

Examining the Effect of Spiritual Health on Hope and Coping Strategies among Patients with Multiple Sclerosis (Ms)

Mahboobeh Asgari¹, Mohadeseh Norouzi², Hamed Radmehr³, Hossein Mohammadi^{4*}

1- Department of Clinical Psychology, Azad University of Marvdasht, Marvdasht, Iran.

2- Department of Clinical Psychology, Kashan University of Medical Sciences, Kashan, Iran.

3- Faculty of Medicine, Shahid Beheshti University of Medical Sciences, Tehran, Iran.

4- Students Research Committee, Center for the Study of Religion and Health, Department and Faculty of Medical School, Shahid Beheshti University of Medical Sciences, Tehran, Iran.

*Correspondence should be addressed to Mr. Hossein Mohammadi; Email: Mohamadi.h@tak.iuums.ac.ir

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Abstract

Background and Objective: Spiritual dimension plays an essential role in human health, thus attracting great interest in teaching spirituality. Spiritual health has a positive impact on the health, longevity and recovery from physical illnesses. Given that, the aim of this study was to evaluate the effect of mental health education on hope as well as coping strategies of patients with Multiple Sclerosis.

Method: This study was a clinical trial whose population were members of the 'community support for MS patients' in Tehran. After calculating the sample size, sampling was conducted in two stages: first, 100 members of the community in support of the MS patients were selected. Second, 30 of them were randomly assigned to two groups, namely experimental (n = 15) and control (n = 15) groups. Spiritual health group teaching for 8 sessions of 90 minutes was held by a trained clinical psychologist. Privacy as a fundamental principle in the treatment of patients was also considered by keeping the personal information confidential. Data collection tools included Miller Hope Scale (MHS) and Lazarus and Folkman's Coping Strategies Questionnaire (CSQ). Pre-test and post-test results were analyzed using covariance. In this study, all the ethical issues were considered; moreover, the authors declare no conflict of interest.

Results: The results demonstrated that the teaching made a significant difference between the experimental and control group. After controlling for pre-test scores, a significant difference between the mean scores of hope ($p < .000$) and coping strategies (emotion-focused and problem-focused) was found between the groups on post-test ($p < .000$).

Conclusion: According to the findings, Spiritual health education can raise hope and foster effective coping strategies (problem-focused) in people who suffer from MS.

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Summary

Background and Objectives: Multiple sclerosis (MS) is a chronic inflammatory autoimmune disease which demyelinate central nervous system (1). MS is one of the most common neurological diseases affecting 5.2 million people around the world, which can cause

problems in almost all areas of life (2,3). People with the experience of MS have high levels of psychological distress in comparison with healthy people (3). However, there are remarkable consistent variables among patients with MS; identifying these protective factors such as hope can play an important role in addressing the related challenges, objectives, neutralizing the adverse impacts of this disease (4). In addition, unpredictability and variability of MS make

its acceptance and adaptation difficult and in most cases patients' inefficient use of coping strategies is observed (5). The spiritual health education can increase hope and improve healthy behaviors, affecting coping spiritual strategies.

Method: This study was a clinical trial and members of the 'community support for MS patients' in Tehran formed its population. After calculating the sample size, sampling was conducted in two stages: first, 100 members of the community were selected. Second, 30 of them were randomly assigned to two groups, namely experimental ($n = 15$) and control ($n = 15$) groups. Spiritual health group teaching for 8 sessions of 90 minutes was held by a trained clinical psychologist.

The data collection instruments in this study include:

A) Miller Hope Scale (MHS):

This questionnaire has 48 questions scored on Likert scale from strongly disagree (score 1) to strongly agree (score 5). Asadi et al conducted a study in Iran, the results confirmed that the validity of this questionnaire was optimal and desirable; besides, the reliability of the Cronbach's alpha was 0.81 (6).

B) Coping Strategies Questionnaire (CSQ):

This questionnaire has 66 questions and 8 subscales including: the direct confrontation, refrain or distancing, self-control, seeking social support, responsibility, escape-avoidance, problem solving, planning, and positive reappraisal.

The eight subscales are summarized in the form of two subscales, emotion-focused strategies and problem-oriented approach (7). In a review of internal consistency using Cronbach's alpha, the reliability of this questionnaire for a sample of 763 high school students in Tehran was estimated to be 0.80 (8).

Results: The data in Table 1 (descriptive data) suggests that spiritual health education leads to fostering the hope of spiritual health and enhancing problem-focused coping and emotion-focused strategies as well as reducing coping strategies. Data obtained using analysis of covariance showed that the adjusted mean scores of the participants in terms of group membership of hope "test-and-control" at posttest had no significant difference ($P < 0.05$).

