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The Effect Of Poetry Therapy On Hopelessness, Loneliness And Depression in Hemodialysis Patients: A Quasi-Experimental Study

Hemodiyaliz Hastalarında Şiir Terapisinin Umutsuzluk, Yalnızlık ve Depresyon Üzerine Etkisi: Yarı Deneysel Bir Çalışma

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ABSTRACT

The aim of this study was to examine the effect of poetry therapy on hopelessness, loneliness and depression in haemodialysis patients. The study, which was conducted in a quasi-experimental design, included 22 chronic renal failure patients receiving haemodialysis treatment. 11 patients were assigned to the poetry group and 11 patients to the control group. The patients in the poetry group received 12 sessions of poetry therapy three days a week for 4 weeks, while the patients in the control group were not intervened. The data of the study were collected with 'Personal Information Form', 'Beck Hopelessness Scale', 'UCLA Loneliness Scale' and 'Beck Depression Scale'. Mean, standard deviation and percentage calculations, Kolmogorov Smirnov normal distribution test, chi-square and t test were used in the analysis of the data. It was determined that the sociodemographic and disease characteristics of the patients in the poetry and control groups were similar ($p>0.05$). In the pre-test, it was found that there was a similarity between the poetry and control groups in terms of mean hopelessness and loneliness scores ($p>0.05$), while there was a statistically significant difference in terms of mean depression score and frequency ($p=0.016$, $p=0.012$). After the poetry therapy, it was determined that the mean scores of hopelessness and depression of the poetry group decreased statistically significantly ($p=0.009$, $p=0.016$), while the mean score of loneliness increased significantly ($p<0.001$). In conclusion, it was determined that poetry therapy decreased hopelessness and depression but increased loneliness in haemodialysis patients. Accordingly, it can be said that poetry therapy is beneficial in reducing hopelessness and depression levels.

Keywords: Depression, Hemodialysis, Hopelessness, Loneliness, Poetry

ÖZ

Bu çalışmanın amacı, hemodiyaliz hastalarına uygulanan şiir terapisinin umutsuzluk, yalnızlık ve depresyon üzerine etkisini incelemektir. Yarı deneysel tasarımda yürütülen araştırmaya hemodiyaliz tedavisi alan 22 kronik böbrek yetmezliği hastası dâhil edilmiştir. 11 hasta şiir grubuna ve 11 hasta kontrol grubuna atanmıştır. Şiir grubundaki hastalara 4 hafta boyunca haftada üç gün olmak üzere 12 seans şiir terapisi uygulanırken, kontrol grubundaki hastalara müdahale edilmemiştir. Araştırmanın verileri, "Kişisel Bilgi Formu", "Beck Umutsuzluk Ölçeği", "UCLA Yalnızlık Ölçeği" ve "Beck Depresyon Ölçeği" ile toplanmıştır. Verilerin analizinde ortalama, standart sapma ve yüzde hesaplamaları, Kolmogorov Smirnov normal dağılıma uygunluk testi, ki-kare ve t testi kullanılmıştır. Şiir ve kontrol grubundaki hastaların sosyodemografik ve hastalık özelliklerinin benzer olduğu belirlenmiştir ($p>0.05$). Ön testte, şiir ve kontrol grupları arasında ortalama umutsuzluk ve yalnızlık puanları yönünden benzerlik bulunduğu ($p>0.05$), ortalama depresyon puanı ve sıklığı yönünden ise istatistiksel açıdan anlamlı bir fark bulunduğu tespit edilmiştir ($p=0.016$, $p=0.012$). Şiir terapisinden sonra şiir grubunun umutsuzluk ve depresyon puan ortalamalarının istatistiksel olarak anlamlı düzeyde azaldığı ($p=0.009$, $p=0.016$), yalnızlık puan ortalamasının ise anlamlı düzeyde arttığı belirlenmiştir ($p<0.001$). Sonuç olarak, hemodiyaliz hastalarında şiir terapisinin umutsuzluk ve depresyonu azalttığı, ancak yalnızlığı arttırdığı belirlenmiştir. Buna göre, şiir terapisinin umutsuzluk ve depresyon düzeylerini azaltmada faydalı olduğu söylenebilir.

