Original Article

Investigating the Effect of Spiritual Care on the Hope of Diabetic Patients Referred to the Iranian Diabetes Association: A Clinical Trial

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Abstract

Background and Purpose of the Study: The core of human health is spiritual well-being, and patients' perceptions of the importance of fruitful care can be managed through chronic illnesses. As the biggest epidemic of the century, diabetes affects almost all age groups in all countries; this chronic illness has many serious complications that not only does it affect the quality of life of patients but it can also lead to happiness and hope. According to the researches, spirituality is a strong predictor of hope. Therefore, this study aimed to investigate the effect of spiritual care on the hope of patients with diabetes referred to the Iranian Diabetes Association. Material and Methods: A clinical trial was conducted on 58 diabetic patients referred to the Iranian Diabetes Association of Tehran in 2019. Samples were randomly assigned to two intervention and control groups. Spirituality workshop sessions (six ninety-minute sessions, 1 day per week) were conducted for the intervention group. The Miller Hope Scale (MHS) was completed in both groups before and after the study. Data were analyzed using independent t-test and paired t-test and chi-square test using SPSS, version 16, software. Results: The average age of patients in the intervention and control groups was 51 ± 11.65 years. About 67% of the control group and 60% of the intervention group members were female. Most patients had type 2 diabetes (about 75%). On average, patients had diabetes about 13±8.46 years. None of them had a history of hospitalization due to diabetes. The most common complications were in the cardiovascular intervention group and in the control group of ocular and cardiovascular. The results showed that the mean score of hope immediately after the intervention was significantly higher in the intervention group (mean and standard deviation of 200.89±22.22 vs 167.82±28.48, p<0.001). Also, three weeks after the intervention, the mean score of hope in the intervention group significantly increased as compared to the control group (200.93±23.29 vs 165.11±28.13 and p <0.001). Conclusion: Given the positive impact of spiritual care on patients' hope in this study, in providing routine nursing care, a reassessment is required. Promoting the patient's spiritual care, while helping to improve his or her health, further enhances the human dignity of the patient. Nurses can be advised to consider the spiritual aspect of the patient as the most important human being in addition to the care provided.

Keywords: Spiritual Care, Hope, Diabetes

Introduction

Diabetes is the most common disease caused by metabolic disorders [1]. As the biggest epidemic of the century, diabetes affects almost all age groups in all countries [2]; so that World Health Organization's motto was established in the year 2016 with the focus of the disease [3]. The number of diabetic patients is over 250 million people and is projected to rise to 350 million people by 2020 and more than 438 million people by 2030 [4]. It has very serious complications such as vision, kidney, cardiovascular and neurological disorders that lead to blindness, severe renal failure, myocardial infarction, and stroke and if appropriate action is taken to prevent, control and treat it, this will create additional restrictions and problems for patients and at-risk individuals [5]. These complications lead to disability and loss of quality of life, increased mortality and economic and social costs [6]. This results in diabetic patients having a lower quality of life compared to others [7]. It not only endangers the patient's body, but it also poses many challenges in other areas including psychology, spirituality, economics, and the family [8]; such problems, in turn, limit the physical and mental

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activities of the individuals [9]. Illness can cause spiritual strife or spiritual harm, as one aspect of suffering can lead to impaired ability to sense meaning in life, impairment of self, others, the world, or superior power [10]. In these circumstances, spirituality and spiritual care are very important. Human experience has shown that in times of crisis, man has always sought help from a sacred and divine source [11]. This is sometimes important for the patient and his or her family, even when the physical illness is significantly affected [8].

