

The Effect of Training Spiritual Skills on Stress and Stressful Features of Nursing Mothers

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Abstract

Stress is one of the influential factors in people's performance. Job and existing conditions of working environment can cause stress. One of the jobs that due to its nature is causing too much stress is nursing job. Various factors are involved in reducing stress, of which are spiritual skills. This study was conducted to evaluate the effect of training spiritual skills on stress and stressful features of nursing mothers. The study population of this semi-experimental with pre-test and post-test research design with control group, consisted of all female nurses of Milad Hospital (150 people) whom complete the questionnaire. 30 individuals with higher scores in stress were randomly assigned to experimental and control groups. Data collection tools include spiritual skill training package and Abidin parental stress index (PSI) with parental realm (54 items). Data were analyzed using analysis of covariance method & Levin univariate ANOVA. The hypothesis that training spiritual skills is effective in reducing nursing mothers' job stress is confirmed ($F=24.977$; $Df=1$ and 27 ; $Sig=0.001$). The results of the study imply that spiritual skill training was influential in reducing stress and stressful features of nursing mothers.

Keywords: Spiritual therapies, Mothers, Nurses, Stress

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Introduction

Stress is a condition or situation under which the individual feels that s/he is faced with severe debts that s/he cannot solve it through individual and social available resources, and it necessarily does not include bad and ominous events but many pleasant events such as marriage, birth of a baby, buying a house, daily schedule of job, change of living place, etc., can be the factors of stress. Stress effects on people's health are analyzed at two levels: a sociological level or the study of the general behavior of the stressed individuals, and a psychological and biological level or the individual's reactions followed by genetic background and evolutionary changes (Clegg, 2001).

Since several factors can cause stress, one of these factors is job and existing conditions of working environment. Job stress is taken as one of the most important and serious issues associated with the health. Job stress is the inability to cope with job pressure (Massah & Dibaji, 2017). These events cause disorders in individual's functioning in long-term. One of the jobs that due to its nature is causing too much stress is nursing job. Stress will also reduce the quality of parenting (Nicholl & Timmins, 2005). Since among the different careers, nursing job has an important position and the majority of the occupants of this career are women, clinical specialists have studied the relationship between professional and family stressful elements and its psycho-physiological consequences. Hendrix and Cantrell (Yates, Obradovic, Egeland, 2010) studied a group of male and female staffs of an institution and found occupational stress with burnout syndrome, exhaustion, pessimism about their jobs and physical problems in women more than men. However, the women are faced with two types of stress. Job difficulties of working mothers are associated with increased marital problems, children's increased behavioral disorders, and incidence of physical and mental diseases (Hendrix & Cantrell, 1988). Stress management can have a decisive role in personal and job performance in nurses (Houston, Cates & Kelly, 1992). Coping with stress methods are cognitive, behavioral, and psychological attempts to deal with stress (Moustaka et al., 2009). Learning coping with stress skills is of behavioral and cognitive skills (Varvogley & Darviri, 2011) which are effective in reducing stress.

Different scientific schools have tried to help people physically and mentally. One of the schools that have a significant role in people's lives has been spirituality. Spirituality is one of the human existential aspects which show his integrity and relationship with the universe; an integration and communication that gives hope and meaning to human, and takes him beyond the time, space and material interests (Gallagher, Babson, Boden, Bonn-Miller, 2014). Spirituality and faith is today one of the main tools that are used by health specialists to improve the status of their patients and clients so that most of these specialists utilize the spiritual issues widely in treatment process (Ghobari Banab, 2008). In fact, spirituality is an aspect of human life which enjoys it when entering the counseling room, an aspect that includes spiritual beliefs, practices, experiences, values, relationships, and spiritual challenges (Pargament, 2007). Spirituality-therapy as a treatment method plays a very important role in adjustment with stressful conditions caused by chronic diseases (Leone, Erin & Todd, 2004).

William (William, 2000) states that the principles of spiritual healing as: Love of others, love to work, love to belongings, belief in spirituality, belief in the oneness & belief in resurrection (Transformation).

In a study by Fischer et al., as "the relationship between religious entity and coping strategies", they found that religious dependencies can be helpful to deal with risky problems and events (Fischer, Amy, Nilüfer, Dieter, Alexander, 2010). In a study by Mohammadi "the effect of spiritual therapy on depression in elderly women residing in nursing homes", the results showed that spiritual therapy could decrease the rate of depression in elderly women residing in the nursing home (Mohammadi, 2013).

Also Jafari et al., carried out a research under the title of 'the role of spiritual health and coping skills in predicting the nurses' job satisfaction'(Jafari, Kamarzarin, Kordmirza, Seyfizadeh, 2015). Therefore, according to the place of spiritual skills in reducing and controlling stress and also the sensitivity of the relationship of mother and child, the present research was carried out to study the role of spirituality, spiritual skills and spirituality therapy in stress and reducing the stressful factors of working mothers.

