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Predicting hope to be alive using spiritual experiences in burn patients

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ABSTRACT

Background: What studies have shown is that people's spiritual experience can play a prominent rolein people's health. The importance of experiences such as spirituality and hope to be alive makes it necessary to examine the relationship between them. The aim of this study was to investigate the predictability of life expectancy using spiritual experiences in burn patients.
Methods: This study was an analytical study and its statistical population included burn patients referred to Velayat hospital in Rasht. Available sampling method was used. Data collection tools were 3 questionnaires including demographic characteristics, Snyder's Hope Life questionnaire and the scale of daily spiritual experiences. In Iran, the reliability of the hope to be alive questionnaire in the study of Baljani et al. And the scale of daily spiritual experiences in Soltani study have been confirmed. The collected data were analyzed by version 24 of SPSS software.
Results: In this study, the results showed a weak but significant correlation (r = 0.16) between hope to be alive and spiritual experiences and about 5% of hope to be alive can be predicted with spiritual experiences and demographic variables. It had a significant predictor, age and burnt limbs had the most predictors.
Conclusion: The results of this study show the importance of paying attention to patients' spiritual experiences as a variable affecting hope to be alive. Therefore, in order to strengthen the positive effects of hope to be alive in nurses 'care programs, items such as support, facilitation and attention to patients' spiritual desires and needs should be considered.

Keywords
Hope to be alive, spiritual experiences, burn patients

Introduction

Background and Aim: Burns are events that affect the body and soul of the victim. Evidence shows that burns can have a major impact on patients' quality of life and impair their physical, mental, social and spiritual well-being (1). Various factors affect the treatment process of these patients, one of which is spirituality.

Spirituality includes attitudes based on beliefs about the relationship with oneself, others, the world around us, and ultimately with God. The increase in interest in the psychology of spirituality can be partly due to empirical findings and theoretical discussions that suggest that spiritual and religious variables play a role in physical and mental health (2).

Many psychologists today recognize faith and spirituality as an important source of mental health, so much so that they often find it necessary to consider patients' spiritual issues in the healing process. It is the next spirituality of man that shows his connection and integration with the universe. Communication and integration give man hope and meaning and transcends him beyond the limits of time, place and material interests. In fact, religion and spirituality can be important sources of power and support in order to get out of critical and stressful situations throughout life (3).

Research shows that faith, religious behavior and participation in religious ceremonies can play an effective role in preventing and treating psychological problems and improve the health and well-being of individuals (4). It is important for mental health professionals to use it as an important alternative and supportive source by recognizing the religious beliefs and rituals of their clients, and by advising them to spirituality and participating in religious ceremonies, they can lead them to peace of mind. The effect of spiritual health on a person's life is such that by increasing religious inclination, a person achieves a kind of self-control that prevents the effectiveness of the external situation and, as a result, is less affected by the inappropriate situation and maintains his mental health. Spiritual health

is one of the important dimensions of health in human beings that provides a harmonious connection between internal forces and is characterized by characteristics such as stability in life, peace, fitness, feeling of close relationship with oneself, God and the environment (3).

Spirituality has long been a major source of meaning in life; It directs the main beliefs, expectations and goals and puts them in a superior position and ultimate and purposeful context. So that religious people can more easily adapt to stressful life events that are not acceptable; Religion therefore creates hope in the individual; It creates motivation and energy in the person, which gives him hope for a better life situation (5).

Hope is one of the concepts that has played an important role in dealing with the problems and stress caused by it and as a potentially powerful factor in improving and adjusting patients. According to Snyder, hope is a positive motivational state that is based on a sense of perseverance and guidance and is responsible for one's interaction with the environment. Hope is the capacity to imagine the ability to create paths to desirable goals and the motivation to move in those paths. Over the past decades, psychotherapists have argued that hope should be considered as a major factor in many therapies (6).