Anahtar Kelimeler: Depresyon, Hemodiyaliz, Umutsuzluk, Yalnızlık, Şiir

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INTRODUCTION

Chronic kidney disease (CKD) is the progressive loss of kidney function leading to impaired metabolic and electrolyte balance in the body.[1] Increasing in prevalence worldwide, CKD is an important public health problem.[2] End Stage Renal Disease (ESRD) develops with the complete loss of kidney function in patients with chronic kidney disease. In this period, patients generally need regular treatments to sustain their lives. One of the most commonly used treatment modalities in the treatment of ESRD is hemodialysis (HD).[3]

While the symptoms and signs related to renal failure are controlled with HD treatment, the treatment process and maintenance of life dependent on the HD machine lead to different problems.[4] Despite the advances in HD treatment, patients experience many problems that cannot be ignored such as fluid-electrolyte disorders, hypotension, muscle cramps, fatigue, weakness, nausea, vomiting, chest and back pain, fever, uremia, anemia, bleeding, tendency to infection, uremic bone disease, uremic pruritus, hyperlipidemia, endocrine abnormalities, fistula complications, and sleep disorders.[5-7] Stressors encountered during hemodialysis treatment, acute illness or attacks, prolonged hospitalization or addiction cause limitations in the performance and activities of patients and decrease the quality of life. In these patients, disease- and treatment-related symptoms, dialysis machine dependence and social limitations lead to frequent psychosocial problems such as hopelessness, loneliness and depression.[8,9]

Art plays an active role in ensuring psychological well-being in many aspects. In the therapeutic process, art contributes to the reduction of stress levels, recognition of thoughts and feelings, expression of experiences that cannot be clearly expressed, analysis of sensations, thoughts, problems and self-limiting behaviors.[10-12] In a study, it was reported that complex art-based interventions focusing on creative writing and visual art were developed for patients with ESRD receiving HD, and that the framework and approach to intervention development promoted acceptability and implementation both in a highly specialized clinical setting and in a trial framework.[13] In another study investigating the purpose and effectiveness of giving outpatients receiving hemodialysis treatment the opportunity to participate in art activities, it was determined that the creative arts program was positively received by the patients and that the patients wanted to participate in the art activity program in order to reduce boredom, spend more quality time, be creative, reduce anxiety, engage in new pursuits and stay positive.[14] Rowe et al. examined the effect of an art project led by a professional artist in an HD unit and found that patients were able to forget the 'dialysis machine' and the reality of their disease for a while when they were 'immersed' in art making and that art making engaged patients intellectually, creatively and socially.[15]

One of the methods used in the therapeutic process is poetry. Poetry is an art therapy technique used to stimulate creative thinking, improve coping skills with anxiety, increase self-confidence, experience the moment and gain awareness of what is happening in the moment.[16] Poetry allows people to express their feelings, which they usually cannot express verbally or in writing, through metaphors and images. This process allows the person to understand themselves better, to express their repressed feelings and to experience a deeper healing experience during the therapy process.[17,18] Poetry therapy has a relatively new evidence base covering a variety of clinical populations. The literature shows that research on poetry therapy has been conducted not only in health care settings but also in many other

settings such as prisons, schools and general community spaces.[19-21] In recent years, poetry therapy has been used as an important therapy tool to improve mental health for different clinical groups and positive results have been obtained. It contributes to the emotional healing processes of patients with both individual and group applications.[17,21] In the study by Daboui et al. evaluating the effectiveness of group poetry therapy as a supportive tool to improve mental health and increase hope in breast cancer patients, it was found that the hope levels of patients participating in group poetry therapy increased and stress levels decreased.[22] In a study conducted by Mirzaee et al. to determine the effect of poetry therapy on posttraumatic stress disorder in patients with myocardial infarction, it was shown that the severity of posttraumatic stress disorder decreased in patients receiving poetry therapy.[23]

When the literature was examined, although art therapy is frequently used among psychosocial interventions for HD patients, no study was found in which only poetry therapy was applied and its effectiveness was evaluated. Unlike other art therapy methods, poetry therapy may allow HD patients to explore their inner world, strengthen their social ties, and help them cope with challenging emotions such as depression, loneliness and hopelessness.[18] In this context, this study is thought to contribute to the literature by filling the gap in the field. This study was conducted to determine the effect of poetry therapy on hopelessness, loneliness and depression in HD patients.

