Effects of Spiritual/Religious Music on Anxiety and Spiritual Well-Being among Adults Undergoing Hemodialysis: A Systematic Review

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ABSTRACT

Background: Hemodialysis is a life-sustaining treatment for patients with end-stage kidney disease; however, long-term dependence on dialysis is associated with psychological and spiritual challenges, including anxiety, depression, stress, loss of independence, and disruption of daily life. Spiritual well-being is an important component of holistic care and has been associated with better psychological outcomes among patients receiving hemodialysis. Spiritual or religious music may provide a culturally meaningful, non-pharmacological approach to addressing these concerns.

Objective: This systematic review aimed to examine the effects of spiritual or religious music on anxiety and spiritual well-being among adults undergoing maintenance hemodialysis.

Methods: A systematic review was conducted using the Population, Intervention, and Outcome (PIO) framework and guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 statement. PubMed, CINAHL, and ProQuest were searched in August 2026. Eligible studies included quantitative comparative studies involving adults undergoing maintenance hemodialysis, spiritual or religious music interventions, and anxiety and/or spiritual well-being outcomes. Retrieved records were organized using Zotero, duplicates were removed, and records were screened according to predetermined inclusion and exclusion criteria. Data were extracted using a standardized extraction form, and methodological quality and risk of bias were assessed according to study design.

Results: The database searches identified 110 records: 46 from PubMed, 29 from CINAHL, and 35 from ProQuest. After removal of 33 duplicates, 77 records remained for title and abstract screening. Two candidate studies were identified for further assessment. One study evaluated spiritual chanting and listening and reported improvement in spiritual well-being, while another examined Holy Qur'an recitation combined with physical training and reported reduced anxiety. However, the latter study involved a multi-component intervention, making it difficult to determine the independent effect of spiritual/religious music. Final inclusion was therefore dependent on full-text eligibility assessment.

Conclusion: The available evidence suggests that spiritually meaningful auditory interventions may have potential benefits for anxiety and spiritual well-being among adults undergoing hemodialysis. However, the evidence specifically addressing spiritual or religious music is limited. Differences in intervention content, cultural context, study design, outcome measures, and the use of multi-component interventions limit the strength and comparability of the evidence. Further rigorous randomized controlled trials are needed to determine the independent effects of spiritual/religious music during hemodialysis.

Keywords: hemodialysis; dialysis patients; spiritual music; religious music; anxiety; spiritual well-being; music therapy; spirituality; systematic review

INTRODUCTION

Hemodialysis is a life-sustaining renal replacement therapy for individuals with end-stage kidney disease. Although it prolongs life and supports physiological stability, long-term hemodialysis can impose substantial psychological, social, and spiritual burdens on patients. The repetitive nature of dialysis sessions, dependence on treatment, dietary and fluid restrictions, physical limitations, changes in employment and family roles, and uncertainty associated with chronic illness may contribute to anxiety, depression, and stress (Alshraifeen et al., 2020; Babamohamadi et al., 2015).

Anxiety is particularly relevant among patients receiving maintenance hemodialysis because they must continuously adapt to a chronic treatment regimen and the consequences of kidney failure. Psychological distress may occur before, during, and after dialysis sessions and can negatively influence quality of life, treatment adherence, and overall well-being. Consequently, nursing care for patients undergoing hemodialysis should address psychological and emotional needs in addition to physiological requirements.

Spiritual well-being is another important dimension of holistic care. Spirituality may provide patients with meaning, hope, inner peace, purpose, and coping resources when facing chronic illness. Among patients receiving hemodialysis, higher levels of spiritual and existential well-being have been associated with lower levels of depression and stress and better psychological adjustment (Musa et al., 2018). Alshraifeen et al. (2020) similarly identified relationships between spirituality, anxiety, and depression among individuals receiving hemodialysis, highlighting the importance of considering spiritual needs in dialysis care.

Music has increasingly been investigated as a non-pharmacological intervention for psychological distress among patients undergoing hemodialysis. Systematic reviews and meta-analyses have reported that music interventions may reduce anxiety and improve psychological outcomes in this population (Burrai et al., 2020; Lin et al., 2024). However, music interventions are heterogeneous and may include secular music, patient-selected music, instrumental music, music therapy, or culturally and religiously meaningful forms of music.

