

Original Article



The Impact of Spiritual Care Skills on Quality of Life in Spouses of Veterans with Post-traumatic Stress Disorder: A Randomized Controlled Trial

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meshkina1@mums.ac.ir**Abstract**

Introduction: The wives of veterans are under great pressure because of their husbands' physical and mental problems, and this can affect their mental health and quality of life. It seems that the training of some skills can have a significant impact on improving quality of life and reducing their mental burden. This study was conducted to determine the effect of spiritual care education in quality of life in wives of veterans with post-traumatic stress disorder (PTSD) that plays a major role in caring for them.

Methods: This study was a quasi-experimental study in which 60 wives of PTSD-affected veterans in Ibn-e-Sina hospital were selected and assigned randomly in two experimental and control groups. Spiritual care education was conducted in five sessions of two hours. Quality of life Questionnaire (SF-36) was used in this study. The questionnaire was implemented on participants of both groups in three stages: before, after and one months after the intervention (follow-up). Data were analysis using SPSS version 19.

Results: The results of this study showed that spiritual care education could increase quality of life in the Wives of Veterans with Post Traumatic Stress Disorder and the subjects participating in the post-test had significantly higher quality of life.

Conclusion: According to results of this, study that represent effect of spiritual care education on quality of life, so it is recommended spiritual care education can be used to improve the quality of life of people especially the families of veterans.

Introduction

Post-traumatic stress disorder (PTSD) is one of the disorders that not only can affect the quality of life of the veteran, but also the quality of life of the family and its community.¹ Clinical experience and frequent observation by researchers suggest that the families of these devotees suffer from more psychological problems.² In a study, Calhoun et al., found that the severity of the symptoms of disease and interpersonal violence in people with PTSD is associated with increased care pressure.³ Wives of veterans with PTSD suffer from problems such as isolation, loneliness, self-alienation, low self-esteem, helplessness, feelings of guilt, depression and other psychological problems.⁴ The results of a qualitative study on spouses of mental patients showed that difficult responsibilities in everyday life significantly reduced the quality of life and marital satisfaction of spouses.⁵ The results of the study showed that the level of anxiety in spouses of

psychiatric and veterans was more than that of spouses of non-psychiatric patients.⁶ As previously stated, mental disorders not only affect the quality of life of affected people, but also as stressors, affects the quality of life of family members, including their spouses.⁷ Therefore, it is important to pay attention to ways to improve the quality of life of spouses of patients with posttraumatic stress disorder. Quality of life is the perception of people in terms of their cultural system and their value and their goals, expectations and standards. The quality of life is a degree of sense of satisfaction and enjoyment of one's life possibilities.⁴ Researchers now believe that promoting quality of life leads people to more success in life, better health and more supportive social communication, and ultimately leads to higher mental and physical health.⁸ So far, the effect of different therapeutic methods including conflict resolution and muscle relaxation⁴ as well as the effect of life skills training have been studied on the quality

