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A Directed Content Analysis: What are the spiritual needs for Muslim patients' ongoing haemodialysis treatment?

Rozaine Osman¹, Siti Zuhaida Hussein^{2*}, Arif Atarhim², Zainal Rasyid Mahayuddin³

**Corresponding Author*

¹ University College MAIWP International, Faculty of Nursing, City Campus Jalan Tangsi, Bangunan Bank Rakyat, Tingkat 15, 50480 Jalan Tangsi, Kuala Lumpur, Malaysia

² Faculty of Medicine, Nursing Department, Tingkat 5, Kompleks Pendidikan Perubatan Canselor Tuanku Ja'afar Jalan Yaacob Latif, Bandar Tun Razak 56000 Cheras, Kuala Lumpur, Malaysia

³ Faculty of Science and Technology, Centre of Artificial Intelligence Technology, Universiti Kebangsaan Malaysia, 43600 Bangi Selangor, Malaysia

rozaine@ucmi.edu.my, zuhaida_hussein@ukm.edu.my, arifatatrim@ukm.edu.my, zainalr@ukm.edu.my
Tel: +06 0122384587

Abstract

Chronic kidney disease (CKD) significantly impacts patients' mental health, with dialysis often leading to psychological distress and depression. This qualitative study explored the spiritual needs of Muslim patients undergoing hemodialysis, utilizing semi-structured interviews and thematic analysis. Findings highlight the importance of religious rituals, practices, and spiritual support from healthcare professionals, family, and community in providing solace and optimism during medical treatment. The study emphasizes the significance of addressing spiritual needs in patient care to enhance health outcomes and quality of life for Muslim patients with CKD. This research contributes to the growing field of spirituality in healthcare.

Keywords: Spiritual needs, Muslim Patients, Haemodialysis Treatment.

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1.0 Introduction

Chronic kidney failure is a terminal illness that greatly impacts patients' quality of life. Those undergoing haemodialysis experience significant changes in their daily routines and social interactions. As a result, they often face psychosocial challenges, such as being unable to maintain their normal lifestyle, feeling anxious and depressed, experiencing social isolation and loneliness, as well as feeling helpless and hopeless. Additionally, vascular access is required; the patient must undergo procedures to establish and maintain this access. In some cases, haemodialysis patients may need to find alternative ways to support themselves and their families if they can no longer work. The emotional and social challenges faced by haemodialysis patients are significant. It has been suggested that spiritual issues may contribute to some of these effects in haemodialysis patients with kidney failure (Kurniawan, 2017). Spirituality is believed to help individuals maintain a positive outlook, which can potentially boost their immune system.

According to Adawiah et al. (2021), spirituality involves exploring the connection between humans and their God through prayer, fasting, almsgiving and pilgrimage. It also encompasses how individuals relate to nature, themselves and others. Furthermore, spirituality, a life focused on the spirit, is closely related to religion and religious beliefs in kidney disease (Saffari et al., 2013). The

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objective of this study is to systematically identify and comprehensively analyze the spiritual needs of Muslim patients undergoing ongoing haemodialysis treatment through a directed content analysis approach. By meticulously examining the specific spiritual concerns, practices, and support systems that these patients value, this study aims to provide an in-depth understanding of how integrating spiritual care into medical treatment can significantly enhance their overall well-being and quality of life.

2.0 Literature Review

Spirituality and religiosity play a crucial role in the well-being of Muslim patients undergoing hemodialysis. As these patients face significant physical and emotional challenges, their spiritual needs become essential for coping and improving their quality of life (Saari et al., 2022). The increasing recognition of spiritual care in medical settings highlights its importance in holistic healthcare approaches. This literature review examines various aspects of spiritual needs among Muslim hemodialysis patients, focusing on how spirituality impacts their coping mechanisms and overall quality of life (Awaad et al., 2023).

Several studies have explored the relationship between spiritual coping mechanisms and the quality of life in Muslim hemodialysis patients. Saffari et al. (2013) found that spiritual and religious practices significantly enhance the quality of life for these patients by providing emotional support and reducing psychological distress. Similarly, a study by Cruz et al. (2017) highlighted that religiosity and spiritual coping are positively correlated with better health-related quality of life, emphasizing the need for incorporating spiritual care in clinical practices to address patients' holistic needs.