Spiritual or religious music may have additional significance because it can be connected to an individual's beliefs, cultural identity, religious practices, and sources of meaning. For example, Babamohamadi et al. (2015) reported that listening to Holy Qur'an recitation significantly reduced anxiety among patients undergoing hemodialysis. Such findings suggest that spiritually meaningful auditory interventions may provide psychological comfort while also supporting spiritual coping.

Nevertheless, responses to music are not universal. Personal preference, religious affiliation, cultural background, previous experiences, and individual interpretation may influence how patients respond to spiritual or religious music. A systematic review by Alvarenga et al. (2017) found that music may influence spirituality, although the available evidence was heterogeneous and did not establish consistent effects across populations.

Previous reviews have primarily examined music therapy or music interventions in general among patients undergoing hemodialysis (Burrai et al., 2020; Lin et al., 2024). Consequently, the specific contribution of spiritual or religious music remains less clearly established. Furthermore, some studies combine religious or spiritual music with other interventions, making it difficult to determine whether observed effects are attributable specifically to music.

Therefore, this systematic review focuses specifically on spiritual and religious music among adults receiving maintenance hemodialysis. The review seeks to identify quantitative evidence regarding its effects on anxiety and spiritual well-being and to assess the methodological quality and limitations of the available evidence.

Review Question

Among adults undergoing maintenance hemodialysis, does listening to spiritual or religious music, compared with standard/usual care, no music, or non-spiritual/secular relaxing music, improve anxiety and spiritual well-being?

Objectives

The general objective of this systematic review was to examine the effects of spiritual or religious music on anxiety and spiritual well-being among adults undergoing maintenance hemodialysis.

Specifically, the review aimed to:

1. Identify quantitative studies examining spiritual or religious music among adults undergoing maintenance hemodialysis.
2. Determine the effects of spiritual or religious music on anxiety.
3. Determine the effects of spiritual or religious music on spiritual well-being.
4. Describe the characteristics of eligible studies and their methodological quality.
5. Identify limitations and gaps in the current evidence.

METHODOLOGY

Review Design

A systematic review design was used to identify, evaluate, and synthesize quantitative evidence concerning the effects of spiritual or religious music on anxiety and spiritual well-being among adults undergoing maintenance hemodialysis. The review was structured using the Population, Intervention, and Outcome (PIO) framework.

The reporting of the review was guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 statement (Page et al., 2021). PRISMA 2020 was used to promote transparency in the identification, screening, eligibility assessment, and inclusion of relevant studies.

PIO Framework

The review question was structured according to the following PIO components:

Component	Description
Population (P)	Adults aged 18 years or older undergoing maintenance/chronic hemodialysis
Intervention (I)	Spiritual, religious, sacred, devotional, worship-based, or similarly spiritually meaningful music or auditory intervention
Outcome (O)	Anxiety and/or spiritual well-being

The comparator was not required in the database search strategy to maximize search sensitivity. However, the presence of an appropriate comparison condition remained part of the eligibility criteria.

Protocol and Registration

The review was not registered in a public systematic review registry such as PROSPERO. The review methods, eligibility criteria, search concepts, and data extraction procedures were established before the final screening and synthesis of the retrieved literature.

PRISMA 2020 Framework

The study identification and selection process followed the PRISMA 2020 framework. Records were identified