Thus, according to the modified averages, it can be concluded that the null hypothesis is rejected and spiritual health training in the experimental group compared to the control group of patients with MS had a greater impact on hope. The impact of the "practical significance" was 0.35.

The results of this study revealed significant differences between the experimental and control groups after the test in varying coping strategies. A significant level was achieved for both scales (0.025). As a result, according to the average of the results, one could say with 95% confidence that emotion-focused and problem-focused components of the experimental group compared to the control group had improved.

Conclusion: The aim of this study was to evaluate the effect of spiritual health education on hope and coping strategies among patients with Multiple Sclerosis. The findings of this study showed that spiritual health

education can raise hope and foster effective coping strategies (problem-focused) in people who suffer from MS. The findings also suggested that mental health training can bring about multiple functions, such as maintaining self-esteem, a sense of emotional comfort, hope and meaning and purpose in life (9). Various indicators, such as spirituality, prayer, communion with God, finding meaning and hope are related to well-being, life satisfaction, happiness and low psychological turmoil (10-12). Spirituality also with a sense of hope and meaning about what is happening in the lives of people with chronic diseases can have positive effects on their adaptation (13). In fact, spiritual health education with an emphasis on self-awareness, relationship with God, altruism, forgiveness and hope, and gratitude can increase problem-focused coping strategies, making them both effective and useful.

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دراسة مدى تأثير تعليم الصحة المعنوية، على الأمل واستراتيجيات المواجهة في المرضى الذين يعانون من التصلب اللويحي

محبوبه عسكري^١، محدثه نوروزي^٢، حامد راد مهر^٣، حسين محمدی^{٤*}

١- كلية العلوم التربوية وعلم النفس، جامعة مرو دشت الأهلية، مرو دشت، ايران.

٢- قسم علم النفس السريري، كلية الطب، جامعة كاشان للعلوم الطبية، كاشان، ايران.

٣- كلية الطب، جامعة الشهيد بهشتي للعلوم الطبية، طهران، ايران.

٤- اللجنة التحقيقية للطلاب، مركز الدراسات للدين والصحة، قسم علم النفس السريري، كلية الطب، جامعة الشهيد بهشتي للعلوم الطبية، طهران، ايران.

* المراسلات موجهة إلى السيد حسين محمدی؛ البريد الإلكتروني: Mohamadi.h@tak.iuums.ac.ir

الملخص

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الألفاظ الرئيسية:

الأمل

استراتيجيات المواجهة

الصحة المعنوية

خلفية البحث وأهدافه: تعتبر معرفة الابعاد المعنوية، عنصراً رئيسياً لصحة الإنسان والتي تؤدي الى ازدياد الرغبة لتعليم الامور المعنوية. ان للصحة المعنوية اثر ايجابي على الصحة وطول العمر والتحسين من الامراض الجسمية. ولهذا فإن الغرض من هذا البحث، دراسة مدى تأثير التعليم الجماعي للصحة المعنوية على الامل واستراتيجيات المواجهة لدى المصابين بالتصلب اللويحي.

منهجية البحث: تمت الدراسة من نوع تجربة سريرية متاحة. وقد تم اختيار المجتمع الاحصائي لهذه الدراسة، أعضاء "جمعية دعم مرضى التصلب اللويحي" في طهران، وبعد حساب حجم العينة، تم أخذ العينات في مرحلتين: ففي بداية المطاف: تم اختيار ١٠٠ شخص من أعضاء جمعية دعم مرضى التصلب اللويحي ثم ٣٠ شخصاً من بينهم بصورة عشوائية ومن بعد ذلك تم تقسيمهم إلى مجموعتي الاختبار (١٥) والمراقبة (١٥). وقد عقد اخصائي علم النفس السريري دورة تعليم الصحة المعنوية بصورة جماعية وفي ثماني جلسات كل جلسة تستغرق ٩٠ دقيقة. تضمنت أدوات جمع البيانات، استبيان ميلر للأمل (MHS) واستبيان استراتيجيات لازاروس و فولكمان للمواجهة (CSQ). تم تحليل الاختبار القبلي والاختبار البعدي باستخدام تحليل التباين المشترك.

تم مراعاة جميع الموارد الاخلاقية في هذا البحث و اضافة الى هذا فإن مؤلفي المقالة لم يبلغوا عن تضارب المصالح.

