


The Relationship between Daily Spiritual Experiences and Perceived Stress with Self-efficacy of Wives of Veterans Suffering Post-Traumatic Stress Disorder in Golestan Province

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Abstract

Background and Objectives: Post-Traumatic Stress Disorder (PTSD) is one of the most damaging psychological effects of the Iraq war against Iran, and one of the most common psychological disorders among Wives of Veterans. The purpose of this study was to determine the relationship between daily spiritual experiences and perceived stress with the self-efficacy of the wives of veterans PTSD.

Methods: In this descriptive-correlational study, the population consisted of 326 wives of veterans with PTSD in Golestan Province who were selected by available sampling. Participants completed Questionnaires of daily spiritual experiences, perceived stress, and general self-efficacy. Data analysis was conducted by SPSS version 24 using Descriptive statistics (mean and standard deviation) and analytical tests (one-way ANOVA, Pearson correlation).

Results: The results of analytical tests showed that there was a direct and significant correlation between daily spiritual experiences and self-efficacy ($P < 0.001$, $r = 0.251$). Also, there was a significant inverse correlation between self-efficacy and perceived stress ($P < 0.001$, $r = -0.40$).

Conclusion: The results showed that increasing spiritual experiences, result in increasing self-efficacy. Also, self-efficacy were inversely related to stress; increasing self-efficacy, less stress was experienced. Therefore, it is suggested that spiritual experiences be increased among wives of Veterans whit PTSD.

Keywords: Daily Spiritual Experiences, Perceived Stress, Post-traumatic Stress Disorder, Self-efficacy, Wives of Veterans.

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Introduction

The Iraq war against Iran has resulted in economic irreparable damage, physical injuries and significant psychological symptoms. Examples of its psychological effects include the threat to mental health and PTSD [1]. PTSD is a set of reactions that a person experiences in the face of stress's that is beyond their ability or tolerance to endure, such

as war, aggression, or a violent accident. The Fifth Diagnostic and Statistical Manual of Mental Disorders (DSM-5) describes criteria for this disorder, including: trauma-related thoughts, feelings and external reminders, emotional or physical distress after exposure to traumatic reminders, avoidance of trauma-related stimuli after the trauma, irritability or

aggression, functional impairment and these symptoms last for more than 1 month [2]. PTSD occurring in 9 to 25 percent of war veterans [3]. The lifetime prevalence of this disorder is in women at 10 to 12.5 percent and in men at 5 to 6 percent [3]. In Iran, following the eight-year Iraq war against Iran, many veterans have suffered psychiatric problems, including PTSD [4]. In a study conducted by Bahreinian and Borhani in Qom, it was found that more than 60% of veterans suffered from some set of physical injuries, PTSD and 36.9% suffered only mental trauma. There is no precise data on the prevalence of PTSD among wounded and injured in the imposed war, but more than 80% are likely to have PTSD [5]. As the families of these patients are in a state of constant waiting for the patient's emotional distress, Family members are also in a stressful, disturbing and anxious state [6]. In the veterans' family, the main role is played by the spouses, so if she is under pressure, it will have a major impact on the health and well-being of the family and the quality of her parenting. [7]. Wives of veterans with psychiatric disorders are the indirect victims of war and have many family, social and interpersonal problems [8]. More than one-third of veterans' with PTSD' wives have secondary PTSD criteria. They have serious psychological problems such as anxiety disorders, depression, physical problems and social functioning disorders that need to specialized attention [9, 10]. When a person is facing with situations in the workplace or in a life that is incompatible with their current capacities and abilities, they experience lack of balance, challenge and conflicts that are called stress. In fact, stress is defined as a personal's reaction to conditions that lead to physical, psychological or social change [11].

A factor that can play a role in enable individuals to cope with a variety of stressful situations is self-efficacy, that manages those situations and self-esteem, life satisfaction, well-being, and quality of life [12, 13]. Self-efficacy is one of the key variables in Bandura's cognitive-social theory, which means individuals' beliefs about their ability to perform a task and to mobilize motivations, cognitive resources, and control over a certain

event [14]. A study showed that self-efficacy beliefs as well as peer support can have a positive impact on-coping with PTSD symptoms. in veterans [15]. Another important and supportive factor is religious or spiritual beliefs. Religious beliefs have an effective role in alleviating mental distress, reducing anxiety and stress. Religious people suffer less from mental disorders such as depression, anxiety, and especially stress [16]. The daily experience of spirituality includes meaning in life. Throughout this experience, one will experience more positive and hopeful experiences, more happiness, and more life satisfaction while understanding the meaning of life [17]. Because of the nature of spiritual experiences, people with spiritual beliefs are always involved in spiritual relief in their lives which can affect attitudes toward life events, thoughts, and beliefs. Belief in divine aid and the enjoyment of religious beliefs are valuable capital that decreases sadness and leads to increased self-efficacy [18]. As noted, the results of studies have shown that spirituality can reduce psychological distress (e.g. stress). Besides that a review of studies has shown that, no study has yet been conducted on the relationship between spiritual experience and self-efficacy in Spouses of veterans with PTSD. Accordingly, and considering the gap in the relationship between spiritual experiences and perceived stress with self-efficacy in the spouses of veterans with post-traumatic stress, as well as the role of self-efficacy in coping with stress. Also, the aim of this study was to investigate the association between daily spiritual experience and perceived stress with self-efficacy of wives of veterans with PTSD in Golestan province.

