



## Effect of Spiritual Skills Training on Public Health of Cardiac Patients

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Received: 20.08.2015

Revised: 25.09.2015

Accepted: 30.09.2015

### ABSTRACT

Aim of this study was the effectiveness of spiritual education in improving the general health of patients with heart disease. Study method was semi-experimental that performed as pretest - posttest design with control group. The study population included all patients with heart disease in the city of Fasa, which in 2014 referred to medical centers and doctors will cardiologist. With considering the effect size and power test, 20 patients were selected on the basis of the table Cohen for each sample group. A data collection tool was Goldberg General Health Questionnaire (GHQ). The pre-test was conducted on two groups. The experimental group participated in training sessions. After completing the training course, the tests were conducted on the groups. The results of analysis of covariance showed that training can improve mental health in general intellectual skills are tested. The results showed that the general intellectual skills training to improve general health in the experimental group ( $F=42.9$ ;  $P<0.01$ ). The results showed the effectiveness of the public health dimensions of anxiety ( $F=9.74$ ,  $P<0.01$ ), depression ( $F=12.84$ ,  $P<0.01$ ) and impaired social functioning ( $F=5.66$  ;  $P<0.01$ ) was significant, but the physical symptoms was not significant.

*Key words:* spiritual education, General Health, Heart Disease.

### Introduction

Nowadays, many studies in the field of mental health and health psychology indicated the close relationship between physical and mental problems. It could be stated that psychosomatic diseases stem from these problems. More apparent relationship is found between these factors day by day given the advancement of medical science and psychology and particularly mental health. Many seemingly physical diseases stem from psychological factors. Some physical and physiological disorders also have psychological consequences in individual daily life. The relationship between spirituality and physical health has always shown that religion bestows physical and mental health on followers. Religion also heals mental pains. Religious people are healthier than common people in modern society because the former adopt healthy behavior. Mental health is also associated with individual innate religiosity. Religion relieves stress caused by life and death concerns (Alastair, 2005). Spiritual support reduces the impacts of stress. There are also positive and significant relationships between mental health, physical health, satisfaction with life and vitality (Atkinson, 2006). Allport (1967) Batson, Schoenrad and Vansu believe that spirituality creates an ultimate and superior meaning for life due to beneficial impact on individual health and well-being. Spirituality refers to a fundamental

organized aspect of character (Pedmount, 1997). Richard et al. (2007) concluded that human personality demands and seeks spirituality. People will be satisfied with their lives if they live based on general principles of life and encourage spiritual development. They express and define spiritual identity as a sense of personal growth in terms of individual relationship with God and individual position in the world. They believe that assessment of individual spiritual identity improves growth and development (Miller, 2003). The importance of religion and spirituality in health and disease was lately regarded as a field of study. Experimental studies indicated a significant relationship between religion and spirituality and health. However, reasons for this relationship are ambiguous.

In recent years, several studies examined the relationship between religion and mental health among which the study performed by Ellisoun (1983), Kaldestand (1995) and Hinnells (1995) can be noted. These researchers argued that religious orientation reduces anxiety and depression and increases mental health, self-esteem and tolerance. Despite the fact that some scholars and theorists such as Freud and Ellis believed that religion was associated with mental illness, recent studies distinguished the religion that bestows a healthy life on humans and other religions and showed the effective role and special position of spirituality in realm of mental health and its effectiveness in treatment of mental illness in recent decades. According to above-mentioned materials, the present study

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sought to answer the following questions: does moral education improve general health of cardiac patients?

**Material and Method**

This was a quasi-experimental study with pretest, posttest and control group. General Health Questionnaire (GHQ) questionnaire was used to collect information about research variables. GHQ-28 is a psychological and a well-known screening tool in psychiatry designed by Goldberg and Hiller. Reliability of the questionnaire was obtained using Cronbach's alpha as 90% for overall questionnaire and more than 80% for relevant subscales (Goldberg, 1972). Validity of the questionnaire was examined by Goldberg (1972) who reported satisfactory validity of the tool.