Method

According to the nature and objectives of the research, the quasi-experimental method with pre-test and post-test design and a control group was used. The project consisted of two groups that are compared before and after exposure to the independent variable. Study population of the present study consisted of all nurses that were at age range of 25 to 40 years with, at least, bachelor education and had at least two children. 150 nurses were qualified by the criteria and selected as research population. These subjects completed the study scales and after analyzing the scales, 30 nurses who had earned the highest score on the stress scale were selected. Of the 30 subjects, 15 subjects were assigned to the experimental group and received training in spiritual skills, and 15 subjects were assigned to the control group. Training spiritual skills was done in 8 sessions, one day a week for approximately 70 to 90 minutes to nurses. In each session, after reviewing tasks of previous week, the new subjects were discussed. At the end of sessions, summary and task of next sessions were presented. After 8 sessions in spiritual skills for experimental group, both groups answered the scales of the study. The collected data before and after training spiritual skills at the two experimental and control groups were analyzed. Abidin's Parental Stress Index (PSI): This questionnaire contains 101 items that was developed by Abidin and is used to assess parental stress. Using this questionnaire, the importance of stress can be evaluated in parent-child system. The subscales related to parental dominion (54 items) include depression, attachment, role limitations, sense of qualification, social isolation, and relationship with spouse and parent health. The normal spectrum of overall score for this index is 260 and the score below 175 is assessed with a negative defensive structure, dishonesty and easygoing parents. Alpha confidence coefficient for the domain's sub-items and total scores was calculated by Abidin (Abidin, 1990). This coefficient was reported from 0.70 to 0.84 in the population of 2633 people in the realm of parents and equal to 0.95 for the total scale which indicate the internal consistency of evaluations. In a study which was carried out as a cross-cultural study, the validity of the scale has been reported similar to the original sample.

Data were analyzed using analysis of covariance method & Levin univariate ANOVA. In order to evaluate the normality of probability distribution, Kolmogorov-Smirnov test was used.

Results

The results of analysis of covariance method & Levin univariate ANOVA are shown in Table1 and Table2:

Table 1. Mean and standard deviation of variables

Variable	Mean & Standard deviation			
	Pre-test		Post-test	
	Experimental	Control	Experimental	Control
Job stress	138.47±4.08	138.73±8.12	119.33±9.19	134.93±7.77

Variable	Mean & Standard deviation			
	Pre-test		Post-test	
	Experimental	Control	Experimental	Control
Depression	38.00±2.93	37.37±3.04	18.27±7.18	34.37±4.91
Attachment	15.93±2.55	18.37±1.39	26.53±3.27	20.80±5.07
Role constraints	28.53±2.39	29.87±2.41	20.13±3.85	28.60±3.96
Sense of qualification	26.47±2.53	26.87±3.11	35.47±4.58	30.93±5.93
Social isolation	24.47±2.36	26.67±1.89	14.17±3.05	24.53±4.98
Relations with spouse	12.40±1.35	12.40±1.55	24.87±5.15	17.20±4/49
Parental health	15.67±1.55	15.33±1.76	25.33±4/85	19.00±5/98

Table 2. Results of assumptions of Levene test (equality of variances) and univariate (linear) ANOVA

Variable	Type of assumptions	F	Sig.
Variable	Levene test	3.79	0.062
	Univariate ANOVA	2.5	0.004
mothers' depression	Levene test	2.82	0.10
	Univariate ANOVA	6.76	0.004
mothers' attachment	Levene test	3.06	0.091
	Univariate ANOVA	5.56	0.001
constraints of mothers' roles	Levene test	1.87	0.183
	Univariate ANOVA	9.65	0.007
mothers' sense of	Levene test	2.99	0.094

qualification	Univariate ANOVA	8.54	0.009
	Levene test	2.16	0.153
mothers' social isolation	Univariate ANOVA	7.54	0.005
	Levene test	2.92	0.142
relationship with mothers' spouses	Univariate ANOVA	5.63	0.006
	Levene test	0.182	0.673
mothers' health	Univariate ANOVA	7.92	0.008

The Levin test results (Table2) show that since the obtained significant level is larger than 0.05, so both experimental and control groups do not have significant difference in terms of variance. Therefore, this assumption has been observed for doing analysis of covariance. Also, because the significance level of F-values of linearity is less than error rate of 0.05, there is a linear relationship between the variables.

Analysis of covariance for post-test scores of the effects of spiritual skills in reducing mothers' stress and stressful features are shown in Table3.

Table 3. Analysis of covariance for post-test scores of the effects of spiritual skills in reducing mothers' stress and stressful features

Variable	Source	SS	df	MS	F	Sig.	Eta
the effects of spiritual skills in reducing mothers' stress	Post-test	70.793	1	70.793	0.977	0.322	0.035
	Between-group variance	1808.976	1	1808.976	24.977	0.001	0.481
	Within-group variance	1955.474	27	72.425	-	-	-
	Whole variance	488738.000	30	-	-	-	-
the effects of spiritual skills in mothers' depression	Post-test	30.359	1	30.359	0.379	0.380	0.029
	Between-group variance	1950.355	1	1950.355	51.250	0.001	0.655
	Within-group variance	1027.808	27	38.056	-	-	-
	Whole variance	23676.000	30	-	-	-	-