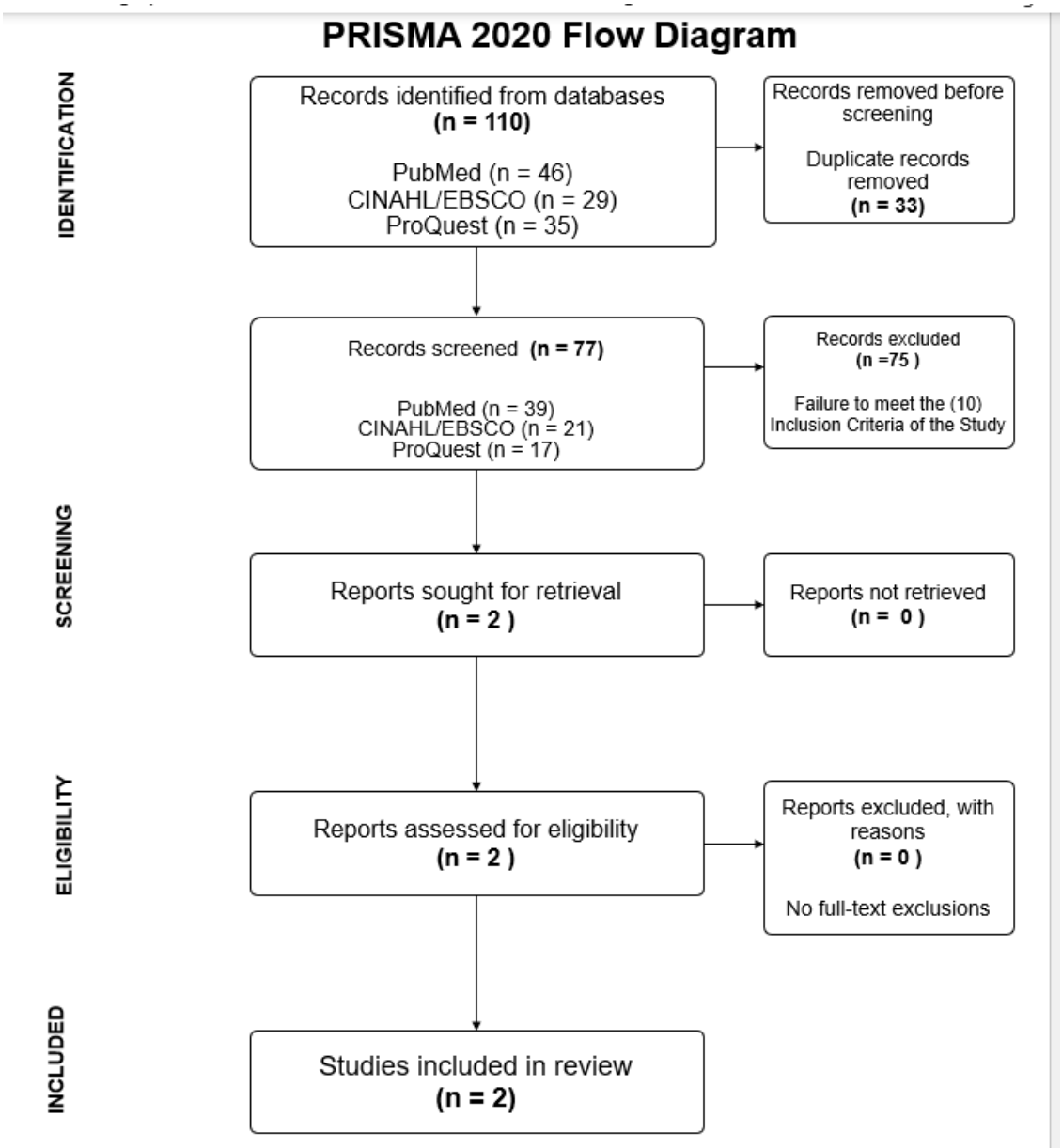
through searches of PubMed, CINAHL, and ProQuest. The database searches produced 110 records, consisting of 46 records from PubMed, 29 from CINAHL, and 35 from ProQuest.

A total of 33 duplicate records were removed using Zotero, leaving 77 unique records for title and abstract screening. Records that clearly failed to meet the eligibility criteria were excluded at the screening stage. Potentially relevant records were retrieved for full-text assessment.

Two candidate studies were identified for further eligibility assessment: Dalal et al. (2021) and Frih et al. (2017). The Frih et al. (2017) study was considered likely to be excluded because the intervention combined Holy Qur'an recitation with endurance-resistance physical training, preventing isolation of the independent effect of the auditory intervention. Dalal et al. (2021) was retained as a candidate study pending confirmation that its spiritual chanting and listening intervention met the operational definition of spiritual/religious music and satisfied all other eligibility criteria.

The final number of included studies should be reported only after completion of full-text assessment.

Figure 1. PRISMA 2020 flow diagram of the study identification, screening, eligibility assessment, and inclusion process.