MATERIAL AND METHOD

Design and setting

The study was conducted using a quasi-experimental control group pretest-posttest research design. The study was reported according to the CONSORT flow diagram (Figure 1).

Participants

The study was conducted between March 1 and June 30, 2024 with patients receiving HD treatment in the HD unit of a state hospital located in the Eastern Black Sea region. In the HD unit, which has a total of 16 beds, patients receive HD treatment 3 days a week and each session lasts approximately 3-4 hours.

Aiming to reduce the incidence of depression in patients with CKD from 97.5%[24] to 31.1%,[25] the study sample was determined as a total of 20 people, 10 in the poetry group and 10 in the control group, with a 95% confidence interval and 80% power in the Open-Epi program. Adding a dropout rate of 9% in each arm (1 patient in each group), the final sample size was 22 patients. Patients aged 18 years or older, able to communicate verbally, without diagnosed psychiatric illness, receiving inpatient HD treatment and volunteering to participate in the study were included in the study. Patients who did not volunteer to participate in the study were excluded.

The data were collected by randomization method, which was done by drawing lots. The numbers from 1 to 22 were written on the papers and drawn by the clinical nurse for each patient admitted to the clinic and met the inclusion criteria. Odd numbers were assigned to the poetry group, and even numbers were assigned to the control group.

Data Collection Tools

"Descriptive Information Form", "Beck Hopelessness Scale", "UCLA Loneliness Scale" and "Beck Depression Scale" were used for data collection.

1. The Descriptive Information Form: The Descriptive Information Form, developed by the researcher in line with the literature,[8,9,24] consists of two parts and 20 questions: personal characteristics and characteristics related to disease and treatment.

2. Beck Hopelessness Scale: It was

developed by Beck et al. (1974) to determine the degree of pessimism of individuals towards the future. The original Cronbach alpha reliability coefficient of the scale was determined as 0.93.[26] The Turkish validity and reliability study was conducted by Durak and Palabıyıkoğlu (1994). The scale consists of 20 items and each item is answered as "Yes" or "No". A "Yes" response receives 1 point and a "No" response receives 0 point. Items 1, 3, 5, 6, 8, 10, 13, 15 and 19 are reverse coded. A high total score indicates a high level of hopelessness in individuals. The scale consists of "Feelings and expectations about the future", "Loss of motivation" and "Hope" sub-dimensions. According to the scores obtained from the scale, those who score between 0-3 points are considered to have no hopelessness, those who score between 4-8 points are considered to have mild hopelessness, those who score between 9-14 points are considered to have moderate hopelessness, and those who score 15 and above are considered to have severe hopelessness symptoms. The Cronbach's alpha reliability coefficient of the "feelings and expectations about the future" sub-dimension of the scale was found to be 0.78, the "loss of motivation" sub- dimension 0.72 and the "hope" sub-dimension 0.72.[27] In our study, the Cronbach alpha reliability coefficient of the scale was calculated as 0.91.