The importance of hope may be better understood because of the consequences of not having hope. Disappointment is a serious condition that leads to increased despair, depression and ultimately a lack of desire for life. Hope is defined as an inner force that can enrich life and enable patients to see a perspective beyond their current and unhealthy state of suffering. Lack of hope and lack of purpose in life leads to a decrease in its quality and the creation of despairing beliefs. Orientation, positive expectations, purposefulness, realism, goal setting and internal communication are important features of hope. Hope involves people's perceptions and attention to the future, and with the perception that positive results are likely to be achieved, it causes the individual to make efforts (7).

The relationship between hope and religion is reciprocal, and since hope determines meaning through purposefulness to deal appropriately with stressful life situations, it can be effectively reduced by reducing the hope to be alive of these people in the face of difficult life situations. To feel less pressure by feeling belonging to a superior source. In the research of Baljani et al., It was shown that spiritual health and hope have a great relationship with each other and the hopeful person has more spiritual health. Also, in Qahramani and Nadi research, it was shown that an important factor in increasing the spiritual health of people is hope and high hope in difficult life situations (3).

Despite the fact that spiritual needs, which are part of the World Health Organization's definition of palliative care, attention to spiritual issues is still weak. The World Health Organization defines palliative care as an approach to improving the quality of life of patients and their families in the face of problems such as illness and life-threatening. This definition indicates that members of the palliative care team strive to achieve this goal through early identification, evaluation, and treatment of pain and physical, mental, and spiritual problems (8).

Therefore, due to the importance of the subject, lack of related studies in the research environment and the role of spirituality on the level of health and caring behaviors of patients, the present study was designed and conducted to investigate the predictability of hope to be alive using spiritual experiences in burn patients. It is hoped that its findings will serve as a basis for other studies, and that medical staff will be able to provide more effective care to patients, taking into account their religious and spiritual beliefs, which have a high status.

Materials and Methods: This is an analytical study whose statistical population includes patients with burns hospitalized in Rasht Trauma and Burn Hospital who entered the study from the beginning of July to the end of February 2017 (8 months) and to select them from the method Available sampling was used (due to the low number of hospitalized patients, this sampling method was used). Inclusion criteria included burns of more than 20% of the whole body or burns of more than 10% of the face, age over 16 years and less than 80 years, mental health and physical stability. Exclusion criteria included hearing and speech problems and decreased level of consciousness at the time of the study (because some patients may not be able to complete the questionnaire due to hand burns or illiteracy, all questions were read to the patient by the researcher and answered with Patients completed).

The required number of samples was estimated at 310 with the amount of error of the first type being 5% and the error of the second type being 20%. Data collection tool was 3 questionnaires. The first questionnaire examined demographic characteristics such as age, sex, level of education, occupation, place of residence, marital status, extent of burn and place of burn. In the second questionnaire, Snyder hope to be alive questionnaire was used to assess the

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hope to be alive of individuals. The Adult Hope Scale The self-report questionnaire consists of 12 questions developed by Snyder et al. For adults over 15 years of age. Each question was answered on a five-point Likert scale (score 1 for strongly disagree to score 5 for strongly agree); So the range of scores is between 12 and 60 (9) and a higher score means more hope to be alive. Snyder et al reported the reliability of the questionnaire in 1991 through Cronbach's alpha of 0.84 and through retesting at a 10-week interval of 0.80. In Iran, the reliability of this questionnaire in the study of Baljani et al. Using Cronbach's alpha was 0.82.

The third part of the data collection tool, the scale of daily spiritual experiences, first developed by Underwood and Fear, examines a person's perception of a superior force (God) in daily life and his perception of interacting with this superior force. This scale has 16 items that include concepts such as communication, pleasure and feeling of excellence, strength, comfort, peace, help and assistance of God, guidance of God, receiving God's love, feeling of wonder, gratitude, compassionate love and feeling of closeness to God. Examines. A higher score on this scale indicates more spiritual experiences. The scoring method is in the form of Likert. Answer options include most times of the day, every day, most days, some days, although once in a while and never or almost never, which are scored from 6 to 1, respectively. The internal stability of this instrument was reported using Cronbach's alpha in two stages with scale implementation, 0.94 and 0.95 (10).

