

HEMODİYALİZ HASTALARI İLE EŞLERİ ARASINDAKİ UYUM VE PSİKOLOJİK DAYANIKLILIK ARASINDAKİ İLİŞKİNİN İNCELENMESİ

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Öz

Hemodiyaliz tedavisi gören hastalarda bu süreçte ortaya çıkan fiziksel, ruhsal ve psikososyal sorunlar bireyin yaşamının tüm alanlarını olumsuz etkileyebilmektedir. Çiftler arası sağlıklı iletişim, eşler arası uyum, kronik hastalıklara uyumu ve dayanıklılığı artırır. Bu ilişkisel tanımlayıcı araştırma Türkiye'nin güneydoğu bölgesinin bir ilinde yer alan 3 kamu hastanesinin diyaliz servisinde yatan 128 hemodiyaliz hastası ile yapılmıştır. Veriler Hasta Bilgi Formu, Revize Çift Uyum Ölçeği (RDAS), Yetişkinler için Psikolojik Dayanıklılık Ölçeği (PRSA) kullanılarak toplanmıştır. Verilerin değerlendirilmesinde sayı, yüzde, ortalama bağımsız gruplar t testi, Tek Yönlü ANOVA ve Pearson Korelasyon Analizi kullanıldı. Araştırmaya katılan hastaların yaş ortalaması 44.74±9.07, çoğunluğu erkek (%64.1), çalışmıyor (%89.8) ve ilkokul mezunu (%27.3), diyalize başlama yılı 6 yıldan fazla olan (%39.1), evlilik yılı 21 yıldan uzun olan (%44.5) dir. Araştırmaya katılan hastaların psikolojik dayanıklılık ölçeği puan ortalamaları 104.40±22.16 olup, çiftler arası uyum ölçeği puan ortalamaları ise 48.10±14.57'dir. Hastaların psikolojik dayanıklılıkları ve yenilenmiş çiftler arasında uyum pozitif yönde güçlü bir ilişki saptanmıştır (r: 0.926 p:0.000). Hemodiyaliz hastalarının psikolojik dayanıklılık ile çiftler arasındaki uyum arasında anlamlı bir ilişki belirlenmiştir. Hemodiyaliz hastalarının çiftler arasında uyum arttıkça, psikolojik dayanıklılık düzeyleri de artmaktadır.

Anahtar Kelimeler: Hemodiyaliz, Psikolojik Dayanıklılık, Çift Uyumu, Hemşirelik.

EXAMINING THE RELATIONSHIP BETWEEN DYADIC ADJUSTMENT AND PSYCHOLOGICAL RESILIENCE BETWEEN HEMODIALYSIS PATIENTS AND THEIR SPOUSES

Abstract

The physical, mental and psychosocial problems that occur in this process in patients undergoing hemodialysis treatment can adversely affect all areas of the individual's life. It increases healthy communication between couples, harmony between spouses, adaptation to chronic diseases and resilience. This relational descriptive study was conducted with 128 hemodialysis patients hospitalized in the dialysis service of 3 public hospitals located in a province in the southeast region of Turkey. Data were collected using the Patient Information Form, the Revised Dynasty Scale (RDAS), and the Adult Resilience Scale (PRSA). Number, percentage, mean independent groups t-test, One-Way ANOVA, and Pearson Correlation Analysis were used to evaluate the data. The mean age of the patients participating in the study was 44.74±9.07, the majority of them were male (64.1%), unemployed (89.8%) and primary school graduate (27.3%), dialysis initiation year was more than 6 years (39.1%), marriage year was longer than 21 years (44.5%) is. The mean scores on the psychological resilience scale of the patients participating in the study were 104.40±22.16, and the mean scores on the inter-couple adjustment scale were 48.10±14.57. A strong positive correlation was found between the psychological resilience of the patients and the reconciled couples (r: 0.926 p: 0.000). A significant relationship was determined between the psychological resilience of hemodialysis patients and the adjustment between the couples. As the harmony between the couples of hemodialysis patients increases, their psychological resilience levels also increase.