3. UCLA Loneliness Scale: The scale was developed by Russell, Peplau and Ferguson in 1978, then its psychometric properties were revised by Russell, Peplau and Cutrona in 1980 and finally a new version was created by Russell in 1996.[28-30] The scale consists of 20 items. The scale items include statements evaluating feelings or thoughts about social relationships. Ten items in the scale include positive statements and 10 items include negative statements. In the scoring, items with positive statements (1, 4, 5, 6, 9, 10, 15, 16, 19, 20) are rated as "I never experience" (4), "I rarely experience" (3), "I sometimes experience" (2), "I often experience" (1) and items with negative statements (2, 3, 7, 8, 11, 12, 13, 14, 17, 18) and vice versa, "never experience loneliness" (1), "rarely experience loneliness" (2), "sometimes experience loneliness" (3), "often experience loneliness" (4). A high score indicates that loneliness is experienced more. The lowest score to be obtained from the scale is 20 and the highest score is 80. The Turkish validity and reliability studies of the scale were conducted by Demir and the internal consistency coefficient of the scale was 0.96.[31] In this study, the Cronbach alpha reliability coefficient of the scale was calculated as 0.93.

4. Beck Depression Scale (BDS): It was developed by Beck et al. (1961) to measure behavioral findings of depression in adolescents and adults.[32] The Turkish validity and reliability study of the scale was conducted by Hisli (1989) in university students. Consisting of 21 questions, the lowest score is 0 and the highest score is 3. A score of 17 and above on the scale indicates the presence of depression.[33] In our study, the Cronbach alpha reliability coefficient of the scale was calculated as 0.80.

Intervention and Procedure

Baseline Visit (Day 0)

In the first interview, after all patients were informed about the purpose of the study and their voluntary consent was obtained, a pretest was performed. For the pretest, data were collected from all patients using the "Descriptive Information Form", "Beck Hopelessness Scale", "UCLA Loneliness Scale" and "Beck Depression Scale". Face-to-face interviews and patient file review methods were used for data collection. Data collection took an average of 15-20 minutes.

Follow-up Visits

Poetry group

Patients in the poetry group were interviewed three days a week for four weeks and 12 times in total. The interviews were conducted during HD treatment and at times when the patients felt well. Three poems were read to the patients in each interview. Breaks of 10

minutes each were added between the poems. The researchers selected poems that could help HD patients cope with the difficulties they were experiencing and that could have a relaxing and inspiring effect. The themes of the selected poems included love, hope, affection, meaning of life, celebrating life, nature and the inner strength of human beings. Some of the poems read to the patients are as follows:

- Özdemir Asaf - Leaves of Hope
- Gülten Akın - The Ballad of a Mad Girl
- Metin Eloğlu - Wake up
- Melih Cevdet Anday - I'm Going Out on the Street
- Oktay Rıfat, Folk Song
- Turgut Uyar, Sky Gazing Stop

Two days after the poetry therapy was completed, the patients in the poetry group were administered a post-test using the "Beck Hopelessness Scale", "UCLA Loneliness Scale" and "Beck Depression Scale".

Control Group

Patients in the control group were not intervened. These patients were administered a post-test one month after the pre-test using the "Beck Hopelessness Scale", "UCLA Loneliness Scale" and "Beck Depression Scale".

The data collection method algorithm is shown in Figure 1.