المكشوفات: اظهرت المكشوفات ان ثماني جلسات تعليمية للصحة المعنوية في مجموعة الاختبار نسبة الى مجموعة المراقبة ادت الى التغيير في درجات متغيرات الأمل (٠/٣٥) واستراتيجيات المواجهة التي متمحورة حول المسألة (٠/٤٠) والعاطفة (٠/٢٥)

النتيجة: تبين النتائج انه يمكن ازدياد مستوى الأمل وتعزيز استراتيجيات المواجهة الفعالة (المتحمرة على المسئلة) عن طريق تعليم الصحة المعنوية.

يتم استناد المقالة على الترتيب التالي:

Asgari E, Norouzi M, Radmehr H, Mohammadi H. Examining the Effect of Spiritual Health on Hope and Coping Strategies among Patients with Multiple Sclerosis (Ms). J Res Relig Health. 2017; 3(3): 5- 17.

بررسی اثربخشی آموزش سلامت معنوی بر امیدواری و راهبردهای مقابله‌ی در بیماران مبتلا به مولتیپل اسکلروزیس (ام.اس.)

محبوبه عسکری^۱، محدثه نوروزی^۲، حامد رادمهر^۳، حسین محمدی^{۴*}

۱- دانشکده‌ی علوم تربیتی و روان‌شناسی، دانشگاه آزاد اسلامی مرودشت، مرودشت، ایران.

۲- گروه روان‌شناسی بالینی، دانشکده‌ی پزشکی، دانشگاه علوم پزشکی کاشان، کاشان، ایران.

۳- دانشکده‌ی پزشکی، دانشگاه علوم پزشکی شهید بهشتی، تهران، ایران.

۴- کمیته‌ی پژوهشی دانشجویان، مرکز مطالعات دین و سلامت، گروه روان‌شناسی بالینی، دانشکده‌ی پزشکی، دانشگاه علوم پزشکی شهید بهشتی، تهران، ایران.

مکاتبات خطاب به آقای حسین محمدی؛ پست الکترونیک: Mohamadi.h@tak.iuums.ac.ir

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راهبردهای مقابله‌ی

سلامت معنوی

چکیده

سابقه و هدف: شناخت ابعاد معنوی، جزء حیاتی سلامت انسان است که به افزایش علاقه به آموزش معنویت منجر می‌شود. سلامت معنوی تأثیر مثبتی روی سلامتی، طول عمر و بهبودی از بیماری جسمانی دارد. از این‌رو، هدف این پژوهش بررسی اثربخشی آموزش سلامت معنوی گروهی بر امیدواری و راهبردهای مقابله‌ی بیماران مبتلا به مولتیپل اسکلروزیس (ام.اس.) است.

روش کار: این پژوهش از نوع کارآزمایی بالینی است که جامعه‌ی آماری آن را اعضای «جامعه‌ی حمایت از بیماران ام.اس.» شهر تهران تشکیل می‌دهند. پس از محاسبه‌ی حجم نمونه، نمونه‌گیری در دو مرحله انجام شد؛ ابتدا ۱۰۰ نفر از اعضای جامعه‌ی حمایت از بیماران ام.اس. و سپس ۳۰ نفر، به‌صورت تصادفی انتخاب شدند و در دو گروه آزمایش (۱۵ نفر) و کنترل (۱۵ نفر) قرار گرفتند. یک روان‌شناس بالینی آموزش دیده، آموزش سلامت معنوی را به‌صورت گروهی، در هشت جلسه‌ی ۹۰ دقیقه‌ی برگزار کرد. ابزار گردآوری اطلاعات شامل پرسش‌نامه‌ی امیدواری میلر (MHS) و پرسش‌نامه‌ی راهبردهای مقابله‌ی لازاروس و فولکمن (CSQ) بود. نمره‌های پیش‌آزمون و پس‌آزمون نیز با استفاده از تجزیه و تحلیل کوواریانس، تحلیل شد. در این پژوهش همه‌ی موارد اخلاقی رعایت شده است. علاوه‌براین، نویسندگان مقاله هیچ‌گونه تضاد منافی گزارش نکرده‌اند.

یافته‌ها: یافته‌ها نشان می‌دهد که آموزش هشت جلسه‌ی مداخله‌ی سلامت معنوی در گروه آزمایش، نسبت به گروه کنترل، موجب تغییر در نمره‌های حاصل از متغیرهای امیدواری (۰/۳۵)، راهبردهای مقابله‌ی مسئله‌مدار (۰/۴۰) و هیجان‌مدار (۰/۲۵) شده است.

نتیجه‌گیری: نتایج پژوهش گویای این است که آموزش سلامت معنوی می‌تواند در افزایش امیدواری و تقویت راهبردهای مقابله‌ی کارآمد (مسئله‌مدار) افراد مبتلا به ام.اس. مؤثر باشد.