Literature Search Strategy

A comprehensive literature search was conducted in PubMed, CINAHL, and ProQuest in August 2026. CINAHL was selected instead of Google Scholar to provide a more focused search of peer-reviewed nursing and health-science literature.

- The search strategy was developed around three primary concepts: hemodialysis, spiritual or religious music, and anxiety or spiritual well-being. Synonyms, related terms, Boolean operators, and truncation were used where appropriate. The comparator was deliberately excluded from the electronic search strategy because requiring comparator-related terms could unnecessarily reduce search sensitivity.

- The primary search concepts included terms such as *hemodialysis*, *haemodialysis*, *renal dialysis*, *spiritual music*, *religious music*, *sacred music*, *devotional music*, *worship music*, *hymn*, *chant*, *gospel*, *Qur'an recitation*, *Quran recitation*, *anxiety*, *spiritual well-being*, and *spirituality*.

- The database-specific search strategies and yields were as follows:

Database	Search Strategy	Yield
PubMed	(hemodialysis OR haemodialysis OR "renal dialysis" OR "maintenance dialysis") AND ("spiritual music" OR "religious music" OR "sacred music" OR "devotional music" OR "worship music" OR hymn* OR chant* OR gospel OR "Qur'an recitation" OR "Quran recitation" OR "religious recitation") AND (anxiety OR anxious OR "spiritual well-being" OR "spiritual wellbeing" OR spirituality)	46
CINAHL	(MH "Hemodialysis+" OR hemodialysis OR haemodialysis OR "renal dialysis") AND ("spiritual music" OR "religious music" OR "sacred music" OR "devotional music" OR hymn* OR chant* OR gospel OR "Qur'an recitation") AND (anxiety OR "spiritual well-being" OR spirituality)	29
ProQuest	(hemodialysis OR haemodialysis OR "renal dialysis") AND ("spiritual music" OR "religious music" OR "sacred music" OR "devotional music" OR "worship music" OR hymn* OR chant* OR gospel OR "Qur'an recitation") AND (anxiety OR "spiritual well-being" OR spirituality)	35

- The searches retrieved 110 records in total. All retrieved records were exported to Zotero for reference management, organization, and duplicate identification.

Search Outcomes

- The initial database search yielded 110 records. PubMed contributed 46 records, CINAHL contributed 29 records, and ProQuest contributed 35 records. Following duplicate removal, 77 unique records remained for title and abstract screening.

- The relatively small number of potentially relevant studies reflects the focused nature of the review. Unlike broader reviews of music therapy among hemodialysis patients, this review specifically required the intervention to have a spiritual or religious component and required an anxiety and/or spiritual well-being outcome.

- Two studies were identified as potentially relevant during the initial screening process. Dalal et al. (2021) investigated spiritual chanting and listening among adults undergoing hemodialysis and assessed spiritual well-being using the Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being (FACIT-Sp 12). Frih et al. (2017) investigated Holy Qur'an recitation in combination with

endurance-resistance training and assessed anxiety and depression using the Hospital Anxiety and Depression Scale (HADS).

- The Frih et al. (2017) study presents an important eligibility issue because the intervention was multi-component. Since the present review was designed to determine the effect of spiritual/religious music specifically, the independent contribution of Qur'an recitation cannot be established when it is administered together with physical training. Consequently, this study was considered likely to be excluded under the predetermined exclusion criterion concerning multi-component interventions.

- Dalal et al. (2021) remained a candidate for inclusion pending full-text assessment of whether spiritual chanting and listening met the operational definition of spiritual/religious music and whether all other eligibility criteria were satisfied.

Data Collection and Extraction

Data were collected from eligible full-text studies using a standardized data extraction form developed for this systematic review. The extraction process was designed to ensure that relevant methodological and outcome information was consistently recorded across studies.

The following information was extracted:

- Author and publication year
- Country and study setting
- Study design
- Sample size
- Participant characteristics
- Age and sex distribution, where reported
- Duration of hemodialysis treatment
- Type and description of spiritual/religious music
- Religious or cultural context of the intervention
- Mode of delivery
- Duration and frequency of the intervention
- Timing of the intervention in relation to hemodialysis
- Comparator or control condition
- Anxiety measurement instrument
- Spiritual well-being measurement instrument
- Baseline and post-intervention results
- Means and standard deviations or other available effect estimates
- Statistical significance

- Reported adverse events, where applicable
- Study limitations
- Methodological quality and risk-of-bias information

The retrieved records were organized using Zotero. Duplicate records were identified and removed before screening. Full-text studies considered potentially eligible were reviewed against the predetermined eligibility criteria. When uncertainty concerning eligibility was identified, the study was re-examined before a final inclusion decision was made.