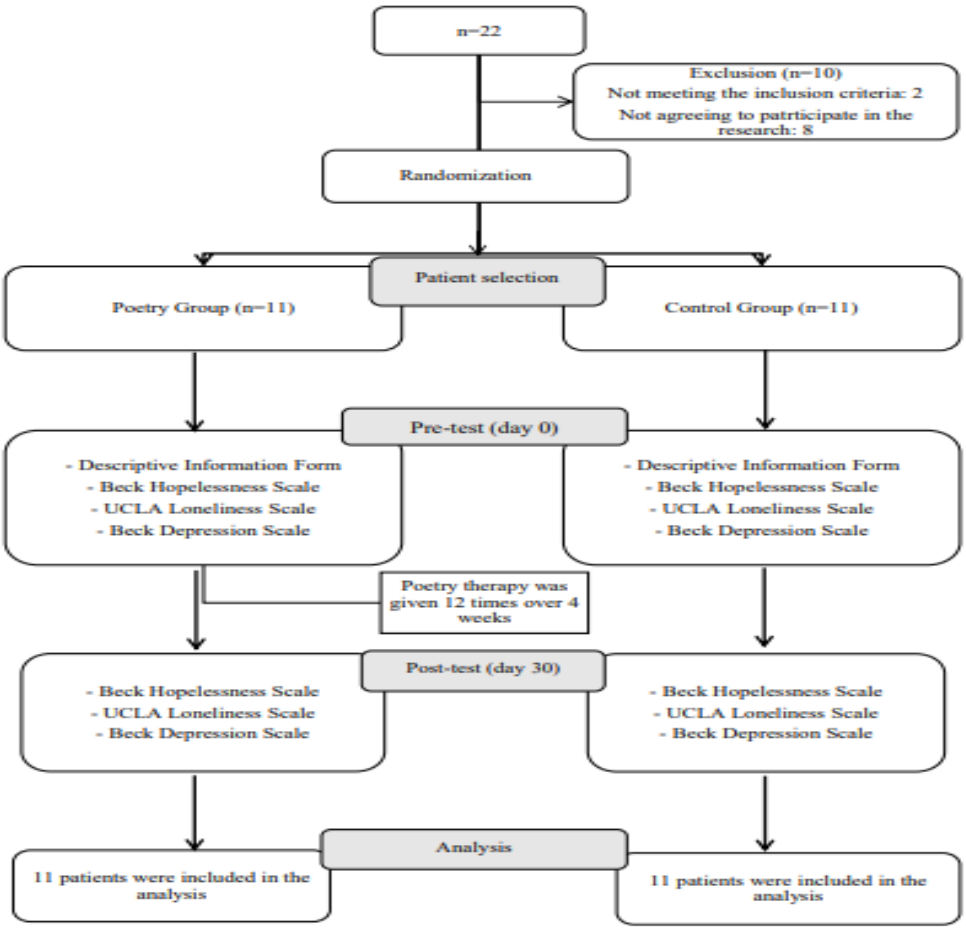

Figure 1. Data Collection Method

Data Analysis

The research data were analyzed with SPSS (Statistical Package for Social Sciences) 21.0 software. Within the scope of descriptive statistics, percentage, mean, standard deviation, minimum and maximum values were calculated. Fisher exact test and Pearson Chi-Square test were used to compare categorical data. The conformity of

the data to normal distribution was tested with the Kolmogorov-Smirnov test. The t-test was used to compare scale scores within and between groups. The results were evaluated at 95% confidence interval and $p \leq 0.05$ significance level.

Ethical considerations

Before the research, written permission was obtained from the Gümüşhane University Scientific Research Ethics Committee (dated 25/10/2023 and numbered E-95674917-108.99-215297) and the relevant institution. The patients included in the study were first given comprehensive information about the purpose of the study and then their verbal consent was obtained. The study adhered to the principles outlined in the Declaration of Helsinki.

RESULTS AND DISCUSSION

Sociodemographic characteristics of the hemodialysis patients in the poetry and control groups are presented in Table 1. Among the HD patients in the poetry group, 54.5% were male and married, 81.8% had primary education or less, 45.5% were housewives, 81.8% had an income equal to or greater than their expenses, 72.7% lived in the city center, 45.5% lived with their spouses, 81.8% did not smoke or quit smoking, and all did not drink alcohol. In the control group, 72.7% of HD patients were male, 63.6% were married, 72.7% had primary education or less, 36.4% were retired, 81.8% had income equal to or more than their expenses, 72.7% lived in the provincial center and 63.6% lived with their spouses, 72.7% did not smoke or quit smoking and all of them did not drink alcohol. Sociodemographic characteristics of the patients in the poetry and control groups were similar ($p>0.05$). The groups could not be compared in terms of alcohol use.

