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The Effect of the Spiritual Care Model Based on the Righteous Heart on the Post-Traumatic Stress of Veterans in 2019

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ABSTRACT

Post-traumatic stress disorder (PTSD) is an essential complication of war, making people who have experienced a war susceptible to secondary diseases. Since spirituality as an influential factor can help control stressful situations, this study was conducted to investigate the effect of spiritual care based on righteous heart on veterans' post-traumatic stress. This experimental study was conducted in 2019 on 60 veterans referred to Mashhad Army Hospital. Sampling was done randomly in two intervention and control groups. The intervention group received righteous heart-based spiritual care training in five 45-60 minutes long sessions over 5 weeks. Data collection tools included demographic questionnaire and post-traumatic stress scale. The collected data were entered in SPSS-20 software for analysis using independent t-test, paired t-test and ANCOVA test at the significance level of $p<0.05$. The mean score of post-traumatic stress before the intervention in the intervention and control groups was (52.30 ± 6.01) and (52.63 ± 4.75), respectively, and there was no statistically significant difference between the two groups in that regard ($p = 0.813$). However, after the intervention, the mean score of post-traumatic stress in the intervention and control groups was (42.27 ± 3.61) and (51.20 ± 6.18) respectively, and there was a statistically significant difference between the two groups in that regard ($p <0.0001$). Considering the results of this study, it is suggested to provide the necessary condition for veterans to participate in spiritual activities, which can improve their psychological status.

1. INTRODUCTION

One of the most important events in Iran's contemporary history is the eight-year war between Iran and Iraq. War is one of the most catastrophic events made by man. The devastations caused by war have a significant impact on different sections of society. One of the consequences of exposure to war ravages is post-traumatic stress disorder [1], which can be caused by a direct experience, observation, or hearing of a stressful event. People usually react to such events with a state of despair or panic. Patients with this disorder have symptoms such as re-experiencing the event mentally, nightmares about the event, avoiding the event's recalls, anxiety, irritability and agitation, and deficits in social, occupational, and biological functioning [2]. Having different degrees of PTSD and causing reactions such as boredom, sense of indifference, disability, severe fear, and irritability are associated with several types of mental disorders, including a severe sense of anger and resentment, dissatisfaction with life, guilt, shame, and suspicion [3]. Statistics show that psychiatric disorders are the costliest health-related problems after heart disease, and the rate of PTSD in the general population is the highest after alcoholism, major depression, and social phobia. This makes PTSD the fourth most common psychiatric disorder [4]. Epidemiological studies indicate that 60 to 90% of individuals have experienced a traumatic event at least once in their lifetime [5], which in many cases is a predisposing factor for PTSD. Being in a stressful condition of war is one of these cases. About 25% of US troops returning from the Iraq-Afghanistan war in recent years have developed post-traumatic stress disorder [6]. Overall, PTSD is estimated at 4-42% among war veterans [7]. The frequency of this disorder in Iranian military personnel is reported to be 14.9%. According to available medical records, more than 80% of Iranian veterans are diagnosed with post-traumatic stress disorder [8]. In terms of disorder etiology, post-traumatic stress disorder is the only disorder that its cause is well known, which usually a person experiences a trauma, followed by the disorder. Of course, the extent and severity of PTSD symptoms depend on the injured person's biological, psychological, and social aspects [9]. In this area, the cause of stress and pressure is the most critical factor, but when the traumatic event occurs, not all people have post-traumatic stress disorder, which means that a stressor is necessary but not sufficient for causing PTSD. The person's previous biological, psychosocial, and pre-traumatic experiences must all be considered [10]. Despite the numerous factors considered in the disorder's etiology, studies are still being conducted to accurately identify the relevant factors that affect the onset and deterioration of PTSD.

In the meantime, studies have linked several factors to PTSD. Religion is one of the factors that have been considered in this disorder [11]. Religion is a way of communicating with God, and this connection is established through the heart or the intellect or the performance of religious rites and practices. Religion reduces psychological stress, increases life satisfaction, and strengthens individuals' moral and spiritual characteristics [12]. Based on the available evidence, the importance of spirituality, as one of the components of mental health, is increasing among relevant experts. Thus, it can be said that spirituality is attributed to beliefs and actions that are based on the assumption that there are transcendent (not physical) dimensions in human life, which are near related to God. Spiritual teaching uses existential capacities, tendencies, divine motives, and moral virtues in the treatment of disorders. In this way, the content of education would be spiritual practices such as prayer. Such teachings can have behavioral, cognitive, emotional, and moral aspects and become manifested in religious concepts such as reliance on God, patience, prayer, invocation, and meditation [13], [14]. Spiritual experience can also help a person become more attuned to the stressful conditions of life and illness by creating meaning in life and a sense of belonging to God [15]. Physical illness may cause biological, psychological, social, and spiritual reactions in individuals and lead to spiritual harm [16]. It can be said that spiritual care based on a righteous heart gives a meaningful perspective to life by creating a view that goes beyond everyday life. As a result, achieving peace and relief from the psychological pressures caused by the disease will help people adapt to the new condition and current treatment process [17], [18]. Therefore, to achieve a righteous heart, we must