For many Muslim patients undergoing haemodialysis, spirituality plays a crucial role in coping with chronic illness (Lin et al., 2013; Wu et al., 2016). The concept of spirituality in Islam encompasses practices such as prayer (Salat), patience (Sabr), and seeking help from Allah, which provide emotional and psychological support (Abdul-Rahman, 2017; Jeldtoft, 2013). A scoping review on the spiritual needs of Muslim patients with chronic diseases highlights that spirituality helps in managing the emotional burden and provides a sense of peace and purpose. This is particularly important for haemodialysis patients who face significant lifestyle changes and emotional stress due to their treatment regimen (Erandika et al., 2022; Pargament et al., 2000).

3.0 Methodology

3.1 Study Design and conduct

A qualitative descriptive design was used in this study, employing semi-structured interviews to explore spiritual needs during haemodialysis treatment. This study was conducted from January 2024 to May 2024. The sample involved 14 dialysis patients attending the MAIWP Haemodialysis Centre in Kuala Lumpur, which were selected based on a purposeful sampling method and continued until data saturation. The inclusion criteria included patients with chronic renal disease aged 18 and above, whereas exclusion criteria included psychiatric treatment and lack of willingness to participate.

At the beginning of each interview, the purpose of this study was explained, and written informed consent was obtained. Each participant completed a brief questionnaire on demographic data and contact information. The interview records were used in an open-ended qualitative format. An interview guide kept the discussion focused on the interview protocol guide on the five parts: 1) The definition of spirituality, 2) Spiritual health needs, 3) The feeling of spiritual needs, 4) Barriers to the fulfilment of spiritual needs and 5) The catalyst of the filling spiritual needs. The interview guide included several key questions, as presented in Table 1.

4.0 Data Analysis

Data collection and analysis were simultaneous and continuous in keeping with qualitative research methods. Data analysis started when transcripts from the first three to four interviews were available. The researcher conducted a study using the six-phase framework for thematic analysis (Braun & Clarke, 2013). The first round of analysis combined with the initial research goals mentioned in the research protocol led to a first selection of thematic codes to be explored. This selection was then progressively made more accurate following an inductive approach. Through in-depth interviews, the research aimed to learn more about the viewpoints and experiences of its participants. Finding themes, patterns and underlying meanings buried within the participant tales requires careful examination of the data. Qualitative research offers a comprehensive approach to investigating complex phenomena by focusing on respondents' individualised experiences and views. This study examined the many facial expressions, emotions and beliefs exhibited by the participants during the data processing phase, intending to acquire a more comprehensive understanding of the subject under investigation.

Table 1: The questions asked during the interview

Several key questions	Guiding questions
A. Definition of spirituality	
1. <i>Do you know anything about SPIRITUALITY?</i>	What do you mean, why and how?
2. <i>What do you think about the importance of spiritual fulfilment during HD treatment?</i>	Can you give an example?
B. Spiritual health needs	
1. <i>In your opinion, is spiritual health necessary for every</i>	Can you elaborate more?

human being?	
2. What do you know about spiritual health needs?	
3. How important is religious practice to you during your HD treatment?	
- If YES, what practices (for example, dhikr, prayer) do you always practice during HD treatment?	Can you give an example?
C. The filling of spiritual needs	
1. Do you think your spiritual needs are fulfilled?	Can you explain more?
- If YES – what & how do you meet these requirements?	
- If NO – in your opinion, how do you fill spiritual needs during HD treatment?	
2. How do you find peace by remembering Allah during HD treatment?	Can you give an example and explain more?
3. What do you need to increase your spiritual needs as a kidney patient?	Can you explain more?
4. What do you do to maintain and improve spiritual health during HD treatment?	What do you mean, why and how?
5. Are spiritual practices practised every time you undergo HD treatment?	
D. Barriers to the fulfillment of spiritual needs	
1. What obstacles did you face in meeting current spiritual needs undergoing HD treatment?	
2. Does your health prevent you from remembering Allah?	
3. What are the factors that prevent you from fulfilling your spiritual needs while undergoing HD treatment?	Can you explain?
E. Catalyst of the filling spiritual needs	
1. What motivates you to fill your spiritual needs while undergoing HD treatment?	
2. Please indicate what are the spiritual practices that should be prioritised during HD treatment?	Can you give an example and explain more?