Some scholars view the present century as a century of return to spirituality and believe that the major advances in this century are not dependent on technology and are dependent on the deep knowledge of the man himself. If the focus of scientific growth and development in the twentieth century was the external environment, in the 21st-century scientific attention would be directed to the human being. In other words, we should expect that the most exciting and important discoveries are not from the environment but from the world within us [12]. The importance of spiritual health is such that in 1984 the World Health Organization introduced the spiritual dimension as one of the dimensions of health along with the physical, psychological and social dimensions [13]. This dimension is central to human health and its development can be one of the appropriate ways to adapt to the disease. Recent meta-analyses have reported that religious beliefs and attitudes are significantly and positively correlated with health and longevity [14]. Spirituality and religion as one of the prominent and important cultural factors have a significant role in coping with problems and emotional support [15]. During praying, the secretion of stress hormones (cortisol, epinephrine, and norepinephrine) is stopped and the body's immune system is strengthened and relaxed [16]. The American Diabetes Association is determined that cultural factors may individually influence blood sugar control, because research has shown that spirituality not only affects people's moods and mental health, it also improves their physical condition and stated that people with a high spirituality have better immunity and a more regular endocrine function [17]. Also, awareness of the impact of spirituality on the treatment of patients can affect their longevity [18]. Spirituality education has improved the quality of life in women with diabetes [19]. Most hospital clients believe that spiritual health is as important to them as physical health and are interested in asking about their spiritual needs [20], but among the health dimensions, the spiritual dimension of health care has received less attention [21]. In Iranian-Islamic culture, since 98% and 90% are the Muslim population and Shiite, respectively, religion and culture are intertwined with their lifestyles and religious beliefs play an important role especially in critical situations. Providing spiritual care to the patient and his or her family can reduce physical pain, psychological well-being, depression, anxiety, increase recovery rate, increase hope, deepen patient-nurse communication, and create purpose and meaning in life [22].

Complications of chronic diseases such as diabetes, where lifestyle is so important, can also reduce happiness and hope [23], the greatest goal of all human beings in life, is to achieve inner satisfaction. This inner satisfaction has three main components: relaxation, happiness, and hope [24]. In chronic physical patients, hope is an important and unconscious part of their thoughts and feelings. Lack of hope and purposefulness of life leads to a decrease in its quality and the creation of desperate beliefs [25]. Hope is a complex multidimensional and potentially powerful factor in recovery that is physiologically and emotionally helping the patient to cope with the disease crisis [26]. Hope is a positive and mentally motivated state based on planning to achieve the goal that is the product of one's interaction with the environment [27]. Hope is considered as one of the sources of human coping and adaptation to the problems and even serious illnesses and it can play an important role in the adaptation as healing, multidimensional, dynamic, and powerful factor. In Islam, hope is one of the most important issues. If God has always called man into the system of life with hope and optimism, he has considered despair to be very ugly [28]. It is believed that one of the important areas in the emergence of happiness is the hope of self, life, and feeling anxious is directly related to the hopelessness in the future.

Highly hopeful individuals are more creative in their pursuit of alternative solutions and goals and are more motivated to pursue them; more importantly, they are also able to learn from past successes and failures to reach future goals [28]. According to the research, spirituality is a strong predictor of hope. The hope of spinal cord injury disabled people has been significantly increased by group counseling (mean 96.17 versus 78.97, $p < 0.001$) [29]. Also, group logotherapy can be effective in reducing anxiety and increasing hope in the elderly [30]; moreover, of the 406 chronic mental illnesses, 80% said that religious beliefs and rituals helped them to cope with symptoms and hopelessness, and 59% said they used praying to cope with their illness [31].

The results of 350 studies have shown that individuals and patients with spiritual well-being have healthier lifestyle, are more hopeful, more psychologically stable, and more satisfied with their lives, the findings of Yaghoubi et al. also confirmed a significant positive correlation between spiritual well-being and life hope [32].

The use of Group Spiritual Therapy (GST) is one of the important and influential factors that can be effective in promoting social support and adaptation related to the health [33]. GST has a number of important aspects. In this way, the long waiting list for education is reduced, so the therapist can make better use of their time, and the group environment creates many benefits for patients, such as sharing experiences, modeling and peer support [34]. Iran is an Islamic country and naturally emphasizes the implementation of religious laws, but spiritual care is often overlooked by medical staff. Whereas in Western countries, despite philosophical differences in the belief of spirituality, they

have recently considered providing spiritual care as part of the duties of health care providers. Since medical treatment of diabetes alone cannot be effective [35], and given the importance of practicing spirituality in the medical sciences, some Western scholars have taken new steps in the development of these sciences in the last two decades, and have found meaningful and exemplary relationships, especially between religion and mental health. Spiritual health can be effective by influencing disease outcomes and quality of life of patients and promoting hope as a driving force of a society. Therefore, this study aimed to investigate the effect of spiritual care on the hope of patients with diabetes referred to the Iranian Diabetes Association.