first remove the theoretical and practical obstacles and then begin to reach the truth by repenting and through asceticism, austerity, meditation, calculation, and piety. With a righteous heart, we can benefit from the remembrance of God, which is the source of desirable emotions such as confidence, hope, increased faith, trust, etc. [19]. Since we live in a country that is based on Islamic principles and emphasizes the implementation of religious principles and rules, providing the necessary conditions for performing religious practices and meeting the religious needs of patients must be done by the healthcare providers. However, unfortunately, this is not the case, and less attention is paid to these factors. Therefore, this study was conducted to investigate the spiritual care model's effect based on the righteous heart on veterans' stress.

2. Materials and methods

2.1 Study design

This is an experimental study that was conducted in 2019 on two intervention and control groups. This study's statistical population consisted of veterans referring to No 550 Shams Al-Shams Army Hospital in Mashhad. Based on G * power statistical software with an effect size of 0.78, a confidence interval of 0.95, significance level of 0.05 and a test power of 80%, the sample size was 52 people in both intervention and control groups (N=27 in each group). However, to reduce the type 2 error and consider the possibility of sample drop during the study, 60 people were enrolled. The entry criteria were; being over the age of 35 years and willing to participate in the study. Veterans who did not complete their questionnaires in full were removed from the study. So, the veterans of Mashhad Army Hospital, who met all the inclusion criteria and gave their informed consent, were considered the study samples.

2.2 Data collection

This study's data collection tools included a demographic information questionnaire and the military version of the post-war stress questionnaire (PCL-M). The demographic questionnaire collected demographic characteristics including age, age at war, years of service, gender, patient's education level, spouse's education level, patient's employment status, spouse's employment status, marital status, place of residence, separate bedroom, history of sleep problems, solutions used for sleep problems, use of sleeping drugs and use of drugs with hypnotic side effects. The post-traumatic stress questionnaire has been standardized by [20], [21] in Iran. In Goodarzi's study, the internal consistency of this questionnaire was 0.93, and in the study of, its internal consistency was 0.97 for the veterans of the Vietnam War. This questionnaire consists of 17 items with 5 options (never, very little, moderate, high, and very high). The minimum and maximum scores in this questionnaire are between 17 and 85. This questionnaire was prepared by [22] for the USA national PTSD center based on the criteria of diagnostic and statistical guide for mental disorders as a diagnostic assistance tool. In this questionnaire, 5 items are related to re-experiencing the harmful symptoms, 7 items are related to emotional numbness and avoidance symptoms, and the other 5 items are related to intense arousal symptoms. Each item is scored on a 5-point Likert's scale from 1 to 5 (never =1, very little-2, moderate= 3, high=4, very high=5). Each person's stress score is obtained from the sum of scores of all questions, ranging from 17 to 85, with the higher score indicating the higher level of stress. The demographic and post-war stress questionnaires were completed in 2019 by veterans at Mashhad Army Hospital in both intervention and control groups before the intervention. Before the study, the researcher gave a brief explanation about the training sessions. Then, in the intervention group, the teaching of spiritual care focused on Islam's religion was carried out by the researcher in 5 sessions of 45-60 minutes for 5 consecutive weeks (one session per week) at the Mashhad Military Hospital. The teaching method was a combination of lectures and discussions about the study variables (Table 1). The control group received only the routine training offered by the Hospital. After the training sessions, the post-test was taken and the

questionnaires were completed again by the intervention and control groups, and then the pre and post-test results were compared.