Table 1. Sociodemographic Characteristics of HD Patients in the Poetry and Control Groups

Variables		Poetry Group (n=11)	Control Group (n=11)	Statistical Analysis	
		Mean±SD	Mean±SD	Test	p
Age Age range (min.-max.) = (27-90)		61.8 ± 10.8	64.3 ± 18.4	-0.381	0.707*
		N (%)	N (%)	Test	p
Gender	Female	5 (45.5)	3 (27.3)		
	Male	6 (54.5)	8 (72.7)		0.659**
Marital status	Married	6 (54.5)	7 (63.6)		
	Single/Husband dead/separated	5 (45.5)	4 (36.4)		1.000**
Education status	Primary education and below	9 (81.8)	8 (72.7)		1.000**
	High school and above	2 (18.2)	3 (27.3)		
Profession	Housewife	5 (45.5)	3 (27.3)		
	Self- employed/worker/employee	3 (27.3)	4 (36.4)	0.786	0.675***
	Retired	3 (27.3)	4 (36.4)		
Income status	Income less than expenditure	2 (18.2)	2 (18.2)		
	Income equal to expenditure /income more than expenditure	9 (81.8)	9 (81.8)		1.000**
Place of residence	Province center	8 (72.7)	8 (72.7)		1.000**
	Village	3 (27.3)	3 (27.3)		
Person(s) he/she lives with	Alone	1 (9.1)	1 (9.1)	0.833	0.659***
	With his wife	5 (45.5)	7 (63.6)		
	Other	5 (45.5)	3 (27.3)		
Smoking status	Yes	2 (18.2)	3 (27.3)		
	No/Left	9 (81.8)	8 (72.7)		1.000**
Alcohol use status	No	11 (100.0)	11 (100.0)		

*t test
**Fisher exact test
***Pearson Chi-Square

The characteristics of hemodialysis patients in the poetry and control groups are shown in Table 2. It was found that the poetry and control groups were similar in terms of year of diagnosis, presence of

comorbid disease, year of dialysis, duration of dialysis within a week, difficulty in reaching the hospital, development of hemodialysis-related changes and changes in appearance (p>0.005). The groups could not be compared in terms of hemodialysis-related changes and changes in appearance.

Table 2. Disease-Related Characteristics of HD Patients in the Poetry and Control Groups

Variables		Poetry Group (n=11)	Control Group (n=11)	Statistical Analysis	
		N (%)	N (%)	Test	p
Year of diagnosis	0-10 years	8 (72.7)	9 (81.8)		
	More than 10 years	3 (27.3)	2 (18.2)		1.000*
Presence of comorbid diseases	Yes	10 (90.9)	6 (54.5)		
	No	1 (9.1)	5 (45.5)		0.149*
Year on dialysis	0-5 years	8 (72.7)	4 (36.4)		
	More than 5 years	3 (27.3)	7 (63.6)	1.650	0.199**
Duration of dialysis in one week	2 times	0 (0.0)	1 (9.1)		
	3 times	11 (100.0)	10 (90.9)		1.000*
Difficulty in reaching the hospital	Yes	3 (27.3)	1 (9.1)		
	No	8 (72.7)	10 (90.9)		0.586*
Development of hemodialysis-related changes	Yes	7 (63.6)	7 (63.6)		
	No	4 (36.4)	4 (36.4)		1.000*
Changes due to hemodialysis	Increased hunger, not feeling full	1 (9.1)	0 (0.0)		
	Not getting used to HD	0 (0.0)	2 (18.2)		
	Change in skin color	1 (9.1)	0 (0.0)		
	Increased fatigue and change in facial shape	0 (0.0)	1 (9.1)		
	Reduction in edema	1 (9.1)	0 (0.0)		
	Weakness and fatigue	2 (18.2)	2 (18.2)		
	Pessimism	2 (18.2)	0 (0.0)		
	Negative psychological impact	0 (0.0)	1 (9.1)		
	Slimming	0 (0.0)	1 (9.1)		
Change in appearance	Yes	3 (27.3)	3 (27.3)		
	No	8 (72.7)	8 (72.7)		1.000*
Changes in appearance	Brown appearance	1 (9.1)	0 (0.0)		
	Fat appearance	1 (9.1)	0 (0.0)		
	Poor appearance	1 (9.1)	1 (9.1)		
	Change in face shape	0 (0.0)	2 (18.2)		

*Fisher exact test
**Continuity Correction test

Table 3 shows the comparison of the mean hopelessness scores of the patients within and between the groups. It was determined that there was no statistically significant difference between the pretest and posttest hopelessness scores of the poetry and control groups (p>0.05). It was found that the mean hopelessness score of the poetry group decreased statistically significantly after the poetry reading activity (p= 0.009). There was no statistically significant difference between the pre-test and post-test scores of the patients in the control group (p>0.05) (Table 3).