Methods

This research was a descriptive-correlational study conducted in 2016. The study population of this study included all Wife of Veterans with PTSD referred to Centers of Martyrs and Victims of Gorgan, Ali Abad, Azadshahr and Gonbad. After referring to these centers, the university's letter of introduction to the center was delivered and the coordination was done. Sample size was determined using Cohen's

formula. The sample size was 316, with an estimated 10% miss loss, n=350 of Wife of Veterans with PTSD was selected. Wife of Veterans' lists of these centers were provided. To perform randomized sampling, 350 people were randomly selected from these centers using random number table.

Inclusion criteria were being able to read and write, women whose husbands were diagnosed with psychiatry and who suffered from PTSD based on DSM-V. Also during the study, the veterans' wives lived with their wives. Exclusion criteria were suffering from neurological disorders, receiving medical treatment or psychotherapy.

For data collection, participants completed demographic questionnaires, Daily Spiritual Experiences Scale (DSES), Cohen's Perceived Stress Scale (PSS-14) and Scherer General Self-Efficacy Questionnaire (GSES).

Ethical considerations

The present study was the result of a Master's Degree thesis in Nursing approved by the Ethics Committee of Tehran University of Medical Sciences, Iran (IR.TUMS.REC.1395.1786). Ethical considerations in this study include: complete information on the purpose of the study, provided written informed consent, assurance of confidential information, and allowed to withdraw of the study.

Data collection instruments

Daily Spiritual Experiences Scale (DSES): The Daily Spiritual Experiences Scale (DSES) was first designed by Underwood and Teresi [19]. This self-report scale is designed to measure daily spiritual experiences with 16 items. Likert scoring method is used on this scale. The first 15 questions have 6 options; often day-to-day, often day-to-day, sometimes day-to-day, though sometimes and almost never to score 6 to 1, respectively. Question 16 has 4 options = 1.5, somewhat close = 3, very close = 4.5, and as close as possible = 6. A higher score indicates more spiritual experiences [20]. The scores obtained in the present study were divided into four categories: low (5.36-36.16), moderate (5.56-37.37), high (5.76-57), and Excellent daily spiritual experiences (77-96)

reported. The validity and reliability of this questionnaire were used in the study of Taghavi et al. [??] Simultaneous validity, factor analysis and correlation method of each item with total score were used. The correlation coefficient of the two scales was 0.71. Principal components were used for factor analysis. In general, the results indicate the validity of the DSES scale. The reliability of this scale has been measured by Taghavi and Amiri [??] in three ways: test-retest, split-test and internal consistency. The correlation coefficient was 0.96 in the test-retest method, which was significant at the level of $P < 0.001$. Spearman-Brown coefficient was calculated 0.88 for the whole scale and Cronbach's alpha for the whole test was 0.91, which is very satisfactory. The reliability of Cronbach's alpha in this study was 0.93.

Perceived Stress Scale (PSS): This questionnaire was designed by Cohen, Kamark, and Mermelstein. The items determine how much respondents see their lives as unpredictable, uncontrollable, and pressing. The scale questions are designed to convey the feelings and thoughts a person has had over the past month [21]. It has 14 items that score as a five-choice Likert with expressions never= 0, almost never= 1, sometimes= 2, most times= 3, and almost always= 4. Questions 4, 5, 6, 7, 9, 10 and 13 are reversed. With these explanations, the minimum score obtained from the perceived stress scale is zero and the maximum score is 56. A higher score indicates more stress [22]. In the present study, the scores were divided into four categories and reported as low (0-14), moderate (28-28), high (27-42) and very high (56-43) perceived stress. The validity of this questionnaire in Mazloum et al. Study was confirmed by ten professors of Mashhad Medical Sciences in 2011 and its reliability was calculated by internal consistency method and Cronbach's alpha was 0.81 [23]. The present study Cronbach's alpha for this questionnaire was 3.76% which is acceptable.