Material and Methods

This study was a clinical trial intervention and the researcher conducted the research in 2019 after the project was approved by the Ethics Committee (IR.SBMU.PHARMACY.REC.1398.085). The statistical population of this research included diabetes patients referred to the Iranian Diabetes Association in Tehran. The samples in each group, included 30 individuals and in total 60 individuals were considered. The significance level was 5% and the test power was 80%.

$$n = \frac{2\delta^2\left(z_{1-\alpha/2} + z_{1-\beta}\right)^2}{d^2}$$

Inclusion criteria included at least one year of diagnosis of diabetes by a physician, being interested in participating in the study, being Muslim, being between the ages of 18 and 65, not being deaf and having the ability to speak and understand Persian. Exclusion criteria included hospitalization, initiation of any drug use during the study, and the absence of more than two sessions of intervention. The diabetic patients referred to the Iranian Diabetes Association, who met the inclusion criteria, were selected. At the time of sampling (the days that patients referred to the Iranian Diabetes Association), the necessary explanations were provided regarding the purpose and method of work and the potential positive effects of spiritual care on physical and mental health. After obtaining informed consent from the samples, they were randomly divided into intervention and control groups. One week after ending the sampling, patients were contacted to attend the meetings and were invited. The sampling period lasted from early September to late October. At this stage, four patients were excluded from the study due to the inability to attend the scheduled day, and the program began with 56 patients.

At the beginning of the intervention, 28 members of the intervention group participated in meetings held on Thursday, with the agreement of the majority of the members from 9:30 AM to 11 AM. In the first sessions, after self-presentation and pre-test research (Demographic and Clinical Questionnaire, Miller Hope Scale (MHS) Questionnaire), six-session 90-minute spiritual care program for patients was described. The program was conducted as a workshop and in accordance with some of the spiritual interventions proposed by Alla's group, which was a partner of the health system in the field of palliative care and support in the country. The focus of these sessions was to balance the quadruple human communication (communication with God, self, others, and universe) and to consider concepts such as changing attitudes toward problems and illness, patience, hope, trust, self-esteem, forgiveness, self-sacrifice, good seeing and hearing and learning from nature (Table 1). Questionnaires were completed by the intervention group at the end of the sixth week of spiritual care sessions and after three weeks of the sessions. It should be noted that the content of the weekly sessions was presented with the themes of the Qur'an, traditions, narratives, stories related to the topics, lectures with slides and clips, group discussions and assignments.

Table 1: Summary of the intervention sessions

Session	Centrality	Headlines
1	The Importance of Changing Attitudes toward Disease	**Introducing, completing questionnaires, defining spiritual health and positive psychology, defining attitudes, the importance of praying in life and spiritual health, changing attitudes about the illness, paying attention to the quadruple human communication (relationship with God, self, others, and universe)**
2	Having balance while relationship with God	**Correction and revision of God in the areas of trust and hope. Defining the correct meaning of Trust and its effects and its consequences that will lead to the peace. Defining hope and its benefits. Relationship between trust and hope. Pay attention to the need for purposefulness in life to increase hope. Defining the purpose and stating its importance**
3	Having balance while relationship with God	**Correction and revision of God in the field of patience. The true definition of patience. The meaning of Jamil's patience. Paying attention to divine wisdom and exams and catching up in life. Noticing the importance of having the right reactions to situations, not the situations themselves. Expressing the meaning of the words "Kheir"[1] and "Sharr[2]" according to the Surah Al-Mubarak Falaq**

[1] Choosing and Selection and preference one thing over the other
[2] Opposite of Kheir

4	Having balance with yourself	**Multidimensional expression of human beings and the need to pay attention to the metamaterial dimensions in addition to the material dimensions. Paying attention to the dignity of the soul and God's emphasis in the Qur'an on the necessity of maintaining the dignity of the soul. Paying attention to the meaning and importance of self-esteem. Noticing that dignity will only be possible through divine worship.**
5	Having balance with others	**Paying attention to the need to communicate with others, paying attention to the necessity of whitewashing and non-whistleblowing based on the Surah Al-Mubarak Humazah. Paying Attention to the Necessity of Sacrifice. Paying attention to the forgiveness of others**
6	Having balance with nature	**Paying heed to nature by thinking and paying attention to them. Paying attention to understanding the greatness of the universe. Paying attention to the use of Tayyeb[3] food and avoiding non-Tayyeb food. Finishing Stage. Completing the questionnaires**

In the control group, demographic-clinical questionnaires as well as Miller`s hope questionnaire were administered. The questionnaires were completed again by the control group six and nine weeks after the completion, respectively. During this period, the control group received no spiritual interventions.