Session	Title of the topics	Duration of session
1	Introduction of members to each other, the reasons for forming the group and familiarity with the rules such as confidentiality, respect for each other and tolerating different views, number and time of meetings and the need for continuous presence until the end of treatment	45-60 min
2	The role of trust and reliance on God in coping with stress caused by disease. Familiarity with the theoretical foundations of trust and reliance - stages and effects of trust - the concept of reliance - familiarity with shrines - familiarity with the pilgrimage books - the role of reliance on God in coping with psychological pressure and stress - familiarity with psychological pressure – reliance on God in coping with stress - the effect of reliance on God in controlling life pressure or effective skills in reliance	45-60 min
3	The role of prayer in solving problems and getting to know the effect of prayer on one's relationship with God, oneself and others	45-60 min
4	Thanksgiving and its effect on reducing negative emotions and teaching effective beliefs on the effect of thanksgiving in reducing negative emotions	45-60 min
5	Stages of patience and education about the value of patience - the degree of patience and effective beliefs in patience - the existence of a merciful God - the effect of patience in changing thoughts - patience as an effective solution to cope with the stress caused by the disease	45-60 min

2.3 Ethics

This study is part of a research project approved by the Islamic Azad University, Chalous Branch with the research code: 93862 and ethics ID: IR.IAU.CHALUS.REC.1398.036. The samples were informed that participation in the study is voluntary, and they can withdraw from the study at any time without any problem. The research units were assured of the confidentiality of their information and accuracy and scientific reliability in recording their information. After explaining the study methods and objectives, the veterans were invited to participate in the study, and then, written, and oral informed consent was obtained from those who agreed to participate in the study. The veterans were also assured that their lack of participation in the study does not prevent them from receiving the center's routine services. Also, to comply with ethical principles, the intervention group's educational materials were presented to the control group at the end of the study.

2.4 Statistical analysis

SPSS software version 20 was used to analyze the data. Frequency, percentage, mean and standard deviation statistics were used to describe the data, independent and paired t-tests, and Chi-square, Fisher, Covariance, Wilcoxon, and Human Whitney statistical tests were used to analyze the data.

3. Results

Descriptive statistics of veterans attending the Army Hospital

The present study was performed on 60 veterans. Regarding demographic characteristics, the mean age of the samples in the intervention group was 57.43 years with a standard deviation of 3.77. Other demographic characteristics are presented in Table 2.

Table 2. Descriptive statistics of veterans attending the Army Hospital in two groups of intervention and control.

Characters		Intervention		Control		Chi-square	p-value
		Frequency	Percentage	Frequency	Percentage		
Spouse's	Elementary	12	40	9	30		

education	Secondary	1	3.3	9	30	9.467	0.024
	Diploma	7	33.3	8	26.7		
	University	10	33.3	4	13.3		
Patient's occupation	Retired	23	76.7	22	73.3	0.089	0.766
	Self-employed	7	23.3	8	26.7		
Spouse's occupation	Housewife	20	66.7	26	86.7	4.383	0.112
	Office worker	8	26.7	2	6.7		
	Retired	2	6.7	2	6.7		
Place of residence	City	21	70	22	73.3	0.082	0.774
	Village	9	30	8	26.7		
Separate bedroom	Yes	13	43.3	17	56.7	1.067	0.302
	No	17	56.7	13	43.3		
History of sleep problem	Yes	14	46.7	15	50	0.067	0.796
	No	16	53.3	15	50		
Solution of sleep problem	None	16	53.3	16	53.3	0.000	1
	Use of hypnotic drugs	14	46.7	14	46.7		
Use of hypnotic drugs	Yes	18	60	19	63.3	0.071	0.791
	No	12	40	11	36.7		
Use of drugs with hypnotic side effects	Yes	15	50	14	46.7	0.067	0.796
	No	15	50	16	53.3		
Variable	Group	Frequency	Mean	SD	t-value	p-value	
Age	Control	30	57.43	5.19	-0.710	0.480	
	Intervention	30	58.27	3.96			
Age at war	Control	30	26.33	4.09	-1.442	0.155	
	Intervention	30	27.83	9.07			
Presence in war	Control	30	22.17	7.56	0.201	0.841	
	Intervention	30	21.73	5.19			

3.1 Comparison of the findings before and after the intervention

Based on the results of the independent t-test, there was no significant difference in the mean of scores of post-traumatic stress between the intervention and control groups before the intervention (p = 0.812), but after the intervention, there was a significant difference between the two groups in that regard (P <0.0001).

Table 3. Comparison of the veterans' post-war stress levels before and after the intervention and control groups.

