was performed three times with patients, in alternate weeks, during hemodialysis sessions. Thus, each patient was followed for five weeks. Before the intervention, patients were invited to position themselves comfortably, sitting or lying down, with their eyes closed, to promote a moment of personal concentration. The number of prayer applications and time accompanied by each patient was determined based on the study by Brasileiro (2017). Therefore, prayer listening therapy is very

good and recommended because listening to prayer is a spiritual therapy that aims to get closer to the creator and to provide a sense of calmness in the patient so that his anxiety will slowly disappear and can accept his situation.

## 5 CONCLUSION

In summary, 4 types of spiritual support in CRF patients with hemodialysis are supportive education, counseling, listening to prayers and reading prayers. Instruments to assess the success of spiritual support in CRF patients with hemodialysis consist of the Daily Spiritual Experiences Questionnaire (DSES), HADS, CES-D: Epidemiologist Study Center Depression Scale, DUREL SWBS (Spirituality Well Being Scale), Interview, RSC-brief, Questionnaire and Physical Symptom Distress Scale, Chinese version of PSQI, Geriatric Depression Scale and Spiritual Well-Being Scale.

Spiritual support positively reduce anxiety in patients with CRF with hemodialysis. Nurse is highly recommended to include spiritual education, counseling, listening to prayers, and reading prayers in anxiety associated with hemodialysis management in to nursing care plan. Further research examining the effect of spiritual treatment for patients in their early living with hemodialysis and those with long life span is necessary.

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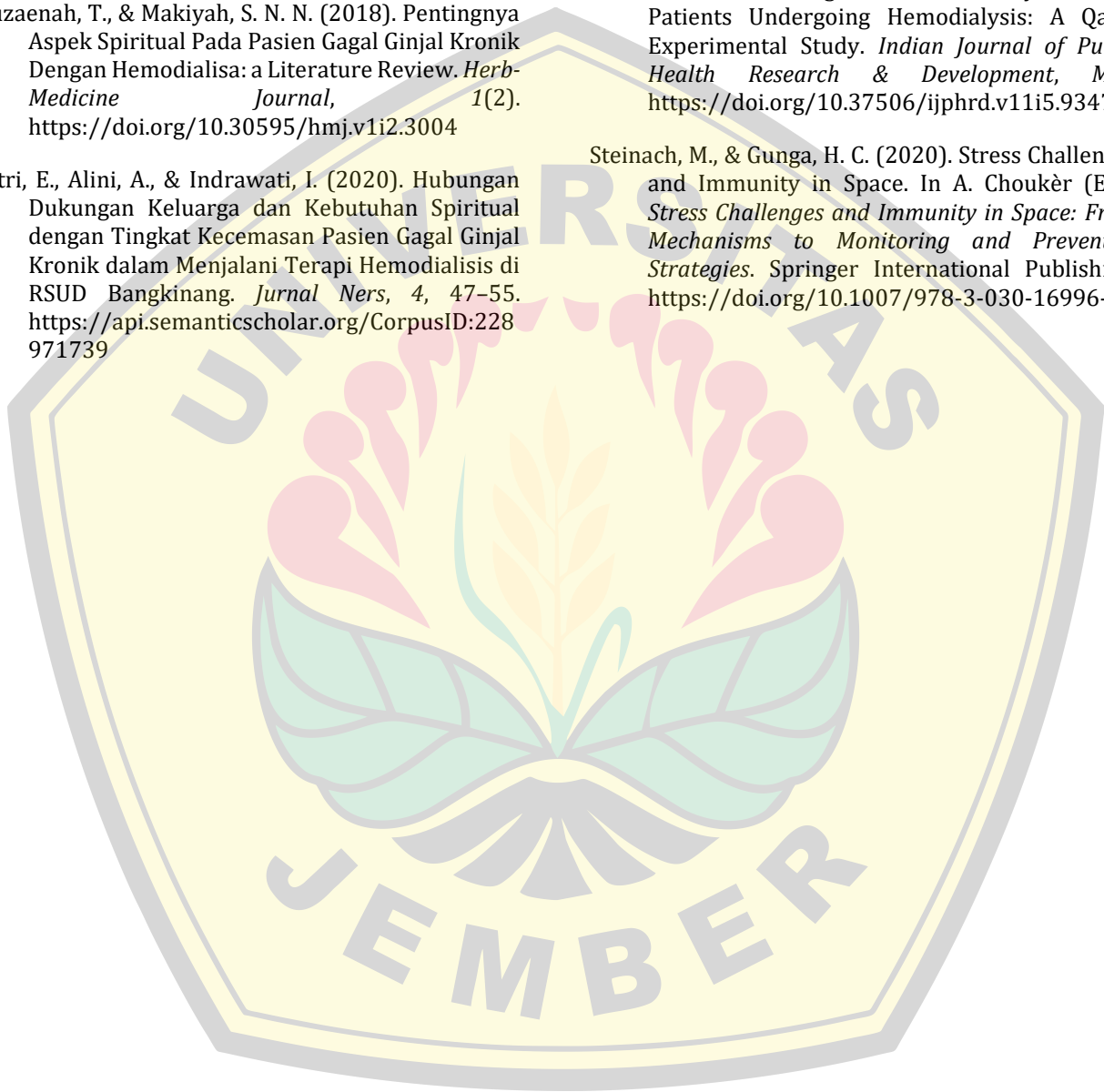