Quality Appraisal and Risk of Bias

Methodological quality and risk of bias were assessed according to study design. Randomized controlled trials were evaluated in relation to potential bias arising from randomization, deviations from intended interventions, missing outcome data, outcome measurement, and selective reporting. Non-randomized comparative studies were assessed for potential confounding, participant selection, intervention classification, deviations from intended interventions, missing data, outcome measurement, and selective reporting.

Because the final number of eligible studies remained subject to full-text assessment, the risk-of-bias findings should be finalized after the inclusion decisions are completed.

Data Synthesis

A narrative synthesis was planned because substantial heterogeneity was anticipated in the type of spiritual or religious music, intervention duration, frequency, comparison conditions, measurement instruments, and study designs. Quantitative results were to be compared descriptively when appropriate.

A meta-analysis was considered only if sufficient homogeneity existed in the population, intervention, comparator, outcome measures, and study methodology. If these conditions were not met, findings were synthesized narratively according to anxiety outcomes, spiritual well-being outcomes, intervention characteristics, and methodological quality.

Inclusion and Exclusion Criteria

Studies were assessed using predetermined eligibility criteria. Studies were included only when they satisfied all relevant inclusion criteria.

Inclusion Criteria

1. Participants were adults aged 18 years or older undergoing maintenance or chronic hemodialysis.
2. The intervention involved active or passive listening to spiritual, religious, sacred, devotional, worship-based, or similarly spiritually meaningful music or auditory material during or in association with hemodialysis.
3. The study included a comparator receiving standard/usual care, no music intervention, or non-spiritual/secular relaxing music.
4. Anxiety and/or spiritual well-being was assessed using a validated instrument or an equivalent recognized measure.
5. The study was published from 2015 onward, with no upper publication-date limit.
6. The study was a peer-reviewed journal article or a thesis/dissertation containing sufficient methodological information for appraisal.

7. The study used a quantitative comparative design, including a randomized controlled trial, quasi-experimental/non-randomized controlled trial, or pre-post design with a comparison group.
8. Sufficient quantitative information was available for data extraction.
9. The full text was accessible for assessment.
10. The article was published in English or had a verifiable English translation.

Exclusion Criteria

1. Participants were receiving a dialysis modality other than hemodialysis or were post-transplant and no longer undergoing dialysis.
2. The intervention consisted exclusively of generic or secular music without spiritual or religious framing.
3. Music or religious recitation was combined with another intervention and the independent effect of the music could not be determined.
4. No comparator or control condition was available.
5. The study did not report anxiety or spiritual well-being.
6. The study was published before 2015.
7. The publication was a case report, case series, conference abstract without full text, editorial, commentary, protocol-only publication, or non-systematic narrative review.
8. Full text could not be obtained despite reasonable retrieval efforts.
9. The article was not published in English and no verified English translation was available.
10. The article was a duplicate publication or secondary report from a dataset already represented by another included study.

RESULTS AND DISCUSSION

Study Selection

The literature search identified 110 records across three electronic databases. PubMed produced 46 records, CINAHL produced 29 records, and ProQuest produced 35 records. After removal of 33 duplicate records, 77 unique records remained for screening.

Following title and abstract screening, two candidate studies were identified as potentially relevant to the review question: Dalal et al. (2021) and Frih et al. (2017). Full-text assessment was required to determine whether the studies satisfied all predetermined eligibility criteria.

Characteristics of Candidate Studies

Study	Country	Design	Sample	Intervention	Comparator	Main Outcomes	Eligibility Status
Dalal et al. (2021)	India	Prospective controlled study	100 adults	Spiritual chanting and listening	Control/no spiritual intervention	Spiritual well-being; quality of	Pending full-text confirmation

						life	
Frih et al. (2017)	Tunisia	Randomized controlled trial	53 male adults	Holy Qur'an recitation plus endurance-resistance training	Endurance-resistance training alone	Anxiety, depression, quality of life	Likely excluded due to multi-component intervention

Effects on Anxiety

Anxiety was one of the primary outcomes of this review. Frih et al. (2017) reported improvements in anxiety among patients who received Holy Qur'an recitation together with endurance-resistance training compared with patients receiving physical training alone. Anxiety was measured using the Hospital Anxiety and Depression Scale.