The Scherer GSES General Self-efficacy scale: This Questionnaire was developed by Scherer et al. The questionnaire includes 17 questions in areas such as non-submission, ability to deal with problems, and so on. Each

question has 5 options: Strongly agree, agree, disagree, disagree, and strongly disagree. Each question is awarded one to five points. Questions 1, 3, 8, 9, 13, 15 increase their scores from left to right and the rest from right to left. A score (17 to 33.9) is considered low self-efficacy, (34 to 67.9) as moderate self-efficacy, and a score (68 to 85) is regarded as high self-efficacy. Minimum score is 17 and maximum score is 85. Content validity of the questionnaire based on Cronbach's alpha was reported between 0.7 and 0.9 [24]. In the study of Shabani et al. the reliability of this questionnaire through Cronbach's alpha was 0.9 and in the study of Haji Ahmadi Foumani et al. 0.85 [25]. In the present study, the Cronbach's alpha for this questionnaire was 6.87%.

For analysis of the demographic information, measures of central tendency [mean ± standard deviation] were used. Data analysis was

performed by the SPSS version 21 and Pearson's correlation coefficient.

Result

In this study, 350 Wife of Veterans were studied. The mean age of participants was 47.23±6.07 years. Demographic characteristics of the participants are shown in Table 1.

The mean and standard deviation of perceived stress, self-efficacy, and daily spiritual experiences are shown in Table 2.

The results showed that there was a direct and significant correlation between daily spiritual experiences and self-efficacy. Also, there was a negative and significant correlation between self-efficacy and perceived stress (Table 3). In this study, there was no significant correlation between perceived stress and daily spiritual experiences.

Table 1. Demographic characteristics of the participants

Variable	No. (%)	
Age (year)	<40	44 (13.10)
	40	210 (63.50)
	50-60	77 (23.90)
	60	5 (1.50)
Educational Status	Under diploma	79 (23.50)
	diploma	222 (66.10)
	Above diploma	35 (10.40)
Job	the farmer	11 (3.30)
	housewife	286 (85.10)
	Employee	28 (8.30)
	Freelance job	11 (3.30)
Economic situation	favorable	42 (12.50)
	Somewhat favorable	163 (48.50)
	unfavorable	131 (39.0)

Table 2. The mean and standard deviation (SD) of perceived stress, self-efficacy, and daily spiritual experience

Variable	Mean±SD	Rang
Self-efficacy	59.95±11.50	0-85
Perceived stress	79.88±12.32	0-56
Daily spiritual experiences	32.18±7.29	0-96

Table 3. Correlation between self-efficacy, perceived stress and daily spiritual experiences in Wife of Veterans.

Variable	Perceived Stress	Daily Spiritual Experience
Self-efficacy	P	<0.001
	r	-0.40

Discussion

The findings of this study showed that there is a significant correlation between self-efficacy and daily spiritual experiences. This means that with the increase in the score of daily spiritual

experiences, we are seeing an increase in the scores of self-efficacy. The closer one's feels to God, relies on spiritual forces, feeling more empowered, and overcoming problems more easily. Having a close relationship with God and having religious beliefs gives meaning to

people's lives and gives them the ability to easily make decisions in difficult situations by relying on superior forces [26]. This finding is consistent with the finding of Marzabadi [27] study and Zareipour [28]. Adegbola [29] also found in his study that there is a significant relationship between spirituality and self-efficacy. Because of the nature of spiritual experiences, people with spiritual beliefs are permanently associated with an understanding of their life and work experiences, including spiritual and divine interventions. These aids can change life events, thoughts and beliefs [30] and reduce the burden of care for chronic patients. Religious beliefs are associated with spiritual well-being, general health, and coping strategies. Also, there is a sense of hope and vitality that enhances positive emotions (happiness, hope, etc.) [31] and mental health in individuals [32]. The results of studies have shown that spiritual health and daily spiritual experiences are significantly related to mental health, happiness, life expectancy and quality of life [33]. The results of Narimani et al [34] study showed that there is a significant relationship between spiritual health, marital commitment and self-esteem in Wife of Veterans. Belief in God leads to happiness, spiritual expansion, improvement of social relationships, and reduction of discomfort, optimism, hope, and peace. One who always feels the presence of God is capable of accepting unchanging events and experiencing less negative emotions such as anxiety, anger, etc., which ultimately leads to high levels of self-efficacy. The findings of the study by Mohseni et al [35] showed that family members of veterans with PTSD reported lower mental health compared to other families. In contrast, they reported more depression and anxiety.

Finding of current study showed that there is a significant correlation between self-efficacy and perceived stress. It means that increasing self-efficacy decreases perceived stress in the Wife of Veterans. Khoshnevisan in a study examined the relationship between self-efficacy, stress, depression, and anxiety. The findings showed that there was an inverse correlation between self-efficacy and anxiety, depression and Stress [36]. People who care for

patients, if they have higher self-efficacy, focus more on their abilities and accept their limitations. Self-efficacy increases optimism, mental health, coping with problems, and increased life satisfaction [37, 38]. Also, high self-efficacy can effectively cope with stress, self-esteem, and well-being [39].