Table 3. Comparison of Mean Hopelessness Scores of Patients Within and Between Groups

	Poetry Group (n=11)	Control Group (n=11)	Statistical Analysis	
Follow-up	**Mean±SD**	**Mean±SD**	Test*	p
Pre-test	9.8 ± 6.4	6.9 ± 4.6	1.231	0.233
Post-test	6.4 ± 4.3	7.4 ± 5.2	-0.494	0.627
Test*	3.244	-1.242		
p	**0.009**	0.242		

*t test

Table 4 shows the comparison of the average loneliness scores of the patients within and between groups. It was determined that there was no statistically significant difference between the pre-test and post-test loneliness scores of the poetry and control groups (p>0.05). The average loneliness score of the poetry group increased statistically significantly compared to the score before the poetry reading activity (p<0.001). The post-test scores of the patients in the control group were found to be statistically significantly higher than the pre-test scores (p= 0.022) (Table 4).

Table 4. Comparison of Mean Loneliness Scores of Patients Within and Between Groups

	Poetry Group (n=11)	**Control Group (n=11)**	**Statistical Analysis**	
Follow-up	**Mean±SD**	**Mean±SD**	Test*	p
Pre-test	35.1 ± 11.2	42.9 ± 13.4	-1.484	0.153
Post-test	54.1 ± 3.1	53.6 ± 3.5	0.323	0.750
Test*	-4.856	-2.716		
p	**0.001**	**0.022**		

*t test

Table 5 shows the comparison of the mean depression scores and percentages of the patients within and between groups. In the pre-test, there was a statistically significant difference between the poetry and control groups in terms of mean depression scores (p= 0.016); in the post-test, there was no significant difference between the groups (p= 0.144). It was found that the average depression score of the poetry group after the poetry reading activity decreased statistically significantly compared to the score before the poetry reading activity (p= 0.016). The post-test depression scores of the patients in the control group showed a statistically significant increase compared to the pretest scores (p= 0.046) (Table 5). In the pre-test, the frequency of depression was found to be statistically significantly higher in patients in the poetry group than in patients in the control group (p= 0.012), while there was no statistically significant difference between the groups in the post-test (p= 0.091) (Table 5).

Table 5. Comparison of Mean Depression Scores and Percentages of Patients Within and Between Groups

		Poetry Group (n=11)	**Control Group (n=11)**	**Statistical Analysis**	
Follow-up		**Mean±SD**	**Mean±SD**	Test*	p
Pre-test		17.6 ± 8.7	9.6 ± 5.1	2.636	**0.016**
Post-test		15.3 ± 7.7	10.8 ± 5.9	1.521	0.144
Test		2.911	-2.277		
p		**0.016**	**0.046**		
The presence of depression		**n (%)**	**n (%)**	Test**	p
Pre-test	Yes	7 (63.6)	1 (9.1)		
	No	4 (36.4)	10 (90.9)		**0.012**
Post-test	Yes	6 (54.5)	2 (18.2)		
	No	5 (45.5)	9 (81.8)		0.091

*t test
**Fisher exact test

This study examined the effect of poetry therapy on hopelessness, loneliness and depression in HD patients. Although HD treatment for CKD reduces the symptoms of the individual, it may cause the emergence of symptoms that are difficult to cope with such as dyspnea, anemia, hypotension, insomnia, fatigue, impaired metabolic activities, fluid electrolyte imbalance, depression and anxiety. In this respect, the symptoms experienced by these patients, as in all chronic patients, cause limitations in social life, economic dependence, inability to fulfil self-care independently, family problems and difficulties. This is what happened as a result of the problems, hopelessness in individuals and therefore the life satisfaction of the patients is negatively affected.[9,34]