Table 4. Theoretical Mapping

NO	AUTHOR	TITLE	DESIGN & SAMPLE	INTERVENTION	RESULT
1	(Asadzandi et al., 2021)	The Effect of Spiritual Care Based on the Sound Heart Model on the Spiritual Experience of Hemodialysis Patients	Design: Randomized controlled trial with pre-test and post-test design Sample: Ninety volunteer patients were selected by available sampling according to the inclusion criteria. Participants were randomly assigned to intervention and control groups. Variable: Spiritual Care Instrument: Counseling and psychotherapy Analysis: SPSS 24 statistical software, Independent T test, p pre-test and post-test.	Spiritual care was provided to the intervention group in a nursing system that supported education according to the patient's self-care ability, Eight individual counseling sessions, 15 to 45 minutes, face-to-face, during dialysis, once a week were implemented for the intervention group Spiritual care manual was provided to them. Raising courage to face the crisis of illness, strengthening hope and optimism are the main counseling sessions, patients were taught their faith and relationship with God.	The results were Daily spiritual experience questionnaires were completed by the patients before and three months after the intervention. There was no significant difference in the spiritual experience scores of the intervention (75.20 ± 9.14) and control groups (76.63 ± 10.03), before the intervention (P = 0.523). There was a statistically significant difference between the intervention group scores (82.93 ± 5.69) and control group scores (77.24 ± 12.09) three months after the intervention (P < 0.0001). Due to the need for holistic and community-oriented care and the positive effects of this study, the use of the Voice Heart Model is recommended for Muslim patients.
					DOI: <a href="https://doi.org/10.1007/s10943-021-01396-2">https://doi.org/10.1007/s10943-021-01396-2</a>
2	(Durmüş & Ekinci, 2021)	Effect of Spiritual Care on Anxiety and Depression Levels in Patients Receiving Hemodialysis Treatment	Design: Randomized controlled study Sample: The study sample consisted of 86 patients Variable: Spiritual Care Instrument: Interview with the application of spiritual strengthening training Analysis: G Power	Providing education to patients on spiritual healing can be used as an effective intervention to improve mental well-being and enhance self-efficacy in patients undergoing hemodialysis treatment.	The results of this study are in accordance with the results of other studies in the literature, and it can be said that spirituality strengthening training is effective in reducing the level of anxiety and depression in patients undergoing HD treatment.
					DOI: <a href="https://doi.org/10.1007/s10943-021-01386-4">https://doi.org/10.1007/s10943-021-01386-4</a>
3	(José Roberto dkk., 2017)	Religious coping methods predict depression and quality of life among end-stage renal disease patients	Design: Cross-sectional study research Sample: The sample included 161 ESRD patients above 18 years of age who had undergone HD for more than 3 months. R/S coping methods were assessed using the Religious Coping	The use of religious resources should be encouraged among HD patients, and psycho-spiritual interventions should be attempted to target religious struggles (negative R/S coping) in patients undergoing HD.	Our results provide further evidence suggesting that R/S coping methods may be associated with quality of life and depression among HD patients. In our opinion, the use of religious resources should be encouraged among HD patients, and psycho-spiritual interventions should be attempted to target