5.0 Findings

Table 2: Overview demographics of the participants

Patient characteristic	Number of patients (n)	Percentage (%)
Sex		
1. Male	5	35.7
2. Female	9	64.3
Total	14	100
Age in years	Number of patients (n)	Percentage (%)
1. < 30	1	7.1
2. 30 – 49	2	14.3
3. 50 – 59	4	28.6
4. >60	7	50
Total	14	100
Religion	Number of patients (n)	Percentage (%)
1. Islam	14	100
Total	14	100
Ethnicity	Number of patients (n)	Percentage (%)
1. Malay	13	92.9
2. Indian	1	7.1
Total	14	100
Level of education	Number of patients (n)	Percentage (%)
1. Primary	7	50
2. Secondary	4	28.6
3. Tertiary	3	21.4
Total	14	100
Duration of Dialysis	Number of patients (n)	Percentage (%)
1. < 1 year	1	7.1
2. 1 – 5 years	4	28.6
3. 6 – 10 years	7	50
4. > 10 years	2	14.3
Total	14	100

The findings of this study highlight the spiritual needs of Muslim patients undergoing HD and align closely with established theories and previous research on spirituality in healthcare. By incorporating these spiritual practices, patients reported a sense of peace and resilience, consistent with the broader literature on spirituality's role in fostering hope and emotional stability among chronically ill

patients. This study expands on these findings by detailing how specific religious practices, such as reciting Quranic verses and participating in community religious activities, contribute to patients' spiritual fulfillment and overall well-being.

This study included 14 dialysis patients, comprising five males and nine females. The patients' age distribution showed that most participants were above 60 (n=7), followed by the 50-59 age group (n=4). Two participants fell into the 30-49 age category, while only one patient was below 30. Furthermore, all 14 patients were identified as Muslims, indicating a homogenous religious background among the participants. Additionally, the study sample was predominantly of Malay ethnicity, with 13 Malay participants and only one participant from the Indian ethnicity. Regarding the level of education, the data showed a varied distribution. Seven patients had a primary education level, four had a secondary education, and three had a tertiary education level. The duration of dialysis treatment varied among the participants. The largest group (n=7) had been undergoing dialysis for 6 to 10 years, followed by four patients who received treatment for 1 to 5 years. Two patients had been on dialysis for over 10 years, whereas only one participant had recently started treatment with less than one year of dialysis.

Table 3: Categories and Themes identified through interviews with Haemodialysis patients

Category	Theme	Sub-theme
Definition of Spiritual	• <i>Relationship with Allah</i>	A reminder to God, Grateful, Blessings, Accepting destiny, Rely on, Remembering death, Supply in the afterlife, Always surrender, Accepting Qada' and Qadar, Istiqamah, Ask for forgiveness.
	• <i>Coping with the disease</i>	Redo, Accept the terms.
	• <i>Emotional well-being</i>	Adapting to the environment, think positively, Very sincere, Bright thoughts, Never giving up, Tranquillity, Happy.
	• <i>Well-being</i>	Peace of mind, Strong from within.
Practice	• <i>Worship to Allah</i>	Pray, Participate in scientific programs Worship, Reciting prayers
	• <i>Meditation in Islamic way</i>	Dhikr (astaghfirullah, alhamdulillah, laillahaillallah Allahuakbar, lahalawalaquataillabihil'aliuazim), reading the Quran, surah al-Baqarah, Surah Yassin, listening to the recitation of the Quran, Listening to lectures.
Obstacles to the Fulfilment of Spiritual Needs	• <i>Physical well-being</i>	Weakness, dizziness, post-HD, limited vision.
Spiritual Fulfilment Catalyst	• <i>Improvement of quality of life</i>	Children, husband, wife, family, HD friends, Staff Remembering death, Enthusiastic.