The data collection tool in this research was the Miller hope scale (MHS). The Miller Hope Scale (1998) includes 48 aspects of hopelessness and helplessness. Each item represents one of the behavioral signs. The questionnaire is based on a five-option Likert scale. In this definition, the minimum and maximum points will be 48 and 240, respectively. In a study on the relationship between life expectancy and psychological hardiness among students of Gachsaran University, Hosseini obtained 0.90 and 0.89 as the reliability of the questionnaire with Cronbach's alpha and Bisection method, respectively. To calculate the validity of the score, it was correlated with the criterion question score and it was found that there was a significant positive relationship between the two (r = 0.61 and P <0.0001) [36].

In this study, ethical considerations included the informed consent of the patient, the confidentiality of patient-related information, responding to patients' questions and understanding the purpose, benefits, and duration of research and obtaining permission from the University Ethics Committee.

Data were analyzed using SPSS, version 16, software. Results for quantitative data were reported as “standard deviation ± mean” and for qualitative data were reported as “percentages”. For the purpose of comparing the mean score of hope in the intervention and control groups, the independent two-sample t-test was used before and after the intervention. Also, a t-test was used to compare the mean of hope scores (before and after intervention) in two groups. A paired t-test was used to compare the mean score of hope before and after the study (in each group). A significance level of 0.05 was considered.

Results

In this article, the individual factors of the community, including sex, education, duration of illness and its type were examined. Statistical tests showed that the mean age of patients, duration of disease (by year), sex distribution, type of diabetes, education, number of children and marital status were not significantly different between the intervention and control groups (p> 0.05) (Table 2).

In this study, the results of independent t-test showed that there was no significant differences between the mean scores of hope before the intervention in the intervention and control groups (p = 0.77), but the results of analysis of variance with repeated measures showed that the mean score of hope, immediately after the intervention in the intervention group was 31.22 more than the control group and this difference was significant (p <0.001). Also, this score was higher three weeks after the intervention (34.01) which was significant (p <0.001), whereas in the control group, these changes were not significant. Also, the mean of hope score (before and after the intervention) in the intervention group was significantly higher than the control group (p <0.001). The paired t-test showed that in the intervention group, the mean score of hope after the intervention was significantly increased (p <0.001), while in the control group, it was not significant (p = 0.85) (Table 3).

Table 2: Comparison of demographic characteristics of intervention and control group in diabetic patients referred to Iranian Diabetes Association in Tehran in 2019

Variable / Studied Group		Intervention (n=28)	Control (n=28)	p-value
Age (years)		51.89±11.98	51.25±11.32	**0.84 independent t-test**
Gender	Female	17 (60.7%)	19 (67.9%)	**0.58 Chi-square test**

[3] What is desirable and not contaminated

	Male	11 (39.3%)	9 (32.1%)	
Marital status	Single	5 (17.9%)	7 (25%)	**0.71 Fisher exact test**
	Married	21 (75%)	20 (71.4%)	
	Divorced	2 (7.1%)	1 (3.6%)	
Number of children	Zero	8 (28.6%)	9 (32.1%)	**0.93 Mann-Whitney test**
	One	3 (10.7%)	4 (14.4%)	
	Two	11 (39.3%)	9 (32.1%)	
	Three and more	6 (21.4%)	6 (21.4%)	
Education	Diploma	12 (42.9%)	16 (57.1%)	**0.53 Mann-Whitney test**
	Bachelor	14 (50%)	11 (39.3%)	
	Above Bachelor	2 (7.1%)	1 (3.6%)	
Type of diabetes	Type one	7 (25%)	6 (21.4%)	**0.75 Chi-square test**
	Type two	21 (75%)	22 (78.6%)	
Duration of diabetes		14.14±9.48	12.75±7.45	**0.54 independent t-test**

Table 3: Comparison of the mean score of hope before and after the intervention and its changes in the intervention and control group in diabetic patients referred to Iranian Diabetes Association in Tehran in 2019

Group / Hope	Control	Intervention	P-value Intergroup Testing
	Standard deviation±mean	Standard deviation±mean	
Before intervention	167.68±27.82	170.04±31.76	0.77 independent t-test
Immediately after the intervention	167.82±28.48	200.89±22.22	Analysis of variance with repeated measures <0.001
Three weeks after intervention	165.11±28.13	200.93±23.29	Analysis of variance with repeated measures <0.001
P-value ** In-group testing	0.85	0.001	

Discussion

In this study, the impact of spiritual care on the hope of diabetic patients was investigated. The mean score of hope (after intervention) in the intervention and control groups was not statistically significant but after the intervention, the mean score of hope in the intervention group was significantly higher than the control group; in the intervention group, the mean score of hope (after the study) also significantly increased, however, in the control group, these changes were not significant.