Although this finding is potentially relevant to the review topic, the intervention combined Qur'an recitation with physical training. Therefore, it is not possible to determine whether the reduction in anxiety resulted from the religious recitation, the physical training, or the combination of both interventions. Based on the predetermined eligibility criteria, the study would therefore be excluded if the effect of the spiritual/religious auditory component cannot be isolated.

Evidence from broader literature nevertheless supports the potential value of music as a non-pharmacological intervention for anxiety during hemodialysis. Burrai et al. (2020) and Lin et al. (2024) reported beneficial effects of music interventions on anxiety among patients undergoing hemodialysis. However, these reviews generally address music interventions more broadly and therefore cannot establish whether spiritually or religiously meaningful music has an effect beyond secular or relaxing music.

The distinction is important because the therapeutic mechanism of spiritual/religious music may involve more than auditory relaxation. Religious recitation, chanting, hymns, or devotional music may provide familiarity, meaning, hope, emotional comfort, and a sense of connection to one's faith. However, these potential mechanisms are culturally and individually dependent and require further investigation.

Effects on Spiritual Well-being

Spiritual well-being was the second primary outcome of the review. Dalal et al. (2021) evaluated spiritual well-being using the Functional Assessment of Chronic Illness Therapy-Spiritual Well-Being (FACIT-Sp 12). The study reported higher spiritual well-being scores in the spiritual intervention group at six and twelve weeks compared with the control group.

These findings suggest that spiritually oriented interventions may support aspects of spiritual well-being such as meaning, peace, and faith. Nevertheless, the eligibility of Dalal et al. (2021) requires careful full-text assessment because the intervention is described as spiritual therapy involving chanting and listening. The review must determine whether the intervention meets the specific operational definition of spiritual/religious music rather than a broader spiritual intervention.

The potential relationship between music and spirituality is supported by previous literature. Alvarenga et al. (2017) found that music may influence spirituality, although the evidence was heterogeneous. Among patients receiving hemodialysis, spiritual well-being is particularly relevant because chronic illness and long-term treatment may challenge patients' sense of meaning, hope, identity, and purpose.

DISCUSSION

The findings identified during the review suggest that spiritually meaningful auditory interventions may have potential value as complementary approaches to holistic care for patients undergoing maintenance hemodialysis. However, the evidence specifically addressing spiritual or religious music remains limited.

One important finding is the difficulty of separating spiritual/religious music from broader spiritual interventions. Frih et al. (2017), for example, combined Holy Qur'an recitation with physical training. Although anxiety improved, the study design does not allow the independent contribution of Qur'an recitation to be determined. This illustrates the importance of isolating the intervention component in future research.

The findings are consistent with broader evidence concerning music interventions in hemodialysis. Burrai et al. (2020) reported that music may reduce anxiety in patients receiving hemodialysis, while Lin et al. (2024) similarly identified beneficial effects of music therapy. However, general music interventions should not automatically be interpreted as evidence for spiritual or religious music because the psychological mechanisms and cultural meanings may differ.

The role of spirituality is also supported by evidence concerning patients' psychological well-being. Musa et al. (2018) reported an association between spiritual well-being, depression, and stress among patients receiving hemodialysis. More recent evidence examining spiritual interventions among adults receiving hemodialysis has suggested possible benefits for some outcomes, although the certainty and consistency of evidence vary (Yangöz et al., 2025).

Spiritual or religious music may therefore be considered a potentially useful complementary intervention, particularly when it is patient-centered. Nurses should recognize that spiritual music is not universally beneficial or appropriate. Religious beliefs, cultural background, personal preference, and previous experiences with music may substantially influence patient responses.

The intervention should consequently be offered voluntarily rather than imposed. Patients should be given an opportunity to select music or religious recitation consistent with their beliefs and preferences. Where feasible, nurses may assess whether the patient finds the intervention comforting, meaningful, or acceptable before incorporating it into the dialysis session.