of life of the spouses of veterans with mood disorders.⁹ On the other hand, spiritual care as a complementary method can help caregiver to provide better care and improve quality of care for caregivers. Spiritual care is a care that identifies the mental and spiritual needs of humans in dealing with traumas and diseases, and responds to them.¹⁰ Spirituality creates a positive attitude towards itself and the environment and the future, which as a result does not consider its people vulnerable and relax in the environment.¹¹ Spirituality helps them to target negative beliefs in a better way and feel stronger than control of the situation by targeting individual beliefs.¹² Religion and spirituality are a very strong base against problems, misery and deprivations of life.¹³ The study showed that spiritual care reduces the caregivers' prenatal care of schizophrenic patients and can be a contributing factor in coping with the problems involved in the care of these patients.¹⁴ The results of other study, indicated that spiritual care has helped the careers of AIDS-infected women gain more control and psychological adjustment as an important coping strategy.¹⁵ Spirituality is one of the existential dimensions of mankind that is in time crisis and stress emerged, cause the creation of meaning in life and the inspiration of the person can be in contact with difficulties. People who have spiritual health people are powerful, strong, have control power and social support. Considering cultural authority and doctrines, religious on the home care environment in Iranian society and attention to that is spiritual health as protective factor protects caregivers against negative health care implications.¹⁶ Despite the explanation of the status of spiritual care in health, the topic of promoting spiritual health is less in supporting programs treatment has been taken care by professional caregivers.¹⁷ In the present research, innovation is defined as the implementation of new approaches to quality of life in caregivers and managers' awareness of these methods. According to the above, caring for people suffering from PTSD can increase problems physical and mental health and consequently, descend of quality of life in their wives; therefore, it is important to pay attention to the quality of life of veterans' spouses for mental health and to reduce their stress and depression. On the other hand, limited studies have been conducted on ways to improve the quality of life and the level of health of veterans' spouses. Therefore, the purpose of this study is to determine the effect of spiritual care education in quality of life in wives of veterans with PTSD and this issue is whether spiritual care has an impact on improving the quality of life of veterans' wives suffering from PTSD.

Materials and Methods

This is an interventional study designing two groups of pretest-posttest on wives of veterans with posttraumatic stress disorder admitted to Ibn-e-Sina hospital in Mashhad. Entry requirements for this study were: aged over 18, ability to answer questions, informed consent to

participate in the study and exclude criteria of the study were: receiving psychiatric treatments, absenteeism in more than two sessions in educational interventions and the willingness to leave the study. The number of subjects was 60. According to the previous studies, 95% confidence interval and using the sample size formula, considering the probability of dropping the research units of 34 in each group (68 in total) were selected and were randomly assigned to two groups of 34 person as the odd numbers of the intervention group and the even numbers of the control group. Finally, with the loss of 8 units (In intervention group 4 people due to lack of participation in the workshop, and in control group 4 people due to lack of response to the questionnaire at follow up), 60 (30 in the experimental group and 30 in the control group) in the study participated. The steps of the study are shown in Figure 1.

The instrument used in this study was a personal data form and quality of life questionnaire (SF-36). Demographic characteristics questionnaire contained 16 questions about personal characteristics. The SF-36 includes 36 questions. The quality of life in 8 dimensions, physical function (10 items), role limitation due to physical problems (4 questions), role limitation due to mental problems (3 questions), physical pain (2 questions), social function (2 questions), emotional health (5 questions), energy and fatigue (4 questions), and general health (6 questions), which is based on Likert scale (three options for functional dimension and five options for other dimensions) scored.¹⁸ The reliability of the Persian version of the quality of life questionnaire by Kashan University of Medical Sciences has been calculated by internal consistency method. The Cronbach's alpha coefficient of life has been obtained for different quality dimensions ranging from 0.77 to 0.90.¹⁹ In this study, the reliability of the questionnaire was measured by internal consistency method, which was Cronbach's alpha coefficient of 0.78. Interventions (spiritual care education) were performed in-group and in 5 sessions of 60 minutes for the intervention group in Ibn-e-Sina hospital and no intervention was conducted for the control group. Research units are followed up by the researcher immediately after the intervention and then invited to Ibn-e-Sina hospital after one month.

The general content of the training sessions derived from the spiritual therapeutic training package based on the spiritual pattern.²⁰

Five sessions and educational contents were as: (1) Familiarity with members and forming group solidarity, (2) The role of reading the Qur'an in individual calm, (3) The role of Mustahab's warning and their repetition in individual calm, (4) The role of reading prayer in individual calm, (5) Explaining the experience of spiritual care and its effects and preparing members to leave the group and use its achievements A.

SPSS version 19 software was used for data analysis.