Keywords: Hemodialysis; psychological resilience dyadic adjustment; nursing

1. INTRODUCTION

Chronic kidney disease (CKD) is globally recognized as a common public health problem. Approximately 3.01 million people were affected by CKD in 2012. CKD is a chronic disease characterized by a slow progress and irreversible decrease in the glomerular filtration rate, and resulting in disruption of fluid-electrolyte balance (1, 2). Hemodialysis is the process of removing the blood from the vascular system by means of a dialysis machine and returning it back to the patient after regulating the liquid electrolyte content. The number of hemodialysis patients in the USA reached 98,954 in 2012 and 103,382 in 2013, according to 2014-2015 data (3). While the number of patients receiving hemodialysis treatment in Turkey was 58,635 in 2017, it reached 60,643 in 2018 (4).

Physical, mental, and psychosocial problems that occur during this process in patients receiving hemodialysis treatment can adversely affect all areas of the individual's life. Many problems, such as the individual's inability to work due to illness, increased need for dependency on family members, especially spouse, and the individual's seeing themselves as a burden, may occur, and these problems may lead the individual to keep distance from social life (5).

In this case, many physiological and psychological symptoms such as fatigue, pain, constipation, nausea and vomiting, and emotional and sexual problems may occur. Although these symptoms vary among individuals, the increase in such symptoms affects individuals physically and psychologically, reducing their hope and preventing them from making plans for the future (6, 7).

Depression is one of the most common psychiatric problems in hemodialysis patients. According to a study conducted in the USA, 44% of the patient's patients undergoing dialysis suffer from depression (8). Individuals need to be psychologically resilient to cope with mental disorders such as depression. Resilience is the state of adapting to or successfully overcoming difficulties and problems (9, 10). For married individuals, the state of harmony or incompatibility between spouses can trigger depression. Depression can cause tension between spouses, decrease in communication, loss of social activity, social isolation, and economic problems (11).

The establishment of marriage institution dates back to the early history of humanity. In the marriage, which has the meanings of trusting socially, loving, being loved, supporting each other, adapting to each other, healthy communication between couples is the most important essence of harmony between spouses (12, 13). In previous studies, spouses with no communication problems are more consistent in their perception and approach to problems, and they try to find solutions by acting together in the fight against problems (14, 15).

2. MATERIALS AND METHODS

2.1. Study Design and Sample

This is a descriptive correlational study. This relational descriptive study was conducted with 128 hemodialysis patients hospitalized in the dialysis service of 3 public hospitals located in the southeast region of Turkey. No sample selection was made in the study, and all married patients who received treatment between September 2020 and November 2020 constituted the sample.

The population of the study consisted of 175 married hemodialysis patients. The sample selection method was not used and it was aimed to reach the entire population. In the present study, 128 married hemodialysis patients over the age of 18 years, who agreed to participate in the study on voluntary basis, with no communication problems, and provided a written consent form were included in the study.

2.2. Design and Participants

A questionnaire, which inquiries about the socio-demographic information of the patients, the Psychological Resilience Scale for Adults (PRSA), and the Revised Dyadic Adjustment Scale (RDAS) were used to collect the data.

2.3. Data collection

In the form prepared by the researcher based on the literature, there are questions about age, gender, marital status, education level, employment status, type of marriage (arranged vs. love), number of children, psychological problems, if any, and the duration of hemodialysis.

Twenty minutes after the initiation of hemodialysis sessions, the data were collected by the researcher via face-to-face interviews with the patients. Each data collection session took about 30 minutes

2.4. Statistical Analysis

The data obtained in the research were analyzed using the SPSS (Statistical Package for Social Sciences) for Windows 20.0 program. Means, percentile distributions, dependent samples t-test, and One-Way ANOVA test for three or more groups were used to evaluate the data.

In addition, the Pearson correlation coefficient was used to analyze the relationship between variables with a significance limit of $p < 0.05$.

2.5. Ethical approval

Ethics committee approval was obtained from the institutional review board of Mardin Artuklu University and written permissions from the research hospitals where the study was conducted before data were collected. (Approval number: 34233153-050.06.04)

The participants of the study were informed about the purpose, duration, and scope of the study and their written consent was obtained.

2.6. Psychological Resilience Scale for Adults (PRSA)

The Psychological Resilience Scale for Adults was developed by Friberg et al. (2005), and its Turkish validity and reliability study was performed by Basım and Çetin in 2011. (16, 17) The scale, which includes 33 items, consists of a total of six dimensions: self-perception (items 1, 7, 13, 19, 28, and 31), perception of future (items 2, 8, 14, and 20), structured style (items 3, 9, 15, and 21), social competence (items 4, 10, 16, 22, 25, and 29), family cohesion (items 5, 11, 17, 23, 26, and 32), and social resources (6, 12, 18, 24, 27, 30, and 33).