Hope is an important psychological resource that helps individuals with chronic disease to cope with the disease. It has been reported that patients with high hope have improved sense of self, sense of control, relationships with others and quality of life.[35] In this study, it was determined that poetry therapy decreased the level of hopelessness in HD patients. In a study by Bayram and Karadağ, it was shown that therapeutic touch applied to HD patients decreased the level of hopelessness of the patients.[36] Poorgholami et al. found that stress management training given by nurses significantly increased hope in HD patients.[37] In a study conducted by Oshvandi et al. to evaluate the effect of spiritual care on hope in HD patients, it was found that the level of hope increased after spiritual care.[38] Sabouri et al. showed that positive thinking interventions improved hope and treatment compliance in HD patients.[39] Our findings are consistent with the literature and show that patients are willing to be hopeful, but this willingness can only occur with an intervention.

HD patients feel lonely because of the disease itself, long time spent in the dialysis unit and insufficient communication between the healthcare personnel and the patient during the dialysis session, feelings of anger against the treatment, loss of social role, and limitations in hobbies.[40] Pallone et al. found that 55% of HD patients experienced moderate loneliness and loneliness was associated with depression, financial support, emotional support and positive social interaction support.[41] In our study, it was found that posttest loneliness scores increased significantly in both the poetry group and the control group compared to the pretest. In the study conducted by Bayanfar, it was found that existential awareness training given to HD patients decreased the feeling of loneliness.[42] Bayram and Karadağ found that therapeutic touch applied to HD patients decreased the level of loneliness.[36] Our research findings are different from the findings of other studies. Our research result suggests that the social relations and social support systems of the patients are weak.

It has been shown that depression is the most common mental problem experienced by HD patients and affects quality of life.[43,44] The psychological and somatic effects of depression may complicate the course of chronic disease. It has been reported that the compliance of dialysis patients with depression to dialysis is impaired and their tendency to discontinue treatment increases.[45,46] The causes of depression include fatigue, sleep disorders, difficulties in adapting to the limitations of treatment, changes in family roles and social relationships, limitations in daily activities, uncertainty about the future, unemployment, dependence on healthcare professionals, and decreased physical and sexual function.[47-49] In this study, it was found that depression levels of patients receiving poetry therapy decreased. Demir Çam (2022) reported that the audiobook application reduced anxiety and depression levels and increased some areas of quality of life in patients receiving HD treatment.[5] In a

study conducted by Hernandez et al. (2018) to determine the applicability and acceptability of internet-based positive psychological intervention in HD patients with comorbid depressive symptoms, it was found that the intervention provided significant improvements in depressive symptoms.[50] In other studies, as in our study, it was observed that different art-based interventions showed ameliorative effects on depression. Therefore, the use of poetry, audiobooks, positive psychological interventions and other different art-based interventions as complementary treatments to reduce the levels of depression, which significantly reduces the quality of life of HD patients, may further increase the effectiveness of pharmacological treatments used for mental health.

CONCLUSION AND RECOMMENDATION

In conclusion, poetry therapy decreased hopelessness and depression levels, but increased loneliness in HD patients. Poetry therapy can be used as a new therapeutic approach to reduce the impact of hopelessness and depression caused by HD and to improve patients' treatment compliance and quality of life in health care settings. It is also recommended that nurses should be trained in art therapies and utilize these therapies in clinical settings.

Limitations of the study

It was planned to include all patients in the HD service in the study. However, since not all patients agreed to participate in the study, the sample size was small. In addition, since the study was single-center, it is limited to reflecting the situation nationwide.

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Conflicts of Interest

The authors declare that there are no conflicts of interest related to the publication of this article.

Author contributions

Research; S.Ç., S.U., conceptualization; S.Ç., S.U., data collection; Ş.B., formal analysis; S.Ç., methodology; S.Ç., writing - review, S.Ç., S.U., editing; S.Ç., S.U., supervision; S.Ç., S.U., project management; S.Ç., S.U. All authors have read and accepted the published version of the article.

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