

The Effect of Hope Therapy with an Islamic Approach in Comparison with Classical Hope Therapy on Happiness and Quality of Life in Patients with Coronary Heart Disease

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Abstract

Background and Objective: In coronary heart disease, patients commonly experience decreased happiness and quality of life. The aim of this study was to investigate the effect of hope therapy with an Islamic approach in comparison with classical hope therapy on increasing happiness and quality of life of the patients with coronary heart disease.

Methods: The present study used a quasi-experimental pretest-posttest control group design. 60 patients with coronary heart disease in one of the hospitals in Qom, Iran, were selected by random sampling method. Data collection instruments included questionnaires of hope, happiness, and quality of life (SF-36). After collecting the pre-test data, the participants were divided into three peer groups, with intervention sessions performed in 8 90-minute sessions. The main experimental group received hope therapy with an Islamic approach, the second experimental group received classical hope, and the control group received a stress response package only. After that, the questionnaires were re-administered in all groups. Data were analyzed using Levin, Kolmogorov-Smirnov, and Covariance test. In this study, all ethical considerations were observed and no conflict of interest was reported by the authors.

Results: The findings of the present study showed that Islamic and classical hope therapy significantly increased hope, quality of life and happiness in people with coronary heart disease. Also, the results indicated that the method of Islamic hope therapy is more effective in increasing the quality of life and happiness than classical hope therapy in patients with coronary heart disease.

Conclusion: Based on the findings, the use of Islamic hope therapy in patients with coronary heart disease is recommended. It is suggested that future studies implement Islamic hope therapy and evaluate its effectiveness in other chronic diseases.



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Summary

Background and Objective

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Research has shown that disappointment and depression are the most important barriers to rehabilitation for patients with coronary heart disease. Pessimism, disappointment, and

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depression have a negative effect on treatment and exacerbate the patient's heart problems (1). Hope is an important resource in the fight against chronic diseases (2). Hope is a process in which a person sets an ideal goal for him/herself and pursues it. Hope helps a person not to give up so easily in the face of adversities, and when it is not possible to achieve the old goals and strategies of the past due to problems, the person tries to achieve the goal by finding alternative ways (3).

As a very important and effective psychological structure, hope was proposed as an important and effective construct by Snyder. Snyder developed a scale for hope, which has been used in many studies. Hope is the process by which people set goals, devise strategies to achieve those goals, and are motivated to implement and maintain them along the way (4, 5). Studies have confirmed the role of spirituality in increasing hope in chronic diseases (6-8). For example, praying to God increases hope in the patients with heart disorders (9). Studies have also shown the role of hope in the spirituality of chronic patients (10). Creating a spiritual connection with God the Almighty gives the person an assurance that a strong force will always support him/her (11).

The aim of this study was to evaluate the effectiveness of Islamic hope therapy in comparison with classical hope therapy on increasing the quality of life and happiness of patients with coronary heart disease.

Methods

Compliance with ethical guidelines: In the present study, sufficient information about the research nature of the questionnaires and the purpose of the research was provided to the participants in the study and individuals were assured that their information would remain confidential. Participants took part in the study voluntarily and consciously and with full satisfaction. The participants were also free to quit the study if they did wish to. In addition, written consent was obtained from the participants, and attendance at the meetings was free of charge.

The statistical population of the study included people with coronary heart disease, out of whom 60 patients who met the inclusion criteria were selected and divided into three groups of 20. According to similar studies, 15 people were enough for each group, but due to the possibility of dropouts, 20 patients were included in each group. The research instruments included a demographic characteristics questionnaire, quality

of life scale (SF-36), actual happiness scale, hope scale, Snyder hope treatment package, hope treatment package with Islamic approach and stress management package.

Results

The findings showed a greater impact on the increase in hope for the Islamic hopefulness, and classical hopefulness groups compared to the control group that only received the stress response package. But Islamic and classical hope therapy did not make a significant difference in the participants' hope.

With regard to the quality of life (physical health and mental health) and happiness, Islamic and classical hope therapy were more effective than the control group that only received the stress response package. Also, Islamic hope therapy was found to be more effective in increasing physical health and happiness than classical hope therapy, and the difference was significant.

Conclusion

The results of the present study on the significant effect of hope therapy with an Islamic approach on increasing hope and happiness and quality of life are consistent with findings of the previous studies (7, 12-14). Also, the findings of the study on the significant effect of hope therapy on increasing hope and happiness and quality of life are consistent with the results of the studies by Mirbagheri *et al.*, Shaykh al-Islami *et al.*, Babakhanian and Zarghami as well as Bahramian *et al.* (18-15).

People with chronic heart disease, easily lose their motivation in dealing with obstacles and become disappointed because they have less motivation and strategies to achieve the goal. People with low levels of hope have difficulty overcoming the obstacles to achieving their goals and, subsequently, experience more negative emotions (55). In hope therapy, they are taught how to create more motivation and strategies to be able to maintain their motivation and to use alternative strategies and paths to achieve their goals when they encounter obstacles (12).

In Islamic hope therapy, a person gives his goals a spiritual dimension. Having a spiritual goal and hoping to achieve it gives meaning to one's life and puts one on the path of effort and perseverance.

Emphasizing the importance of spiritual growth, Islamic hope therapy gives life meaning and purpose, and the person feels meaningful and purposeful making it easier for the person to endure problems in life (13). Hope therapy helps

people with heart diseases to hope for a lasting positive inner conversation that tells them they can handle it.

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Ethical considerations

According to the authors, this article has been extracted from a research project entitled "Designing a hope therapy program with an Islamic approach and comparing its effect with classical hope therapy on actual well-being, depression, anxiety and quality of life in people with coronary heart disease". It has been approved by the ethics committee of Shahid Beheshti University of Medical Sciences on 3/11/95 with the code IR.SBMU.RETECH.REC.1395.845.

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Conflict of interest

The authors did not report any conflicts of interest in this study.

Authors' contribution

Acting as the therapist of one of the groups, cooperation in developing the method: First author; Collaboration in developing a procedure tailored to the needs of the patients: Second author; Contributing to the overall structure of the article: Third and sixth authors; Guiding and supervising the development of the method and implementation of the plan: Fourth and fifth authors; And compiling the method, acting as the therapist of one of the groups and performing statistical analysis: Seventh author.

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