From a methodological perspective, the limited number of candidate studies also demonstrates a gap in the literature. Future research should distinguish spiritual/religious music from broader spiritual therapy, religious counseling, prayer, physical exercise, and other multi-component interventions. Well-designed trials should compare spiritual/religious music with usual care, no music, or carefully selected secular/relaxing music.

Implications for Nursing Practice

The findings have several implications for nursing practice.

First, nurses should consider psychological and spiritual needs as components of holistic assessment for patients receiving long-term hemodialysis. Second, patient-preferred spiritual or religious music may be considered as a complementary intervention when desired by the patient. Third, nurses should respect cultural and religious diversity and avoid assuming that a particular form of religious music is appropriate for every patient. Fourth, spiritual music should complement, rather than replace, established clinical management of anxiety, depression, and other psychological concerns.

Because spiritual music is relatively inexpensive, non-invasive, and potentially easy to administer during dialysis, it may be feasible in routine clinical environments. Nevertheless, its use should remain patient-centered and guided by informed preference.

Strengths of the Review

The review has several strengths:

1. The review question was clearly defined using the PIO framework.
2. Predetermined inclusion and exclusion criteria were established.
3. Three health-science databases were searched.

4. CINAHL was used to strengthen coverage of nursing and health-science literature.
5. Zotero was used to organize references and identify duplicate records.
6. The review specifically distinguished spiritual/religious music from generic secular music.
7. Both anxiety and spiritual well-being were considered primary outcomes.
8. Multi-component interventions were critically assessed to avoid attributing effects to music when the independent effect could not be established.

LIMITATIONS

Several limitations should be considered. First, restricting publication dates to 2015 onward may have excluded potentially relevant earlier studies. Second, restricting inclusion to English-language studies or studies with verified English translations may have introduced language bias. Third, the narrow focus on spiritual/religious music among hemodialysis patients resulted in a small evidence base. Fourth, variation in intervention type, duration, frequency, cultural context, and outcome measurement limits direct comparison between studies.

Another important limitation is the presence of multi-component interventions. When religious music or recitation is administered alongside physical training or other therapeutic activities, it becomes difficult to determine which component produced the observed outcome. Finally, spiritual and religious experiences are culturally specific, which may limit the generalizability of findings across different populations and religious traditions.

CONCLUSION

This systematic review examined the available evidence concerning the effects of spiritual or religious music on anxiety and spiritual well-being among adults undergoing maintenance hemodialysis. The initial literature search identified 110 records, of which 77 remained after duplicate removal. Only a small number of studies were identified as potentially relevant, demonstrating the limited evidence base concerning spiritual or religious music specifically within the hemodialysis population.

The available evidence suggests that spiritually meaningful auditory interventions may have potential benefits for anxiety and spiritual well-being. However, the evidence should be interpreted cautiously because some studies combine spiritual/religious music or recitation with other interventions, making it difficult to determine the independent effect of music. Differences in intervention characteristics, cultural and religious contexts, study designs, sample sizes, and outcome measures further limit the strength of the available evidence.

For nursing practice, spiritual or religious music may be considered as a complementary, patient-centered intervention for individuals who find such music meaningful and comforting. Its use should be voluntary and consistent with the patient's religious beliefs, cultural background, and personal preferences. Spiritual music should complement established psychological and clinical management rather than replace evidence-based treatment for anxiety or other mental health concerns.

Future research should use adequately powered randomized controlled trials that evaluate spiritual or religious music as an independent intervention. Studies should clearly describe the type of music or recitation, intervention duration and frequency, method of delivery, comparator, and patient characteristics. Validated instruments such as the State-Trait Anxiety Inventory, Hospital Anxiety and Depression Scale-Anxiety subscale, Beck Anxiety Inventory, and FACIT-Sp should be used where appropriate. Future studies should also examine whether patient-selected spiritual music produces different outcomes from researcher-selected interventions or secular relaxing music.

Overall, spiritually meaningful music represents a promising but insufficiently studied complementary appr-

oach to addressing the psychological and spiritual dimensions of hemodialysis care. Stronger evidence is required before firm conclusions can be made regarding its effectiveness.

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