the effects of spiritual skills in mothers' attachment	Post-test	63.236	1	63.236	3.821	0.061	0.124
	Between-group variance	308.535	1	308.353	18.641	0.001	0.408
	Within-group variance	446.879	27	16.552	-	-	-
	Whole variance	17560.000	30	-	-	-	-
the effects of spiritual skills in constraints of mothers' roles	Post-test	26.274	1	26.274	1.768	0.195	0.061
	Between-group variance	435.532	1	435.532	29.321	0.001	0.521
	Within-group variance	401.058	27	14.854	-	-	-
	Whole variance	1877.000	30	-	-	-	-
the effects of spiritual skills on the of mothers' sense of qualification	Post-test	0.026	1	0.026	0.001	0.977	0.001
	Between-group variance	153.029	1	153.029	5.266	0.030	0.163
	Within-group variance	784.641	27	29.061	-	-	-
	Whole variance	34006.000	30	-	-	-	-
the effects of spiritual skills on the of mothers' social isolation	Post-test	12.093	1	12.093	0.703	0.409	0.025
	Between-group variance	558.875	1	558.875	32.481	0.001	0.546
	Within-group variance	464.573	27	17.206	-	-	-
	Whole variance	12473.000	30	-	-	-	-
the effects of spiritual skills on relationship with mothers' spouses	Post-test	228.381	1	228.381	0.643	0.430	0.023
	Between-group variance	440.832	1	440.832	12.666	0.001	0.263
	Within-group variance	939.752	27	34.806	-	-	-

	Whole variance	14675.000	30	-	-	-	-
	Pre-test	86.993	1	86.993	3.164	0.087	0.105
effects of spiritual skills on mothers' health	Between-group variance	256.165	1	256.165	9.644	0.004	0.263
	Within-group variance	742.341	27	27.494	-	-	-
	Whole variance	15871.000	30	-	-	-	-

Based on Table 3 information, all 8 hypotheses are confirmed. So it was observed that spiritual skill training is effective in reducing of nursing mothers' stress and stressful features. As the results show, the hypothesis that training spiritual skills is effective in reducing nursing mothers' job stress is confirmed ($F=24.977$; $df=1$ and 27 ; $Sig=0.001$). The research findings are consistent with those of Jafari et al., (Jafari et al, 2015) and are inconsistent. Therefore, in explaining this hypothesis it can be said that in some researches the spiritual health has been considered as one of the aspects of health alongside or in connection with the physical, social and psychological health. Also, according to the obtained results the way of effectiveness of spiritual skills on the dimensions of parental dominion with the following coefficients was approved: for nursing mothers' depression ($F=51.250$; $df=1$ and 27 ; $Sig=0.001$), for nursing mothers' attachment ($F=18.641$; $df=1$ and 27 ; $Sig=0.001$), for limitations of the role of nursing mothers ($F=29.321$; $df=1$ and 27 ; $Sig=0.001$), for qualification sensation of nursing mothers ($F=5.266$; $Df=1$ and 27 ; $Sig=0.001$), for nursing mothers' social isolation ($F=32.481$; $df=1$ and 27 ; $Sig=0.001$), for relationship with nursing mothers' spouses ($F=12.666$; $df=1$ and 27 ; $Sig=0.001$).

Discussion and Conclusion

The current study was conducted to investigate the effectiveness of training spiritual skills on stress and stressful features of nursing mothers. Our results show that training was effective in reducing stress and stressful features of experimental group. The empirical evidence supports the relationship between parental stress and its

negative consequences in association with child's interaction in variables such as poor attachment, behavioral problems, poor positive interactions of child-parents and couple's satisfaction. To explain the obtained results, it can be argued that these mothers, before the intervention, tolerated high stress levels and had poor spiritual skills; therefore, they felt frustration towards self, relatives and future considering the relationship between stress and frustration. Lazarus and Folkman believe that the effect and impact of each stressful event is affected based on how makes a person spiritual; therefore, if people learn effective spiritual methods of coping stress, their stress level decreases (Lazarus, Folkman, 1984). Reduction of stress level decreases frustration rate and the individuals become hopeful about themselves, others and the future. The group provides safe environment for these people to be able to communicate with each other and receive support from therapist and other members of the group. In addition, the group provides an opportunity to observe others.

In this regard, Pardon states that counseling and training spiritual skills can help working parents to put their negative emotions in the right direction in a way that leads to their constructive interaction with their children; thereby they are able to learn which resources they need to obtain to help their children achieve the ways to express their feelings in an effectively way (Pardun, Engle & Brown, 2005).

As results show, it can be said that training spiritual skills has been very effective in reducing stress level and frustration of nursing mothers. In explaining the inconsistency of researches results it seems that this difference is related to the differences in research conditions. In their researches, firstly stress levels of mothers in the position before intervention was low; secondly, the number of training sessions for those researches has been few. The results of this study should be generalized cautiously. Because of certain limitations, including the lack of adequate time, we could not follow up our participants. Officials should pay further attention to mothers' stress due to the high frequency and severity of this issue in this population. Therefore, identifying the source of stress in mothers (specially nursing mothers) and training spiritual skills is recommended as an effective method for prevention of stress, and can be an important step to improve the quality of their lives.

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