NO	AUTHOR	TITLE	DESIGN & SAMPLE	INTERVENTION	RESULT
		undergoing hemodialysis	Questionnaire (RCOPE). Variable: Religious coping Instrument: Religious Coping Questionnaire (RCOPE), Center for Epidemiologic Studies Depression Scale (CES-D). Analysis: SF-36 and CES-D. Multivariate linear regression analysis		religious struggles (negative R/S coping) in patients undergoing HD.  DOI: 10.1186/s12882-017-0619-1
4	(Dilek Avci dan Funda Esim, 2020)	The Relationship Between Spiritual Well-Being and Resilience Among Turkish Hemodialysis Patients	Design: Cross-sectional study research Sample: A total of 134 patients were included in the study. Inclusion criteria were as follows: diagnosed with ESRD Variable: education and counseling services that will increase patient resilience. Instrument: Personal Information Form, Spiritual Wellbeing Scale and Resilience Scale. Analysis: Regression	Spiritual healing can be used as an effective intervention in hemodialysis patients to improve spiritual well-being, self-esteem and self-efficacy.	Results In this study it was found that the patients' level of spiritual well-being was high, while their level of psychological resilience was moderate. Education level, economic level  DOI: <a href="https://doi.org/10.1007/s10943-020-01000-z">https://doi.org/10.1007/s10943-020-01000-z</a>
5	(Bogdan Artene, 2019)	Religiosity, spirituality and quality of life in dialysis patients: a systematic review	Design: systematic review Sample: A total of 185 dialysis patients (range: 8-1332; Total = 9265 patients). The randomized controlled trial included only 50 patients (25 control group, 25 test group). Variables: Religiosity, spirituality Instrument: strategy to evaluate the quality of life of dialysis patients and to analyze the correlation.	New modalities and psychological interventions were developed to improve perceived and measured quality of life.	In this systematic review, we synthesized studies involving the assessment of R/S in dialysis patients and its benefits on quality of life. R/S had a positive impact on most QoL parameters in 5D-CRF. We suggest that nephrology guidelines on palliative and/or elderly care should include specific recommendations on R/S support and opportunities for integrated specific therapies.  DOI: <a href="https://doi.org/10.1007/s11255-019-02129-x">https://doi.org/10.1007/s11255-019-02129-x</a>
6	(Brasileiro et al., 2017)	Effects of prayer on vital signs of patients with chronic renal disease	Design: randomized controlled trial Sample: The sample consisted of 95 randomized volunteers Variable: Effect of prayer Instrument: Through interviews to assess socio-demographic,	IG participants participated in an intervention that involved listening to a prayer according to a suggested protocol (11): reading a Christian prayer of petition, it was heard three times by each	The results were that statistically significant reductions (p<0001) of blood pressure, heart rate and respiratory rate were observed in all evaluations of the prayed-for people, qualitative analysis yielded themes of prayer in the place of suffering and