The chronic nature of diabetes had a profound effect on the patient's body, psyche, and social and personal performance, and therefore, investigating the various aspects of health in these patients was of particular importance. Chronic illness, in which lifestyle is very important, can be effective in reducing hope [37]. Patients` understanding of the role of spiritual care can lead to chronic disease management [38]. A study conducted on hope in 2008 has shown that most people have a spiritual life. Hopeful studies have shown that most people believe in a superior being. Some studies indicated that the majority of patients care about their spiritual and physical health equally and seek to meet their spiritual and religious needs. A study of family physicians found that most respondents believed that spiritual health is an important factor in health. Despite these findings, medical staff often neglect the spiritual needs of patients [39].

In a study conducted by Boulhari et al. in 2013 entitled “The Effectiveness of Spiritual Group Therapy Approach on Reducing Depression, Anxiety and Stress in Women with Breast Cancer in Shiraz”, it has been shown that group spirituality therapy has been effective in reducing depression in women with breast cancer and has improved spiritual health and increased hope in these patients. The results of Reynold et al.'s (2014) [40] study entitled “Spiritual coping in people with Cystic Fibrosis” and Braam et al.'s (2010) [41] study entitled “religious coping and depression in Amsterdam” proved that people with chronic illnesses like diabetes use spirituality as a way of coping with the disease, creating a sense of purpose in life, reducing the suffering of illness and hopelessness, and managing the disease properly [40, 41]. Also the findings of a study entitled "The Effectiveness of Group Intervention in Improving Hope and Mental Health in Women with Breast Cancer" by Fallah et al. (2011) showed

that women who had undergone eight sessions of spiritual-educational intervention had significantly higher levels of hope and mental health than women in the control group. It has been suggested that more spirituality be integrated into comprehensive planning in health, support and palliative care in patients with chronic illness [42].

However, the results of Ikedo et al.'s study showed that spiritual intervention did not affect anxiety in patients undergoing open-heart surgery [43]. This study was inconsistent with the results of the present study. This may be due to differences in the research community, sample size and cultural differences in the research environment. It should also be noted that spiritual care, regardless of its specialized conditions, will not only be ineffective but sometimes may have the opposite effect. Since the process of spiritual intervention for the patient is an interdisciplinary process, the provider of spiritual care must have sufficient mastery of the discipline.

In a study by Bijari et al aimed to evaluate the effectiveness of group therapy based on Hope Therapy approach in increasing the life expectancy of women with breast cancer in Mashhad, it has been shown that group therapy significantly increased life expectancy and decreased depression in women with breast cancer [44]. A study by Levin et al. (2009) also found that praying improved the quality of life of breast cancer patients and increased their life expectancy and most of the patients reported that they had a positive attitude towards their illness and accepted it, which was in line with the results of the studies [45]. The positive correlations between spirituality and different dimensions of health have been reported in various studies. Abbasi et al. quoted David Larsen in 2014 as saying, "After 350 studies of spirituality, I have found religion to be a 'forgotten factor' in physical and mental health" [24]. These results were in line with the results of the present study. These similarities in the results can be attributed to the similarity of the study samples to a chronic and long-term illness as well as the innate need for spirituality in humans. The results of these studies indicated that religious behaviors have been an important part of spiritual care, and can lead to increased hope, motivation to accept the disease, a positive attitude to it, and enhance the quality of life. Therefore, the results can confirm the impact of spiritual care on promoting the hope of diabetics.

One of the limitations of this study was the lack of attendance of some patients in some of the training sessions due to busyness and forgetfulness, which summarized the sessions for those patients who wished to attend classes. This led to the extension of the research period to the desired sample size. The sessions were reminiscent of every other phone call or SMS ever again. Also, summaries of each session were posted as tree diagrams throughout the week. Also because of some people's illness and fatigue, there was no attendance at continuing education and care sessions; probably the attraction of presentation and content, workshops, discussions with patients, as well as a reception during the meeting, could partially control this limitation.

Since the statistical population of the present study was diabetic patients referred to the Iranian Diabetes Association, located in Tehran, research findings may be generalized due to cultural differences among different Iranian ethnicities.

Conclusion

Given the impact of spiritual care on patients' hope, the nursing profession needs to rethink how routine care is delivered because physical, mental and social care education is not responsive to all patient care needs and should promote the improvement of human well-being by helping to improve the patient's spiritual care. Nurses can be advised to consider, along with other care, the patient's spiritual dimension as the most important human being that can affect their overall health and incorporate it into their routine care.

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