High scores indicate increased positive self-perception. The participants are asked to which of the statements they agree with and to what extent they agree by marking the box closest to the side most appropriate for them. The Cronbach's alpha coefficient of the scale was found to be 0.86 (17). In this study, the Cronbach alpha coefficient of the scale was found as 0.91.

2.7. Revised Dyadic Adjustment Scale (RDAS): The Revised Dyadic Adjustment Scale (RDAS) is a revised 14-item version of the 32-item Dyadic Adjustment Scale developed by Spanier (1976). The revision was made by Busby et al. (1995) (18). calculated the psychometric values of the scale and adapted the scale to Turkish culture (17). Based on factor analysis, items 7, 9, 11, 12, 13 were included in the satisfaction factor, items 1, 2, 3, 4, 5, and 6 were included in the cohesion factor, and items 8, 10, and 14 were included in the consensus factor.

The scale was developed to evaluate the relationship quality of married or cohabiting couples in marriage or in similar bilateral relationships. The items 7, 8, 9, and 10 are scored in reverse. The highest score that can be obtained from the scale is 70 points. Higher scores indicate higher quality of the relationship. Bayraktaroğlu and Çakıcı (2017) calculated the Cronbach's alpha coefficient of the scale as 0.88 (18). In this study, the Cronbach's alpha coefficient of the scale was

calculated as 0.92.

3. RESULTS

The mean age of the patients participating in the study was 44.74 ± 9.07 years. It was found that 64% of the patients were male, 27.3% were primary school graduates, and 22.7% were high school graduates. 55.5% of the patients stated that their marriage was an arranged marriage, 39.1% of them started dialysis treatment six years ago, and 44.5% of them stated that they did not have any psychological problems. It was seen that 28.9% of the patients had more than seven children, and 44.5% were married for more than 21 years (Table 1).

Table 1. Socio-Demographic Characteristics of the Patients (N=128)

| Characteristics | n | % |
|--|------------|------|
| Mean Age | 44.74±9.07 | |
| Sex | | |
| Male | 82 | 64.1 |
| Female | 46 | 35.9 |
| Level of Education | | |
| Illiterate | 23 | 18 |
| Literate | 15 | 11.7 |
| Primary School | 35 | 27.3 |
| Secondary School | 20 | 15.6 |
| High School | 29 | 22.7 |
| Junior College and above | 6 | 4.7 |
| Working Status | | |
| Working | 13 | 10.2 |
| Not Working | 115 | 89.8 |
| Income Status | | |
| Income equals expense | 98 | 76.6 |
| Income less than expenses | 30 | 23.4 |
| Type of Marriage | | |
| Arranged Marriage | 71 | 55.5 |
| Love Marriage | 57 | 44.5 |
| Duration since the First Dialysis Treatment | | |
| 6-12 months | 48 | 37.5 |
| 3-5 years | 30 | 23.4 |
| 6 years or more | 50 | 39.1 |
| Psychological Problem | | |
| None | 57 | 44.5 |
| Stress | 14 | 11 |
| Depression | 57 | 44.5 |
| Number of children | | |
| None | 9 | 7 |
| 1-3 | 55 | 43 |
| 4-6 | 27 | 21.1 |
| 7 or more | 37 | 28.9 |

| Duration of marriage | | |
|-----------------------------|----|------|
| 4-10 years | 35 | 27.3 |
| 11-20 years | 36 | 28.1 |
| 21 or over | 57 | 44.5 |

The mean scores of the RDAS-Cohesion, Satisfaction, and Consensus sub-scales were 21.82 ± 5.43 , 15.67 ± 5.80 , and 10.60 ± 3.76 , respectively. The mean scores of the RDAS-Total and the PRSA were 48.10 ± 14.57 and 104.40 ± 22.16 , respectively (Table 2).