NO	AUTHOR	TITLE	DESIGN & SAMPLE	INTERVENTION	RESULT
			religious and clinical characteristics (treatment time and presence of comorbidities). The Duke Religion Index (DUREL) was used to assess religiosity. Analysis: electronic spreadsheet, SPSS software, Chi-square and Mann-Whitney	patient in alternate weeks, during HD sessions and in the presence of the same professional in each intervention, who stood next to the patient.	positive evaluations rather than subthemes of relief from suffering, hope for improvement, and coping with hemodialysis.  DOI: <a href="http://dx.doi.org/10.1590/S1980-220X2016024603236">http://dx.doi.org/10.1590/S1980-220X2016024603236</a>
7	(Adan et al., 2021)	Exploring hemodialysis patients' experiences and perceptions of Ramadan fasting	Design: exploratory phenomenology qualitative Sample: Participant inclusion criteria: Muslim patients (n = 87) aged between 18 and 60 years who had participated in the prospective cohort Ramadan-HD study. Variable: Observance of Ramadan fasting Instrument: Through a structured Ramadan-specific education program Analysis: Scientific Software Development GmbH, Berlin	Where in-depth face-to-face interview sessions are conducted with study participants to obtain data. In line with the research objectives of this study, phenomenological research aims to explore and understand a particular life event, in this case Ramadan fasting, from the perspective of people who have experienced it.	The results were: Four main themes emerged from the data, namely: (i) "fasting experiences", (ii) "perceived side effects of fasting", (iii) "health seeking behaviors" and, (iv) "education and awareness needs". Patients expressed the importance of Ramadan fasting as well as the perceived impact of fasting on their health. In addition, a lack of health-seeking behavior was observed among the patients thus increasing the need for awareness and education regarding Ramadan fasting.  DOI: <a href="https://doi.org/10.1186/s12882-021-02255-8">https://doi.org/10.1186/s12882-021-02255-8</a>
8	(Eloia et al., 2021)	Coping with religion and hope in chronic renal disease	Design: Randomized, controlled clinical trial Sample: 31 participants in the intervention group and 31 in the control group. Variables : Intercessory prayer was applied three times, in alternating weeks.  Instrument: The prayer was audio-recorded in the voice of a musician with good diction and evaluated by a speech therapist.	The intervention applied in this study was intercessory prayer. Elaborated from Psalm 139, the prayer was a Christian prayer, with no connection to any particular religious belief, It was audio-recorded in a musician's voice with good diction and evaluated by a speech therapist. At six minutes and one second, the melody of the prayer was recorded using a guitar sound. The audio is stored on a cell phone,	The scores obtained from both the overall spirituality scale and the individual dimensions of meaning, peace, and faith) were above average, leading to the conclusion that the level of spirituality of the patients in this study was moderate to high. Taking this into account and relating these findings to Lazarus and Folkman's transactional theory of stress and stress.  DOI: <a href="https://doi.org/10.1590/1980-220X-REEUSP-2020-0368">https://doi.org/10.1590/1980-220X-REEUSP-2020-0368</a>
9	(Fradelos, 2021)	Spiritual well-being	Design: Cross-sectional correlation	Data were collected through a self-	The scores obtained from both the overall spirituality

NO	AUTHOR	TITLE	DESIGN & SAMPLE	INTERVENTION	RESULT
		and related factors in end-stage renal disease	<p>Sample: The study sample consisted of patients with end-stage renal disease undergoing hemodialysis.</p> <p>Variable: Spiritual well-being and related factors</p> <p>Instrument: Functional Assessment of Chronic Disease</p> <p>Analysis: Descriptive and inferential statistical methods</p>	<p>completed anonymous questionnaire consisting of two parts. (The first part contained questions regarding demographic, social, and clinical information such as age, gender, marital status, and duration of dialysis comorbidities. (The second part assessed the spiritual well-being of patients using the Functional Assessment of Chronic Illness (FSAI (terapy-Spiritual Well-Being Scale-12) Multivariate analysis was conducted to extract predictors or determinants of spiritual well-being of hemodialysis patients.</p>	<p>scale and the individual dimensions of meaning, peace, and faith) were above average, leading to the conclusion that the level of spirituality of the patients in this study was moderate to high. Taking this into account and relating these findings to Lazarus and Folkman's transactional theory of stress and stress.</p> <p>DOI:  <a href="https://doi.org/10.1155/2021/6636854">https://doi.org/10.1155/2021/6636854</a></p>
10	(Chia-Yu et al., 2021)	Spiritual well-being of patients with chronic renal failure	<p>Design: Cross-sectional study</p> <p>Sample: 188 patients were selected, aged 65 years, diagnosed with CRF by a physician and GFR.</p> <p>Variable: Spiritual well-being of patients</p> <p>Instrument: Physical Symptom Distress Scale, Chinese version of PSQI, Geriatric Depression Scale and Spiritual Well-Being Scale.</p> <p>Analysis: Hierarchical regression</p>	<p>Using convenience sampling to select patients from nephrology clinics, peritoneal dialysis clinics and hemodialysis centers. When patients were on dialysis or waiting for outpatient clinics, the purpose of the study was explained to patients. The questionnaire contained an introductory letter, explaining all ethical considerations (confidentiality, anonymity, written consent and the right to withdraw) and an explanation of the study procedures. Data were collected from each participant in approximately 50-60 minutes</p>	<p>Patients with different treatments showed significantly different physical symptom suffering. In addition, spiritual well-being was significantly negatively correlated with physical symptom distress, poor sleep disturbance and depression. After controlling for variables, sleep quality and hemodialysis treatment were key predictors of spiritual well-being.</p> <p>DOI: 10.1002/nop2.1004</p>