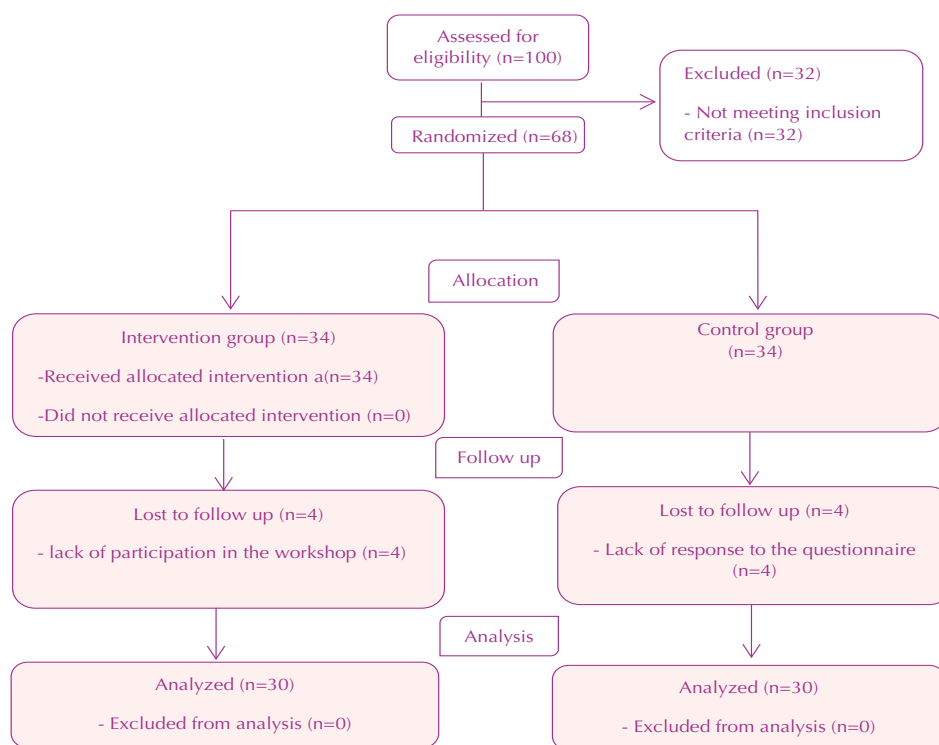


Figure 1. Flow chart of study.

Normality of data were assessed using Kolmogorov-Smirnov test. Also, chi-square and *t* test with repeated measures ANOVA were used for analysis. In the tests, the confidence level was 95% and the significance level was 0.05.

Results

The mean age of spouses in control group was 35.3 (4.2) and in control group was 34.4 (3.2), which was not statistically significant ($P=0.59$). Other demographic variables, including number of children, education, and duration of marriage, were similar before intervention, and had no significant difference ($P>0.05$). The mean (SD) score of overall quality of life in the intervention group was 86.2 (9.4) in the pre intervention stage and increased 5.4 point in the post-intervention phase and 16.6 in the follow-up one month later, which was significant ($P<0.001$). In the control group, the mean (SD) score of overall quality of life was 84.7 (7.8) in the pre-intervention stage, 1.4 points decrease in the post-intervention phase and 4.1 in the follow-up period of one month subsequently, these changes were significant ($P<0.001$). The mean of total quality of life scores in the pre intervention stage was not significantly different in the control and intervention groups ($P=0.44$). However, this difference in the aftermath of the intervention and follow up was significant after one month ($P<0.05$) (Table 1).

Discussion

The findings of this study showed that the mean score

of quality of life of the intervention group significantly increased in the post-intervention phase. This indicates the effect of spiritual care program on the quality of life of veterans’ wives of PTSD. The results of some previous studies are in line with the results of this study. In a study, have reported the effect of spiritually based family caregivers of veterans with dementia with dementia and based on findings show that spiritual intervention has significantly improved the quality of life and satisfaction of family caregivers.²¹ The study which examined the quality of life of family caregivers in cancer patients, showed that spiritually has a positive impact on their quality of life.²² In the study showed that the role of spiritual care in mothers who care for children with epilepsy, as well as in parents whose children are at risk of life, they play an important role in controlling feelings and improving their quality of life.²³ The results of other study showed that spiritual care