In order to collect data, after obtaining permission from the Deputy Minister of Research and in coordination with the Burns and Reconstructive Surgery Center of the province, burn patients admitted to the burn surgery and ICU wards were admitted by available sampling method. The collected data was transferred to version 24 of SPSS software. After filtering the data, descriptive statistics such as number and percentage were used for qualitative variables and indicators of central tendency and dispersion such as mean, standard deviation, etc. After examining the data distribution status, non-parametric statistics such as Mann-Whitney and Kruskal-Wallis tests were used. Spearman correlation test was used to examine the correlation and multivariate linear regression test was used to predict the predictability of variables.

Results: In this study, 310 people were studied. The mean age of these patients was 38.5 years and the standard deviation was 13.8 years. The youngest participants were 15 years old and the maximum was 80 years old. 40% of the patients were female and the rest were male. 146 patients (47.1%) were urban and the rest were rural. Most of the patients (164 patients) were metallic, 123 were single, 12 were widows and 11 were divorced. The patients' occupations are shown in Figure 1.

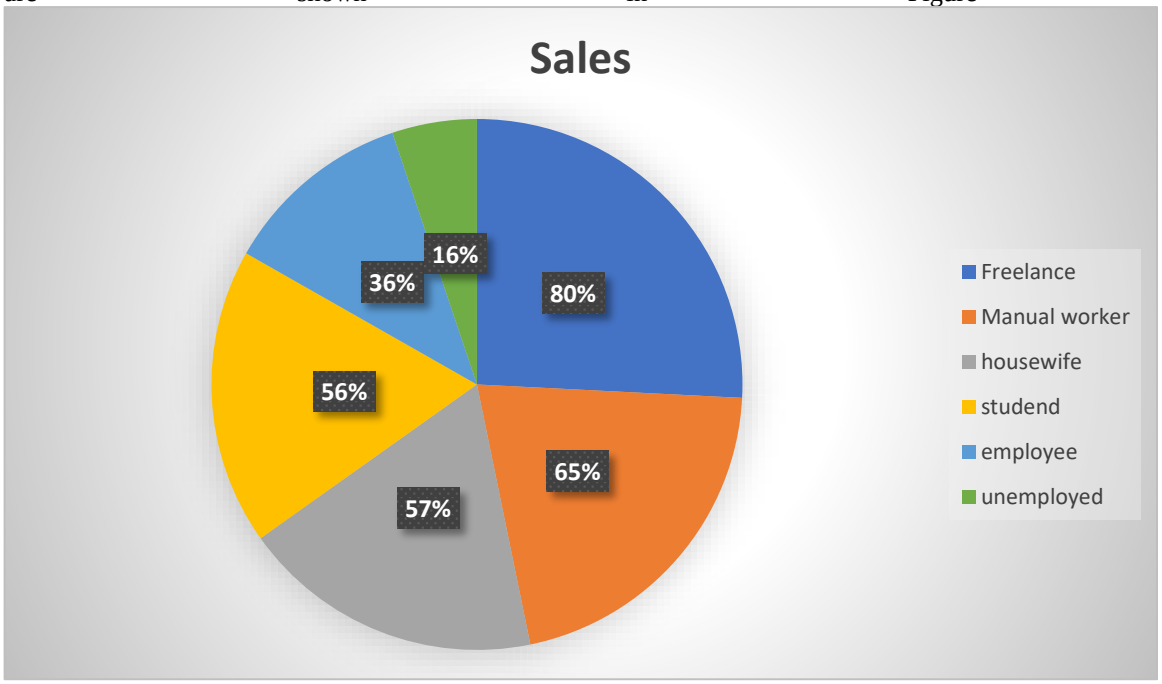

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Figure 1: Distribution of patients by occupation

Using Pearson correlation test, a weak but significant correlation (r = 0.16) was observed between hope to be alive and spiritual experiences. Using regression analysis, it was found that about 5% of hope to be alive can be predicted by spiritual experiences and demographic variables. After the spiritual experiences that had the most significant predictors, the burned age and limbs had the most predictors.