The statistical population consisted of all patients with cardiac disease who visited health centers and cardiologists in Fasa in 2014. The sample size was determined as 20 with respect to alpha (0.05), impact factor (0.50) and power of the test (0.80) for each group based on Cohen Table. Then, sample size was determined as 40. Principles of the study was thoroughly explained

to the participants who consented to participate in the study. The individuals underwent spiritual skills training for 12 sessions. Each session lasted for 120 minutes in a weekly manner. Relaxation was practiced at the beginning and end of each session. Prior to training, principles of the study were explained in a session where proper relationships were established between the participants and the scholar at pretest. Spirituality therapeutic intervention was based on Bolhari, Naziri and Zamanian program (2012). The former scholars suggested a training course in their study. Individual spiritual skills could be increased with this training course. The training course aims to help people to interpret daily events and behaviors from a spiritual perspective with regard to counseling skills. In this study, this training course was used to teach spiritual skills.

**Results & Discussion**

Table 1 shows descriptive statistics of mean and standard deviation of scores of general health components at pretest and posttest in experimental and control groups.

**Table 1 - Descriptive statistics of mean and standard deviation of scores of research variables at pretest and posttest in the control and experimental groups**

Variable	Group	Pretest			Posttest		
		Number	Mean	Standard deviation	Number	Mean	Standard deviation
Physical symptoms	Experimental	20	7.28	2.07	20	3.57	1.92
	Control	20	7.91	1.97	20	6.72	1.90
Depression	Experimental	20	8.64	2.57	20	4.27	1.82
	Control	20	8.31	2.77	20	8.10	2.11
Anxiety	Experimental	20	6.71	2.32	20	3.30	1.57
	Control	20	7.88	2.72	20	7.63	2.45
Social function	Experimental	20	7.64	2.25	20	4.20	1.14
	Control	20	7.71	2.52	20	4.44	2.38

**Research Hypotheses**

Intellectual skills training has a significant effect on anxiety in cardiac patients. Spiritual skills training has a significant effect on depression in cardiac patients. Spiritual skills training has a significant effect on physical symptoms in cardiac patients. Spiritual skills training has a

significant effect on social function in cardiac patient.

Multivariate analysis of covariance (MANCOVA) was carried out on posttest scores with comparison of pretest scores to evaluate the effectiveness of intervention. Table 2 shows the results of multivariate analysis of covariance on general health component



**Table 2 - Summary of results of multivariate analysis of covariance to compare mean scores of general health components at posttest by controlling pretest scores**

Effect	Test	Value	F	Hypothesis df	Error df	Significance level
Group	Pill's trace	0.95	57.94	4	27	0.01
	Wilks' lambda	0.05	57.94	4	27	0.01
	Hotelling's trace	14.42	57.94	4	27	0.01
	Roy's largest root	14.42	57.94	4	27	0.01

Contents of Table 2 show a significant difference between experimental and control groups in at least one dependent variable (general health components). Analysis of covariance was

conducted (MANCOVA) on dependent variables to explore this differences. The results of this analysis are presented in Table 3.

**Table 3 - Results of one-way analysis of covariance (MANCOVA) to compare general health components in experimental and control groups**

Effect	Dependent variable	Sum of squares	Degree of freedom	Mean of squares	F	Significance level
Group	Anxiety	175.48	1	175.48	9.74	0.01
	Depression	217.40	1	217.40	12.84	0.01
	Social function	156.92	1	156.92	5.66	0.01
	Physical symptoms	11.27	1	11.27	0.97	1.12

Contents of Table 11-4 showed that analysis of covariance was significant in terms of anxiety (F = 9.74 and P = 0.01), depression (F = 12.84 and P = 0.01) and social function (F = 5.66 and P = 0.01). However, analysis of covariance was not significant in terms of component of physical symptoms (F = 0.97 and P = 0.12).

The results showed significant reduction in scores of anxiety, depression and social function under the influence of intervention in the experimental group. Thereby, research hypotheses were accepted. As a result, spiritual skills training effectively reduced anxiety, depression and social dysfunction.

The results of this study are consistent with those obtained by Fischner *et al.* (2004), Alastair, (2005), Revheim (2007) in abroad.

Religion and relevant strategies are effective in individual mental health. The results indicated that mental relaxation can be achieved through proper and righteous and moral beliefs and behaviors. In general, the results showed that strengthening spiritual skills improves general and mental health of cardiac patients. As a result, spiritual skills training can be used alongside medication to treat cardiac patients.

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