Variable	Group	Intervention	Control	Independent t	P-value
Post-traumatic stress score	Before intervention	52.30 (6.01)	52.63 (4.75)	0.238	0.813
	After intervention	42.27 (3.61)	51.20 (6.18)	-6.838	P<0.0001
Paired t-test		20.29	1.522	-	-
p-value		P<0.0001	0.139	-	-

3.2 Effect of spiritual care war veterans' post-traumatic stress

ANCOVA test showed a significant difference between the two groups by removing the effect of pre-test (p <0.0001, Eta = 0.53), so that 53% of changes in post-traumatic stress were due to the effect of training (Table 4).

Table 4. The effect of spiritual care based on the righteous heart on war veterans' post-traumatic stress.

Variable	Intervention	Control	t-value	P-value
The changes in post-traumatic stress of war veterans	10.03 (2.71)	1.43 (5.16)	8.085	P<0.0001 Eta=0.53

4. Discussion

Considering the importance of spiritual care in post-traumatic stress, especially for veterans, the present study was conducted to investigate the effect of spiritual care based on righteous hearts on veterans' post-traumatic stress. This study's findings showed a significant difference in the level of post-traumatic stress in the intervention and control groups before and after the intervention. This finding indicates that the fewer stress veterans have, the more they can endure adverse conditions, which leads to their psychological well-being. In other words, they experience a higher level of well-being. Thus, veterans will gain the ability to withstand many psychological pressures through the use of spiritual care. According to the results, it can be argued that religious education increases spirituality, and spirituality helps people in stressful situations. In line with this study, studied the effectiveness of autobiographical memory specialization training on depression in veterans with post-traumatic stress disorder in their study Isfahan showed that specialization training was effective in reducing depression symptoms [23]. [24] conducted a study to compare cognitive and schema therapists and their effect on war veterans' biological variables with chronic post-traumatic stress disorder. The results showed that these two therapeutic approaches, based on cognitive therapy, significantly reduced cardiovascular biomarkers in the study participants compared to the control group. Besides, there was no statistically significant difference between the effect size of cognitive g and schema therapies [24]. A baseline study that lasted about 4 years, also examined the effectiveness of temporal vision therapy on 29 war veterans with chronic and severe PTSD and observed decreased depression, anxiety, and PTSD symptoms [25]. The results of [26] showed that both interventions effectively reduced depression scores in veterans. Although the perspective group's effectiveness was greater sometimes, it was statistically different from the PTSD group [26]. Examined the effect of cognitive therapy on PTSD and concluded that cognitive therapy was effective in personality decline, depression, anxiety, and PTSD of soldiers [27]. Showed that after 12 sessions of stress immunity training conducted for the spouses of patients with post-traumatic stress disorder, the marital conflict level between them decreased, and their level of marital satisfaction increased [28]. [1] study showed that a therapy based on emotional schemas could reduce maladaptive emotion regulation strategies and negative schemas by patients with post-traumatic stress disorder [1]. The results of study showed that cognitive-behavioral stress management training increased marital satisfaction, mutual solidarity, mutual agreement, and love expression in the spouses of veterans with post-traumatic stress disorder [29]. the study showed that cognitive-behavioral therapy significantly reduced the severity of post-traumatic stress disorder and the rate of depression in the intervention group [30]. Despite many studies that were in line with our findings, no study was found to contradict the present study's findings.

Regarding our findings, it should be said that spirituality-based interventions have increased the ability of veterans to use their capital and spiritual resources to solve physical and mental problems and live a better life. Believing in meaning and purpose in life helps psychological adjustment in difficult situations and coping with the consequences of challenging situations [31], [32]. It can also be argued that the spiritual care program has reduced the stress of veterans in this study. Given that stress and tension as a risk factor can lead to physical illness and various mental health problems, spirituality helps people reduce their negative emotions, tension, and stress. Therefore, veterans who are influenced by spirituality will live a spiritual life by strengthening and activating spiritual beliefs in their lifestyle. This study's limitations were the small sample size and the unwillingness of some veterans to cooperate in the study. Since the above

limitations may adversely affect the generalizability of the findings and limit their implications, further studies are suggested with the larger sample size to compare this method's effectiveness with other methods in reducing stress. Also, strengthening the spirituality and experience of strong spiritual beliefs is a protective factor in preventing and reducing veterans' stress. Furthermore, considering the positive effect of spiritual care training based on the righteous heart on reducing veterans' stress and since this method does not cost as much as other therapeutic methods, it is suggested to be used in veterans with PTSD. Subsequent studies with long-term follow-up are also suggested since long-term follow-up assessments can help to understand the long-term effects of this treatment on veterans.

5. Conclusion

According to the results, it can be argued that spiritual care based on a righteous heart is an effective method in reducing the stress of veterans with PTSD.

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