Self-efficacy — believing in one's own abilities — not only improves performance, but also strengthens one's resistance to failure and frustrations [40]. The findings of the Pasha and Bozorgian [29] study, which were consistent with the findings of this study, showed that people with higher self-efficacy believe that their abilities are beyond difficult situations and that they are confident in their abilities. When faced with obstacles, they use their cognitive and meta-cognitive strategies, Show more resilience, perform better, and experience less stress.

People with high self-efficacy can enter into meaningful relationships or improve relationships with others. They tend to engage in active behaviors such as participating in social groups or creative and authoritarian activities [41]. Overall, the findings of various studies have shown that there is a significant relationship between self-efficacy, spirituality, quality of life, mental health, depression, anxiety, interpersonal sensitivity, hostility, physical complaints, aggression, and loneliness [41-43].

Conclusion

The findings of this study showed that there is a significant relationship between self-efficacy and daily spiritual experiences. Also, there is a significant correlation between self-efficacy and perceived stress in wives of veterans with PTSD. Based on the findings of current study, daily spiritual experiences and self-efficacy act as a supportive factor in dealing with stressful situations that leads to negative emotions (e.g. anger, sadness), low well-being, and dysfunction. Besides that, the relationship between self-efficacy and daily spiritual experiences and other psychological variables should be examined. One of the limitations of this study was the reluctance of veterans' spouses to participate in the study; researcher

tried to introduce the study and express its goals by holding a workshop to encourage them to participate in the research, thus controlling this limitation. In this study, a questionnaire was used to find the context, as a result, some people may refuse to provide a real answer and give an unreal answer. This research has been done cross-sectional, Because of this, it makes it difficult to draw conclusions about causality. The findings of the current study are the results of a study on Wife of Veterans with PTSD in Golestan. Therefore, it is necessary to study these variable in other communities. The large number of questions in the questionnaire led to the prolongation of its implementation time, which did not affect the accuracy of the participants' answers. Also, Spiritual interventions in the Wife of Veterans should be considered and will be examined in future studies. The effectiveness of spiritual interventions and interventions affecting self-efficacy should be considered and will be examined in future studies.

Ethical Considerations

The present study was approved by the Ethics Committee of Tehran University of Medical Sciences, Iran (IR.TUMS.REC.1395.1786). Ethical considerations in this study include: complete information on the purpose of the study, provided written informed consent, assurance of confidential information, and allowed to withdraw of the study.

Conflict of interest

The Authors have no conflict of interest.

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بررسی ارتباط تجارب معنوی روزانه و استرس ادراک شده با خودکارآمدی همسران جانبازان مبتلا به اختلال استرس پس از سانحه (ناشی از جنگ) در استان گلستان

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چکیده

سابقه و هدف: اختلال استرس پس از سانحه (PTSD) یکی از زیان بارترین اثرات روانی جنگ عراق علیه ایران و یکی از شایع ترین اختلالات روانشناختی در بین همسران جانبازان است. هدف از این مطالعه تعیین رابطه بین تجارب معنوی روزانه و استرس درک شده با خودکارآمدی همسران جانبازان PTSD بود.

روش کار: در این مطالعه توصیفی از نوع همبستگی، جامعه آماری شامل ۳۲۶ همسر جانباز مبتلا به PTSD در استان گلستان بودند که به روش نمونه گیری در دسترس انتخاب شدند. شرکت کنندگان پرسشنامه های تجربیات معنوی روزانه، استرس درک شده و خودکارآمدی عمومی را تکمیل کردند. تجزیه و تحلیل دادهها با استفاده از آمار توصیفی (میانگین و انحراف معیار) و آزمونهای تحلیلی (ANOVA) یک طرفه، همبستگی پیرسون (با استفاده از نرم افزار SPSS نسخه ۲۴ انجام شد.

یافته ها: نتایج حاصل از آزمون های تحلیلی نشان داد که بین تجارب معنوی روزانه و خودکارآمدی رابطه مستقیم و معنی داری وجود دارد ($P < 0.001$).

$r = 0.255$ همچنین، بین خودکارآمدی و استرس ادراک شده رابطه معکوس معنادار وجود دارد.

نتیجه گیری: یافته ها نشان داد که افزایش تجربیات معنوی منجر به افزایش خودکارآمدی می شود. همچنین، خودکارآمدی با استرس رابطه معکوس داشت. با افزایش خودکارآمدی، استرس کمتری تجربه شد. بنابراین، پیشنهاد می شود که تجربیات معنوی در بین همسران جانبازان با PTSD افزایش یابد.

واژگان کلیدی: همسران جانبازان؛ اختلال استرس پس از سانحه، تجربیات معنوی روزانه، استرس درک شده

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