Table 1. Mean quality of life score in the pre-test, post-test and follow-up stages in intervention and control groups

Measurement time	Group		P value ^b
	Control Mean (SD) ^a	Intervention Mean (SD) ^a	
Before intervention	84.7 (7.8)	86.2 (9.4)	0.44
After the intervention	83.3 (6.1)	91.6 (7.3)	0.003
One month after the intervention	80.6(3.5)	102.8 (4.6)	0.00*
P value ^c	<0.001*	<0.001*	-

^aStandard deviation; ^bt test was used; ^cRepeated measure was used; *Statistically significant.

and strengthening of family relationships, coping styles and family welfare in careers of people with Alzheimer's disease.²⁴ Considering the fact that these factors can affect the quality of life, it is in agreement with the results of this study. These researches have shown that beliefs and religious activities as supportive factors can reduce the stress of life through hope, power and meaningfulness of life, and promote quality of life in individuals.

Tuck's study showed that spiritual interventions have potential to improve the quality of life and decrease the response to stress, tension and depression of individuals. Overall, however, the results of his critical review of a series of studies showed the limited effects of spiritual care and its interventions on individuals.²⁵ Also, other study showed that the effect of limited spiritual interventions on the symptoms and prognosis of cancer in people with this disease.²⁶ The inconsistency of the results of this study with the present study could be due to the non-homogeneity of the conditions of the subjects such as age, level of education, socioeconomic status, support of spouses and relatives and number of children, and also this difference can be related to the population under study, so that the subjects of the two studies were different in terms of cultural and social.

In the study showed that spiritual intervention does not affect the stress, anxiety and depression that did not match with the results of this study.²⁷ The reason for this difference may be related to the conditions of the disease, the underlying problems, and the lack of a supporter or the difference in the population studied.

In other study showed that spiritual care can lead to an increase in hope and self-transcendence of mothers with premature infants hospitalized in the newborn intensive care units that matched with the results of this study.²⁸

In the study, spirituality did not affect the anxiety of patients that was not consistent with the results of the present study, due to differences in the research community and the type of spiritual care program, the difference in sample size and type of disease.²⁹

Given that, veterans' careers have several reasons for experiencing spiritual distress, including fatigue, suffering, guilty feelings, social isolation, economic problems, and so on. It seems that spiritual care can lead to the evacuation of negative emotions and increase the ability to adapt and ultimately affect the quality of life.

The limitations of this study included the effect of careers' mental and emotional states when completing the questionnaire and time constraints.

It is suggested to use short-term and long-term follow-up to explore the continuity of the effect of spiritual training, and this study should be done in other groups to discuss more accurately and reliably the generalization of the results and the impact of spiritual training. It is also possible to compare the effect of spiritual education with other methods such as cognitive or cognitive-behavioral education.

Research Highlights

What is the current knowledge?

Caring for people suffering from PTSD can increase problems physical and mental health and consequently, descend of quality of life in their wives.

What is new here?

The study highlights the positive impact of spiritual care skills to promote quality of life in spouses of veterans with PTSD.

Conclusion

Spiritual care can improve the quality of life of veterans' spouses. Therefore, this care can be effective with other care and support methods and will facilitate the empowerment of veterans' wives in life. Therefore, it is recommended to apply this simple, inexpensive and applicable method for veterans' wives.

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Ethical Issues

Present study was registered with the code of IR.MUMS.REC.1399.504 by the ethics Committee of Mashhad University of Medical Sciences.

Conflict of Interest

The authors declared no potential conflicts of interest.

Author's Contributions

Study conception and design: AM; Data collection: AM; Data analysis and interpretation of data: AM, MRF; Drafting of the article: AH, MRF, ME, AM; review of article and final approval: AH, MRF, ME, AM.

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