Table 2. Mean Scores from the Revised Dyadic Adjustment Scale and its Sub-Scales and Psychological Resilience Scale for Adults

| Scale/Sub-scales | Min. | Max. | Mean \pm SD |
|------------------------|------|------|------------------|
| Cohesion sub-scale | 12 | 30 | 21.82 ± 5.43 |
| Satisfaction sub-scale | 5 | 21 | 15.67 ± 5.80 |
| Consensus sub-scale | 3 | 15 | 10.60 ± 3.76 |
| RDAS Total | 21 | 64 | 48.10 ± 14.57 |
| PRSA Total | 70 | 136 | 104.40 ± 22.16 |

RDAS: Revised Dyadic Adjustment Scale;

PRSA: Psychological Resilience Scale for Adults

No significant relationship was found between gender and RDAS and PRSA scores ($p>0.05$). A significant relationship was found between education level and RDAS sub-score means and PRSA ($p<0.001$). It was determined that working patients had a significantly higher mean RDAS total score and sub-dimension mean scores and PRSA total score than non-working patients ($p<0.05$). It was determined that those with love marriages had significantly higher mean RDAS total and sub-dimension mean scores and PRSA total score compared to those with arranged marriages ($p<0.05$). It was found that those who have just started dialysis treatment scored significantly higher than those who received long-term treatment in RDAS total and sub-dimension mean scores and PRSA total score ($p<0.001$). It was found that mean RDAS total and sub-dimension scores and PRSA total score were significantly higher in those with psychological problems ($p<0.001$). Those who did not have children had significantly higher mean RDAS total and sub-dimension scores than those who did not have children ($p<0.001$). It was determined that the scores of the patients with 7 or more children were statistically higher than the patients with 4-6 children ($p<0.001$). It was observed that patients with short marriage duration had significantly higher RDAS total and sub-dimension and PRSA total scores compared to those who were married for a long time ($p<0.05$) (Table 3).

Table 3. RDAS and its Sub-dimensions and PRSA Mean Scores in Relation with Socio-Demographic Characteristics

| Characteristics | Satisfaction Sub-scale | Cohesion Sub-scale | Consensus Sub-scale | RDAS-Total | PRSA-Total |
|-----------------|------------------------|--------------------|---------------------|------------|------------|
| | X \pm SD | X \pm SD | X \pm SD | X \pm SD | X \pm SD |
| | t/F | t/F | t/F | t/F | t/F |
| | p | p | p | p | p |

| | | | | | |
|--|------------------------|---|------------------------|---|--|
| Sex | | | | | |
| Male | 16.28±5.79 | 22.18±5.18 | 10.56±3.90 | 49.02±14.36 | 106.58±21.15 |
| Female | 14.58±5.74 | 21.19±5.85 | 10.67±3.55 | 46.45±14.94 | 100.52±23.60 |
| | 1.592 | 0.986 | -0.162 | 0.956 | 1.492 |
| | 0.11 | 0.32 | 0.87 | 0.34 | 0.13 |
| Education Level | | | | | |
| Illiterate ^a | 15.13±3.29 | 20.52±2.35 | 11.00±0.00 | 46.65±5.64 | 95.95±6.11 |
| Literate ^b | 7.66±2.58 | 14.66±2.58 | 6.13±2.06 | 28.46±7.22 | 73.73±3.61 |
| Primary School ^c | 14.20±7.18 | 21.51±6.57 | 9.85±5.01 | 45.57±18.57 | 105.45±26.48 |
| Secondary School ^d | 20.35±0.48 | 24.70±0.97 | 12.05±1.46 | 57.10±2.93 | 117.60±7.82 |
| High School ^e | 17.89±4.02 | 23.27±4.65 | 12.20±3.75 | 53.37±11.93 | 110.48±19.62 |
| Junior College and higher ^f | 20.00±0.00 | 30.00±0.00 | 12.00±0.00 | 62.00±0.00 | 134.00±0.00 |
| | 16.466 | 15.195 | 8.152 | 13.583 | 16.973 |
| | <0.001 | <0.001 | <0.001 | <0.001 | <0.001 |
| | a,c,d,e,f >b | a,c,d,e,f >b f > a,b,c,d | a,c,d,e,f >b | a,c,d,e,f >b f > c | a,c,d,e,f >b c,e,f > a f > a,c,e |
| Working Status | | | | | |
| Working | 19.46±0.51 | 29.46±0.51 | 13.61±1.55 | 62.53±0.51 | 135.07±1.03 |
| Not-Working | 15.24±5.97 | 20.96±5.04 | 10.26±3.79 | 46.46±14.49 | 100.93±20.68 |
| | 2.534 | 6.047 | 3.150 | 3.984 | 5.929 |
| | 0.01 | <0.001 | 0.01 | <0.001 | <0.001 |
| Type of Marriage | | | | | |
| Arranged Marriage | 14.67±5.69 | 20.07±4.61 | 9.74±3.37 | 44.49±13.41 | 97.76±18.69 |
| Love Marriage | 16.91±5.75 | 24.01±5.61 | 11.66±3.98 | 52.59±14.81 | 112.68±23.49 |
| | -2.197 | -4.366 | -2.593 | -3.242 | -4.003 |
| | 0.03 | <0.001 | 0.04 | 0.02 | <0.001 |
| Duration since the First Dialysis Treatment | | | | | |
| 6-12 months ^a | 20.04±0.58 | 25.47±2.46 | 12.58±1.77 | 58.10±3.29 | 117.04±12.19 |
| 3-5 years ^b | 13.80±6.53 | 20.26±4.91 | 9.56±4.36 | 43.63±15.76 | 97.13±21.37 |