Table 1: Distribution of patients studied based on severity, degree and burns

percent	Number		Variable
8.7	27	Head and face	Limb
8.7	27	Body	
2.9	9	Hand	
14.5	45	Leg	
44.2	237	Two limbs	
21	65	Three limbs and more	
35.2	109	2	Degree of burn
1.9	6	3	
59.4	184	2&3	
3.5	11	3&4	
51.6	160	Less than 20%	Extent of burns
29.7	92	20 to 30%	
10.3	32	30 to 40%	
8.4	26	More than 40%	

Table 2: Mean, standard deviation and minimum and maximum score of spiritual experiences and life expectancy

Maximum	Minimum	Standard deviation	Average percentage To the maximum score Available	mean	Variable
34	24	5.68	65.38	39.23	hope to be alive
94	57	13.73	61.01	58.64	Spiritual experiences

Discussion: In this study, the mean age of patients was 38.5 and most patients (60%) were male, which was similar to a peasant study entitled "Study of the relationship between anxiety before care and postoperative pain in burn patients" (mean age = 35.69 and 57.4%). Male) (11). Most (52.9%) of the patients participating in this study were residents of the village, which is similar to Jafari Parvar's study on quality of life and related factors in patients with burns (55%) (12), but with Emami Sigaroudi's study. Which is different as a study of life satisfaction in burn patients (64.1%) (13).

In this study, the mean and mean scores of spiritual experiences in most of the studied units were 58.64 and 55, respectively, which was higher than the mean of the total achievable score (48). The results of the study of Soltani et al. And Mahboubi et al. Are in line with the results of this study (10). Since most Iranians are religious and adhere to spiritual principles, and on the other hand, these patients face stressful events such as burns, spirituality plays a

significant role in overcoming this situation, which was not unexpected. In this study, the mean and mean hope to be alive scores in most of the studied units were 39.23 and 32, respectively, which was higher than the average of the total achievable score (30). In a Balsanel study of diabetic patients in Brazil, the average hope to be alive was 40.46, which is consistent with the present study (14). While in Sharifzadeh's study it was reported to be below average and in Issazadegan's study was moderate (10) and is inconsistent with the results of this study. The reason for high hope to be alive in this study is due to the higher average of spiritual experiences in these patients, which can be justified by the results obtained from this study (there was a statistically significant relationship between hope to be alive and spiritual experiences ($P < 0.001$). Another reason may be that burn survivors look to life more hopefully because they have passed the critical stage and have more hope to be alive than patients with chronic diseases such as cancer.

In this study, a direct and significant statistical relationship was observed between spiritual experiences and hope to be alive, which is consistent with the results of Rahmanian study (15). Explaining the results of the significant relationship between daily spiritual experiences and hope to be alive, it can be said that people who have spiritual experiences believe that these experiences act as a sedative and calms them, makes them more relatable to life and events. And it raises the perception of each other and reduces negative emotions such as frustration, anger and feelings of emptiness to a considerable extent. As a result, people with higher spiritual experiences have higher levels of hope and a more hopeful outlook on life. Spirituality causes a person to have a unified identity, satisfaction, happiness, love, respect, positive attitudes, inner peace and purpose and direction in life, and this type of positive attitudes has a great impact on life satisfaction. Another possible explanation for this relationship is that people with active spiritual lives are mentally healthy. These people tend to find it lovable, capable, and worthy, and they can find a God to guide them in their lives, make them happy, and support them in times of trouble.

This becomes even more important during illness, and they create a sense of inner peace and reduce the burden of their sins by turning to spirituality and practicing religion. Sick people, with high spiritual well-being, turn to prayer and mystery and need in order to seek refuge in a spiritual source and power, and this superior power protects them from problems and troubles. In such circumstances, a sense of hope and joy is created in the person and this feeling will cause the person to be satisfied with life. The results of this study help nurses and clinicians to pay attention to spiritual experiences and hope for the future in evaluating patients and provide better services in this field to improve the quality of life to patients with burns. It is also suggested that in theoretical and clinical nursing education, students become more familiar with the category of spiritual health as one of the important dimensions of health in patients.

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