These themes fall under the broader definition of spirituality and reflect how patients perceive and experience their spiritual journey while coping with the challenges of dialysis treatment.

1. *Relationship with Allah*: The theme of "Relationship with Allah" emerged as a central aspect of the participants' spirituality. Nurturing a relationship with Allah is a deeply personal and enriching journey for dialysis patients. Embracing Islamic practices, turning to Allah in times of need and finding comfort in the teachings of Islam can provide invaluable support and a sense of peace throughout the dialysis journey (Sadeghi et al., 2010). During the interviews, patients shared how their faith in Islam was pivotal in their lives, especially in the context of their medical condition. Many expressed a profound sense of connection and trust in Allah, finding comfort and reassurance in their faith (Koni et al., 2023; Schmidt et al., 2021).

2. *Coping with the Disease*: Coping with the challenges of dialysis can be a demanding and emotional journey for patients; thus, they turn to prayer and spirituality for comfort and strength (Parvan et al., 2015). Connecting with one's faith and seeking spiritual guidance can provide solace and peace during difficult times. Patients reported feeling a sense of relief and emotional support when they turned to Allah during difficult times. Patients appreciated the empathy and understanding they received from their loved ones, which alleviated feelings of isolation and loneliness.

3. *Emotional Well-being*: (Aktürk & Aktürk, 2020; Irawati et al., 2023), as well as (Kristiansen & Sheikh, 2012) highlighted the participants' emotional experiences related to their dialysis treatment. Patients reported feeling various emotions, including anxiety, fear and uncertainty (Eqylan et al., 2022). Emotional well-being is a vital aspect of overall health for dialysis patients. Coping with chronic kidney disease and undergoing regular dialysis treatments can be physically and emotionally challenging (Bossola et al., 2011).

4. *Well-being*: The theme of "Well-being" encompasses a broader perspective of overall well-being, including physical, emotional, and spiritual dimensions. Patients who reported a positive relationship with Allah and actively engaged in religious practices experienced a higher level of well-being (Irawati et al., 2023). Despite their health struggles, they expressed gratitude for their blessings and focused on the positive aspects of their lives. Patients' sense of well-being was also influenced by their ability to balance their religious and medical responsibilities (Frados, 2021). According to (Hamka et al., 2022), those who integrated their spiritual practices with their dialysis treatment felt greater harmony and wholeness.

5. *Worship to Allah*: Worship to Allah, the Almighty, lies at the heart of the Islamic faith and is a profound expression of devotion and submission for millions of believers worldwide (Ahmad Nabil et al., 2016). Hanin Hamjah et al. (2017), as well as Akhir and Ibrahim (2020), mentioned that as the central theme of Islamic practice, worship encompasses a diverse range of acts, rituals, and attitudes that strengthen the bond between the worshipper and their Creator. Indeed, prayer is one of the fundamental pillars of Islam and holds immense significance in the life of a Muslim.

6. *Meditation in the Islamic way*: Meditation, as a practice of silent reflection and inner contemplation, has a profound place in Islam. Furthermore, meditation, when practised in an Islamic way, can offer numerous benefits to dialysis patients undergoing ongoing treatment. Thus, engaging in dhikr, the act of remembering Allah, is helpful during meditation, besides reciting the names of Allah, the Quranic verses or phrases such as "SubhanaAllah" (Glory be to Allah), "Alhamdulillah" (All praise is due to Allah) and "La ilaha illallah" (There is no god but Allah) (Roslan et al., 2022).

7. *Physical well-being*: Physical well-being is a critical aspect of the overall health and quality of life for dialysis patients undergoing ongoing treatment (Makkar et al., 2015). Nevertheless, dialysis is a life-saving medical intervention for individuals with kidney failure that can also take a toll on the body and to optimise physical well-being, dialysis patients need to adopt a comprehensive approach that addresses various aspects of their health (Song et al., 2018).