| | | | | | |
|-------------------------------|----------------------------------|------------------|------------------|----------------------------------|----------------------------------|
| 6 years or more ^c | 12.60±5.60 | 19.26±5.92 | 9.32±4.03 | 41.18±15.28 | 96.64±24.70 |
| | 33.448 | 24.089 | 12.633 | 25.427 | 15.291 |
| | <0.001 | <0.001 | <0.001 | <0.001 | <0.001 |
| | a>b,c | a>b,c | a>b,c | a>b,c | a>b,c |
| Psychological Problem | | | | | |
| No problem ^a | 18.03±3.21 | 23.57±3.27 | 12.22±1.64 | 53.84±7.36 | 113.01±16.68 |
| Stress ^b | 8.00±3.11 | 15.00±1.03 | 4.50±1.55 | 27.50±5.70 | 80.50±2.59 |
| Depression ^c | 15.19±6.58 | 21.75±6.41 | 10.47±4.10 | 47.42±16.71 | 101.66±24.66 |
| | 23.080 | 17.715 | 37.294 | 25.656 | 15.900 |
| | <0.001 | <0.001 | <0.001 | <0.001 | <0.001 |
| | a,c>b | a,c>b | a,c>b | a>b,c c>b | a>b,c c>b |
| Number of Children | | | | | |
| None ^a | 21.00±0.00 | 24.00±0.00 | 15.00±0.00 | 60.00±0.00 | 105.00±0.00 |
| 1-3 years ^b | 15.36±5.71 | 22.74±6.23 | 10.01±3.91 | 48.12±15.47 | 107.23±24.97 |
| 4-6 years ^c | 11.22±6.77 | 17.66±5.73 | 8.40±4.46 | 37.29±16.89 | 90.74±24.27 |
| 7 years or more ^d | 18.08±2.94 | 22.97±2.31 | 12.00±1.26 | 53.05±5.95 | 110.02±13.68 |
| | 12.751 | 7.953 | 11.622 | 10.194 | 4.934 |
| | <0.001 | <0.001 | <0.001 | <0.001 | <0.001 |
| | a>b,c d>c | a>c | a>c | a,b,d>c | d>c |
| Duration of Marriage | | | | | |
| 4-10 years ^a | 18.25±3.74 | 24.42±4.94 | 12.17±3.40 | 54.85±11.32 | 114.51±19.94 |
| 11-20 years ^b | 15.05±6.55 | 22.05±5.94 | 9.94±4.16 | 47.05±16.36 | 103.68±24.43 |
| 21 years or more ^c | 14.47±5.94 | 20.08±4.75 | 10.05±3.48 | 44.61±13.95 | 98.68±20.05 |
| | 5.206 | 7.701 | 4.442 | 5.912 | 5.997 |
| | 0.007 | 0.001 | 0.014 | 0.004 | 0.003 |
| | a>c | a>c | a>b | a>c | a>c |

There was a strong, positive, and significant relationship between the RDAS and the PRSA. Psychological resilience increases as dyadic adjustment increases (r: 0.926 p:0.000) (Table 4).

