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Comparison of the effectiveness of family resilience training, with cognitive-spiritual hope training, on family resilience in caregivers of kidney patients undergoing hemodialysis

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© 2023 by the authors. Licensee Iranian Association of Women's Studies, Tehran, Iran. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0 license) (http://creativecommons.org/licenses/bync/4.0/) Abstract

Email:

Aim: This research examines the capacity of resilience in the caregivers of kidney patients, and the impact of the care process on it. The purpose of this study was to compare the effectiveness of family resilience training with cognitive-spiritual hope training on family resilience in caregivers of kidney patients undergoing hemodialysis. Method: The research method was an experimental type with two experimental and control groups with the present pre-test and post-test design, a quantitative one with a control group and a 45-day follow-up, and the statistical population consists of all caregivers of kidney patients undergoing hemodialysis. Isfahan city in 2020-21, in this research, 60 caregivers were selected through available sampling and were randomly divided into family rescyllincy trianing pakage (20 people) cognitive- spiritual hope trianing (20 people) and control (20 people) groupes. The people participating in the research in three stages ansewered to the family rescilince questionnaire (Sixbey, 2005). The collected data were analyzed at two levels of descriptive statistics (mean and standard deviation) and inferential statistics in this study (variance analysis with repeated measurements and Bonferroni post hoc test). It was used for data analysis (by spss software version 24). **Results**: The data analysis showed that the cognitive-spiritual hope training had a significant effect on family resilience (F= 23.04, P<0.001), and its dimensions, problem solving (F= 23.04 P<0.01), spirituality (F= 21.11 P<0.003), acceptance (F= 10.85 P<0.001), but the family resilience training pakage was also significantly more effective on improving family resilience and had a more significant effect (P< 0.01). Counclusion: According to the findings of the present research, it is possible to use cognitive-spiritual hope training and family resilience training to increase the level of family resilience and its dimensions in kidney patients undergoing hemodialysis.

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Keywords: family resilience, hope, cognitive-spiritual, caregivers, hemodialysis patients

Introduction

Chronic kidney disease is a secondary clinical syndrome characterized by irreversible, gradual, and progressive changes in the structure and function of the kidneys (Sadeghian, Shahgholian, & Dashti-Dehkordi, 2017). Chronic kidney disease is recognized as the sixteenth leading cause of death worldwide, affecting between 8 to 16 percent of the global population. Various treatment methods are used for chronic kidney failure, among which hemodialysis is the most common treatment for kidney patients (Kazemi-Deloui, Shahabizadeh, Nasri, & Sameri, 2021). Patients with chronic kidney failure face numerous problems in their lives, and those who care for them encounter difficulties in various aspects of life, including occupational, family, psychological, social, and financial aspects. Continuous and long-term care for disabled and needy individuals places a significant responsibility burden on caregivers, which can lead to various psychological and physical problems such as high anxiety, chronic stress, feelings of helplessness, depression, extreme fatigue and burnout, and lower levels of mental health and quality of life for caregivers (Banihashemi, Hatami, Hasani, & Sahebi, 2020). Nevertheless, specific populations have always been of interest in the field of improving positive psychological constructs (Zare, Monshi, & Kashtiaraei, 2021). However, despite the effectiveness of positive training, attention should be paid to trainings that are culturally relevant, integrated, holistic, and based on the problems of specific populations, including caregivers of kidney patients. By understanding the needs of these caregivers, psychological training aligned with their sufferings can be devised. Consequently, researchers in the current study developed an educational intervention package based on family resilience specifically for caregivers of kidney patients; thus, this educational package is the result of a qualitative research of phenomenological type, aimed at understanding the educational needs of caregivers of kidney patients to respond to their psychological training needs. This package, after going through the stages of content validation, includes axes such as emotion management, self-compassion, coping with issues, improving family communications, conflict resolution, role change and maintaining intimacy, purposefulness based on maintaining resilience, awareness of emotions, and their management. However, it cannot be overlooked that caregivers of chronic patients, including hemodialysis patients, may suffer from weakened resilience due to the heavy burden of patient care alongside other family matters, and improving their resilience in the family context can be a key to improving their situation. Moreover, a review of existing published research indicates that a family resilience package specifically for caregivers of hemodialysis patients has not been designed, thus necessitating the filling of this research gap. This study addressed this important issue to provide a native package based on the experiences of these caregivers and better respond to their psychological needs. This package paves the way for further research in this area and can be a guide for psychological interventions for counselors and therapists working with this group. Additionally, the results of this research are effective in the experimental documentation of a special educational package for caregivers of hemodialysis patients. Therefore, this research answered the following question: Does family resilience training, compared to hope training using a cognitive-spiritual approach, have a significant effect on family resilience and its dimensions in caregivers of kidney patients undergoing hemodialysis in the followup stage?

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Method

The research method was an experimental type with two experimental and control groups with the present pre-test and post-test design, a quantitative one with a control group and a 45-day follow-up, and the statistical population consists of all caregivers of kidney patients undergoing hemodialysis. Isfahan city in 2020-21, in this research, 60 caregivers were selected through available sampling and were randomly divided into family rescyllincy trianing pakage (20 people) cognitive- spiritual hope trianing (20 people) and control (20 people) groupes. The people participating in the research in three stages ansewered to the family rescilince questionnaire (Sixbey, 2005). The collected data were analyzed at two levels of descriptive statistics (mean and standard deviation) and inferential statistics in this study (variance analysis with repeated measurements and Bonferroni post hoc test). It was used for data analysis (by spss software version 24).

Results

The data analysis showed that the cognitive-spiritual hope training had a significant effect on family resilience (F= 23.04, P<0.001), and its dimensions, problem solving (F= 23.04 P<0.01), spirituality (F= 21.11 P<0.003), acceptance (F= 10.85 P<0.001), but the family resilience training pakage was also significantly more effective on improving family resilience and had a more significant effect (P< 0.01).

Conclusion

This research aimed to compare the effectiveness of cognitive-spiritual hope training and family resilience training on family resilience and its dimensions in caregivers of kidney patients undergoing hemodialysis. Repeated measures analysis of variance showed that both methods were effective in enhancing family resilience and its dimensions. To date, no research has been published comparing these two methods. However, these results are consistent with the findings of Asadi and colleagues (2020), who demonstrated the effectiveness of this approach on the psychological well-being and rumination of parents with cancerous children. Explaining the effectiveness of this method on family resilience and its dimensions, it can be said that family resilience refers to the ability of family members to maintain family cohesion despite conflicts. These conflicts can have external, internal, or individual causes. However, the family can perceive these conflicts as a natural part of life's journey and its ups and downs, mobilize its forces to solve family issues in various dimensions, and ultimately maintain family stability (Black & Lobo, 2008). Therefore, it seems that in cognitive-behavioral hope training for caregivers of hemodialysis patients, they have learned teachings that help them improve family resilience. In these trainings, they have become familiar with the concept of despair, causes of despair, the relationship between depression and hope, the role of irrational thoughts in hopeless individuals, the connection between thoughts, feelings, and behavior in response to everyday situations, acquaintance with cognitive errors and their correction in maintaining hope, acquaintance with the role of spiritual forces in maintaining hope, and correction of beliefs towards enhancing spirituality. Thus, it is expected that increased hopefulness, improved optimism, correction of pessimistic cognitive errors, and enhancement of family spirituality, acceptance, and problemsolving have collectively contributed to the enhancement of family resilience.

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