

## Research Paper

# The Effect of Spiritual Self-care Training on the Suffering of Mothers of Newborns Admitted to the Intensive Care Unit of Sari Hospitals



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## ABSTRACT

**Objective** Infant hospitalization in the Intensive Care Unit (ICU) may cause many challenges for the family, especially the mother, and cause psychological problems and shock. Self-care, as a prominent factor in physical and mental health and effective in mothers' adaptation to their child's illness. Therefore, this study aimed to investigate the effect of spiritual self-care education on mothers of newborns admitted to the ICU of the hospitals in Sari City.

**Methods** This experimental study was performed on 64 mothers of newborns hospitalized with informed written consent in the hospitals' respiratory ICU in Sari City in 2019. Sampling was done by an available method and simple random sampling in two groups: Experimental (n=32) and control (n=32). The experimental group received a spiritual self-care training program in 6 sessions of 60 minutes every day. Data were collected using a demographic questionnaire and a 22-item scale of suffering (CBC) and entered into SPSS V. 25 software, then performed using independent statistical tests, Chi-square, Fisher, and ANCOVA (analysis of covariance).

**Results** The mean of the pre-intervention care range in the experimental and control groups was  $65.46 \pm 4.51$  and  $62.68 \pm 7.29$ , respectively, but the paired t-test did not show a significant difference ( $P=0.07$ ). According to the paired t-test, the Mean $\pm$ SD care range after the intervention was  $43.47 \pm 6.47$  and  $60.59 \pm 6.73$ , respectively, which led to a significant difference ( $P<0.01$ ).

**Conclusion** The results of this study showed that spiritual self-care education reduces maternal care suffering. Therefore, its use is recommended for all caregivers

## Extended Abstract

### 1. Introduction

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Healthy baby's birth is the best divine gift; however, encountering a premature baby creates a severe psychological crisis for parents. Parents often suffer from a lack of knowledge about the cause and method

of treatment and care, the economic consequences of the

child's illness, separation from the child, the future of the disease, changes in the patient's physical condition, and other complications. However, in practice, professional caregivers pay more attention to patients' health and are less aware of family experiences and forget about them. Also, people with the lowest level of education tolerate the most suffering from exposure to the disease.

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Religious beliefs, as an activity, help patients reduce their feelings of suffering. As one of the essential aspects of human existence, spirituality has a necessary relationship with people’s health. Thus, the spiritual experience can help a person become more adaptable to the stressful conditions of his life and take steps to improve the situation by creating meaning and concept in life and a sense of belonging to God.

Considering the undeniable role of spiritual care in patients’ health and the importance of mothers’ attitudes in using this care and considering the prevalence of culture and religious principles in child care in Iran, this study investigates the effect of spiritual self-care on mothers’ care of newborns. The intensive care unit of Sari hospitals was performed. This study was conducted in intensive care units of the hospitals of Sari City.

## 2. Materials and Methods

This experimental study was performed on 64 mothers of neonates hospitalized with informed written consent in the respiratory intensive care unit of Sari city hospitals in 2019. Sampling was done by the available method and simple random sampling in two experimental groups (n=32) and control (n=32). The experimental group received a spiritual self-care training program in 6 sessions of 60 minutes on

alternate days (Session 1: Familiarity with the work process and goals of the group, familiarity with the mothers under study, and establishing communication and mutual trust between the researcher and the mothers. The questionnaires were distributed between both “experimental” and “control” groups, and the parents got to know each other and answer the questionnaire.

They were allowed to talk about their main problems and exchange experiences and information; Session 2: Determining the test and control group by the researcher and getting acquainted with the methods of spiritual self-care with the focus on topics such as trust in God, patience, altruism, and heavenly rewards; Session 3: Familiarity with the concepts of spirituality, spiritual methods, and its effects; Session 4: Familiarity with spiritual practices such as writing diaries, talking with others, reading books, and listening to music; Session 5: Familiarity with sports methods such as hiking and yoga; Session 6: Completion of the questionnaires by both groups, two months after the intervention). Data were collected using a demographic questionnaire and a 22-item suffering scale (CBC) and entered into SPSS V. 25 software, then implemented using independent t-tests, Chi-square, Fisher, and covariance (ANCOVA) statistical tests.

**Table 1.** Comparison of the suffering of mothers of infants admitted to the neonatal intensive care unit

Time	Group	Mean±SD		P
		Control	Experimental	
Before intervention		62.8±7.29	65.46±4.51	=0.07
After intervention		60.59±6.76	43.47±6.47	<0.01
P		<0.01 Mean=2.09	<0.01 Mean=22.03	

**Table 2.** Effect of spiritual self-care education on the suffering of mothers of neonates admitted to the intensive care unit (ANCOVA test)

Variables	Total Squares	Degrees of Freedom	Mean Squares	F	Sig.	Eta
Modified model	5450.75	2	2725	87.95	P<0.01	0.73
Post-test separator	741.38	1	741.38	23.91	P=0.02	0.28
Group	5530.88	1	5330.8	172.12	P<0.01	0.74
Error	1890.21	61	30.98			
Sum	180501	63				
Total	7340.98	64				

### 3. Results

The results showed that 58% of the neonates were girls, and 42% were boys. Based on the results, the two experimental and control groups in terms of mother's age ( $P=0.15$ ), mother's occupation ( $P=0.30$ ), mother's education ( $P=0.15$ ), father's occupation ( $P=0.10$ ), infant age ( $P=0.06$ ), infant sex ( $P=0.31$ ), number of children ( $P=0.80$ ), and income ( $P=0.06$ ), no statistically significant difference was observed (Table 1).

The Mean $\pm$ SD of pre-test/post-test scores in the two experimental and control groups are presented in Table 1. Also, by eliminating the effect of the pre-test, the ANCOVA test showed a significant difference in the amount of maternal care suffering between the two groups ( $P<0.01$ ,  $\eta^2=0.74$ ), which 74% of post-test changes could be due to the effect of training (Table 2).

### 4. Conclusion

This study showed a significant difference between mothers who received the intervention and mothers who did not receive the intervention in terms of the amount of care suffering. According to the results of this study, the intervention significantly reduced the care suffering of mothers of premature infants in the post-test stage. Comparison of the mean of this variable after the intervention on maternal care suffering showed a significant difference. Thus, by using spiritual self-care, mothers will acquire the ability to withstand many psychological pressures. Also, for mothers affected by spiritual care, by strengthening and activating their spiritual beliefs, their lifestyle takes on a spiritual color.

According to the results of this study, it can be concluded that spiritual care education as an influential factor can reduce the suffering of care in stressful situations such as childhood illness. The limitation of this study was the reluctance of some mothers to participate in the study. Since the above restriction may adversely affect the results' generalizability and limit them, it is suggested that a larger sample size be used in future research.

### Ethical Considerations

#### Compliance with ethical guidelines

This study was approved by the Ethics Committee of Aliabad Katoul Branch, Islamic Azad University (Code: IR.IAU.CHALUS.REC.1399.003).

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### Authors' contributions

Conceptualization, methodology, data collection, data analysis: Sambeh Hashemzadeh; Writing – original draft, and writing – review & editing, supervision: Golbahar Akhondzadeh; Investigation and methodology, funding acquisition and resources, data analysis: Anahid Mozafarinia.

### Conflicts of interest

The authors declared no conflict of interest.