Table 4. The Relationship between the Revised Dyadic Adjustment Scale and the Psychological Resilience Scale for Adults

| | RDAS | PRSA |
|---------------------|------|--------|
| Pearson Correlation | 1 | .926** |

| | | | |
|--------|---------------------|--------|------|
| (RDAS) | Sig. (2-tailed) | | .000 |
| | N | 128 | 128 |
| (PRSA) | Pearson Correlation | .926** | 1 |
| | Sig. (2-tailed) | .000 | |
| | N | 128 | 128 |

** . Correlation is significant at the 0.01 level (2-tailed).

4. DISCUSSION

Hemodialysis treatment is a long process that deeply affects both patients and their families. This study aimed to evaluate the dyadic adjustment between married hemodialysis patients and their spouses, and the psychological resilience resulting from this adjustment. As one of the outcomes of the present study, it was observed that 89.8% of them were not working. The fact that the majority of dialysis patients are not working can be attributed to the fact that dialysis treatment covers a long period as a chronic disease and the negative conditions (fatigue, depression, etc.) caused by the disease negatively affect the individual's participation in the workforce. In other studies, it was reported that the majority of dialysis patients did not work (19, 20). Which is similar to the present study.

In the present study, a significant relationship was found between dyadic adjustment and psychological resilience in patients with high educational levels ($p < 0.001$). It can be thought that educational status positively affects individuals in solving the problems, making decisions, and adapting positively by increasing their adjustment and enforcing their psychological resilience.

In the present research, RDAS total and sub-dimension mean scores and PRSA total scores were significantly higher among those with love marriages than those with arranged marriage. This may be due to the fact that the couples who choose the way of getting married by getting to know each other are more compatible, have a consensus on their views, and can express their feelings more easily (21).

It was determined that the mean RDAS total and sub-dimension scores and PRSA total scores were significantly higher in those who did not have psychological problems. Depression is one of the most common psychological problems in dialysis patients. In a study, the prevalence of depression in dialysis patients was reported as 62%. (22). In another study by Şentürk et al. (2000) it was reported that the rate of dialysis patients with moderate and severe depression was 67.5%. (23). The living conditions of family members, especially spouses, who share this experience with patients receiving hemodialysis treatment, change greatly with the disease. Chronic diseases will cause family members, especially spouses, to develop a lifelong sense of responsibility. In studies conducted, patients with chronic diseases stated that they received the greatest support from their spouses (24, 25).

It was determined that patients who have just started dialysis and whose treatment duration varied between 6-12 months and 3-5 years had higher scores than those who have been treated for more than 6 years. This difference can be considered as an outcome that shows that the patients and their spouses adapt to fight the disease in the first years of the disease and that the spouses give more support to each other. It is thought that the prolongation of the hemodialysis treatment period and the negative feelings of being constantly dependent on the machine and also on other people negatively affect the individual's ability to cope with the disease.

Acaray and Pınar (2004) conducted a study in dialysis patients, and reported that there was a significant decrease in quality of life with the prolongation of dialysis time (26).

There is no study in the literature focusing on dyadic adjustment between hemodialysis patients and their spouses and psychological resilience. However, in studies conducted with cancer patients, it was determined that spouses with harmony and emotion sharing who can communicate with each other in a healthy way display a self-confident and determined attitude in solving the physical and mental problems related to cancer (14, 27).

5. CONCLUSION AND RECOMMENDATIONS

It was found in the present study that there is a significant relationship between dyadic adjustment between couples and psychological resilience. According to these results, the mental and psychological problems faced by hemodialysis patients should be monitored regularly by hemodialysis physicians, hemodialysis nurses, psychiatrists, psychiatric nurses, and Consultation-Liaison Psychiatric nurses. Counseling, training, and support programs can be organized for patients and their spouses on adaptation, psychological resilience, reducing the negative effects of the disease, and coping, especially considering the conclusion that dyadic adjustment increases psychological resilience.

Hemodialysis patients should be carefully monitored by the treatment team in terms of metabolic and mental problems. Multidisciplinary team understanding gains importance in the approach to psychiatric diseases in hemodialysis patients.

According to these results, the mental and psychological problems faced by hemodialysis patients should be monitored regularly by hemodialysis physicians, hemodialysis nurses, psychiatrists, psychiatric nurses, and Consultation-Liaison Psychiatric nurses. with patients regular meetings, social program planning, providing family support, gaining coping strength It is very important to try to relieve the symptoms. Especially trainings that will increase the harmony and communication between spouses can increase psychological resilience and reduce the symptoms of illness in married couples.

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