8. *Improvement of quality of life*: Enhancing the overall well-being of individuals undergoing dialysis therapy is vital to their continuous therapeutic process. Similarly, dialysis, a critical medical intervention for persons with renal failure, presents notable physiological, psychological and sociocultural obstacles (Pretto et al., 2020). In dialysis therapy, it is important to consider the holistic well-being of Muslim patients, encompassing both their physical and non-physical dimensions, including their spiritual and cultural requirements, to optimise their quality of life (Farih et al., 2017).

7.0 Discussion

The findings of this study reveal several key themes regarding the spiritual needs of Muslim patients undergoing haemodialysis treatment. One prominent theme that emerged was the importance of maintaining a strong relationship with Allah through religious practices such as prayer (Salah) and supplication (Dua). This aligns with previous research by Ahmad Nabil et al (2016), which found that Muslim patients with depression often turned to prayer as a source of comfort and connection to the divine. The results extend this understanding to the context of haemodialysis patients, suggesting that spiritual practices serve as a crucial coping mechanism for managing the physical and emotional challenges of ongoing treatment. The emphasis on religious rituals observed in our study participants echoes the findings of Alsaggaf & Coyne (2023), who noted the centrality of Islamic practices in providing solace and hope for patients with chronic conditions.

Another significant theme that emerged was the role of family and community support in fulfilling patients' spiritual needs during haemodialysis treatment. This finding corroborates the work of Alradaydeh & Khalil (2018), who emphasized the importance of family involvement in facilitating religious practices and providing emotional support for patients undergoing chronic medical treatments. Our study builds upon this by highlighting the specific ways in which family members act as a bridge between patients' spiritual requirements and the medical context of haemodialysis. Furthermore, the present research extends the understanding of community support beyond immediate family, encompassing the broader Muslim community as a source of spiritual strength and encouragement for patients, a dimension not extensively explored in previous studies on haemodialysis patients.

The challenges faced by Muslim patients in maintaining their spiritual practices while undergoing haemodialysis treatment were also identified as a key theme in our study. This finding resonates with the work of Eqtyan et al. (2022), who documented the difficulties experienced by critically ill Muslim patients in isolation. The research expands on this by specifically addressing the unique spiritual challenges encountered in the context of regular, long-term haemodialysis treatment. The identification of these barriers provides valuable insights for healthcare providers and policymakers, highlighting the need for targeted interventions to support patients' spiritual well-being. This aligns with the recommendations of Fradelos (2021), who advocated for the integration of spiritual care into the treatment regimen for end-stage renal disease patients to enhance their overall quality of life and treatment outcomes.

8.0 Conclusion& Recommendations

The research emphasised the significance of family and community support in fulfilling the spiritual needs of Muslim patients undergoing haemodialysis. Family members, specifically, played a crucial role in facilitating religious rituals and providing emotional assistance throughout the course of treatment (Alradaydeh & Khalil, 2018). The study's findings underlined the necessity of integrating family members and caregivers in the patient's treatment plan, as they can function as a key bridge between the patient's religious demands and the medical context. This research also provided insights into the difficulties encountered by Muslim patients in maintaining their spiritual requirements while undergoing haemodialysis therapy.

The findings serve as a call to action for healthcare providers and policymakers to recognise the importance of spirituality in patient care. By incorporating spiritual assistance into the therapeutic regimen and acknowledging the obstacles encountered by patients, healthcare practitioners have the potential to enhance the holistic welfare and treatment encounters of Muslim patients undergoing haemodialysis. However, it is essential to acknowledge the study's limitations, such as the participants' specific cultural and regional context. Further research with a larger and more diverse sample would strengthen the generalisability of the findings and provide a more comprehensive understanding of the spiritual needs of Muslim patients undergoing haemodialysis treatment. In summary, this research study contributes substantially to the expanding field of understanding concerning the significance of spirituality within healthcare environments. Healthcare providers can enhance the quality of care and health outcomes for Muslim patients undergoing haemodialysis treatment by recognising and attending to their spiritual needs. This approach fosters a compassionate and patient-centred approach, improving patient well-being and quality of life.

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