

Prediction of Psychological Well-Being Based on Islamic Lifestyle and Coping Strategies in Patients with Major Thalassemia in Tehran

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Abstract

Background: This study aimed to predict psychological well-being based on Islamic lifestyle and coping strategies in patients with thalassemia major in Tehran.

Method: The present study was categorized as descriptive research (correlation type) as the research method. Because the aim of the research was to determine the contribution and role of each of the predictor variables in estimating and predicting the criterion variable. For this purpose, this study included all major thalassemia patients referring to Zafar Thalassemia Clinic and Thalassemia Department of Baharlo Hospital in Tehran.

Results: According to the results, coping strategies (coping focused on cognitive assessment, coping focused on problem solving, emotion-focused coping, social support, and coping focused on physical inhibition) have significantly improved psychological well-being in people with major thalassemia disease, as predicted, and also the Islamic lifestyle significantly predicted psychological well-being in people with major thalassemia.

Conclusion: Among coping strategies, coping focused on problem-solving, coping focused on positive cognitive assessment, coping focused on emotion and coping with physical inhibition for significant negative psychological well-being in patients with thalassemia major the study predicted and found that the Islamic lifestyle has a positive psychological well-being in patients with thalassemia major.

Keywords: Islamic Lifestyle, Major Thalassemia, Coping Strategies, Psychological Well-Being.

1. Introduction

The World Health Organization (2002) identified Thalassemia as the most commonly diagnosed chronic genetic disorder among 60 countries, affecting the lives of 100,000 children a year. In our country, it is one of the most commonly encountered genetic cases (Akbarbaglo and Habibpour, 2010, 2003). The World Health Organization, estimated the world's mental disorder, 11.5% in 1998. The statistics show that in 2020, the disorder will be up to 15%, and the

disappointment and anxiety of humans will be a burden on the community. Since the physical problems of these patients cause many mental and psychological problems, it is imperative that effective psychological well-being, such as Islamic lifestyle and coping strategies, be considered and the necessary strategies to promote these patients be provided to patients and their families for comfort, and a positive step to increase the useful life and promotion of social performance and quality of life. In case of neglecting different physical, mental, and even economic dimensions, these people will experience many problems including social isolation, depression, anxiety, reduced social and educational performance, dissatisfaction with life, low life expectancy and even suicide. The hope for life and the belief in spiritual and transactional issues will increase the acceptance and the follow up of interventions by the individual.

The present study was conducted with the aim of "predicting psychological well-being based on Islamic lifestyle and coping strategies in major thalassemia patients in Tehran". The overall aim of this study is to predict psychological well-being based on Islamic lifestyle and coping strategies in patients with major thalassemia in Tehran. The minor objectives of the research are: the prediction of psychological well-being based on coping strategies in patients with thalassemia in Tehran; and prediction of psychological well-being based on Islamic lifestyle in patients with thalassemia in Tehran. To test the hypotheses, hierarchical multi-variable regression analysis was used. This research is categorized as a descriptive study type (correlation type).

This research is categorized as a retrospective research in terms of research design. In terms of purpose and type of research, the present study was conducted in the applied research group. In this research, three questionnaires were used: the Rief Psychological Well-Being Questionnaire (RPEBS), the Billings and Meus Coping Strategies Questionnaire, and the Kaviani Lifestyle Questionnaire, self-report. The participants responded with help from the researcher's explanations. The statistical population of this study was thalassemia major patients in Tehran. People who did not have a history of psychiatric hospitalization and did not participate in workshops and psychology classes were included in the study. Also, people aged 17 and above were studied.

The paper's structure is as follows: In the next section, papers and studies that address this issue are reviewed. Then, the research variables (mean, standard deviation, and internal consistency) are described. In the next section, the assumptions of regression analysis have been examined and finally the research hypotheses have been tested. In the final section, we will draw conclusions from the findings.

2. Method

In this study, 97 participants (64.7%) were women and 53 others (35.3%) were male. Also, 32 participants (21.3%) were under 25 years of age, 35 of them (23.3%) were 26-30 years old, 37 (24.7%) were 31-35 years old and 46 (30.7%) were over 36 years old. It should be noted that the mean and standard deviation of the participants' age was 33.29 and 8.58, respectively. The level of education of 71 participants (47.3%) have diplomas and certificates, 20 (13.3%), 40 (26.7%) and 17 (12%) have Master's degrees and higher. In addition, 81 of the participants (54%) were single, 63 of them (42%) were married and 3 (2%) of them were with their spouses. It should be noted that three of the participants did not determine their marital status. In terms of job, 20 participants (13.3%) were unemployed, 25 (36.7%) employees, 29 (19.3%) were employed, 34 (22.7%) had household activities and three (2%) were retired. It is noteworthy that nine of the participants did not determine their job status.

Prior to testing the hypotheses, the mean, standard deviations and Cronbach's alpha coefficients were coping strategies (coping focused on cognitive assessment, coping focused on problem solving, emotional focused coping, social support and coping focused focus on physical inhibition), The Islamic lifestyle and psychological well-being are calculated and presented in Table 1.

Table 1. Mean, standard deviation and Cronbach's alpha coefficient Coping strategies, Islamic lifestyle and psychological well-being

Variable	Mean	Standard deviation	Cronbach's alpha
Coping strategies- Conflict focused on cognitive assessment	9.55	2.96	0.679
Coping strategies-Conflict focused on problem solving	5.75	1.89	0.613
Coping strategies-Conflict focused on excitement	14.93	5.28	0.810
Coping strategies-Focused counter proliferation of social support	6.33	2.05	0.694
Coping Strategies - Focused Focus on Physical Inhibition of Islamic life style	6.91	3.82	0.745
	208.75	24.85	0.975
Psychological well-being	76.16	9.29	0.763

Table 1 shows the mean, standard deviation and Cronbach's alpha coefficients of the research variables. As you can see, the Cronbach alpha coefficient for all components of the present study is close to or above 0.7. This indicates the acceptable internal consistency of the questionnaires used to measure the variables of the present study.

Correlation coefficients between the variables of the research showed that coping strategies, three coping strategies focused on cognitive assessment, coping focused on problem solving and coping focused on gaining social support were positively and at a meaningful level of 0.01, and two focused coping strategies on excitement and coping focused on physical inhibition were negatively correlated with psychological well-being at a significant level of 0.01. Also, Islamic lifestyle was positively correlated with psychological well-being at a significant level of 0.01.

Table 2 shows the values of elongation, skewness, inflation factor variability (VIF) and tolerance coefficient of research variables.

Table 2. Stretch, skewness, Tolerance coefficient and inflation variance of research variables

Variable	Skewness	Stretch	Coefficient of bearing	Variance Inflation (VIF)
Coping strategies- Conflict focused on cognitive assessment	0.119	0.395	0.519	1.926
Coping strategies-Conflict focused on problem solving	-0.208	0.190	0.635	1.575
Coping strategies-Conflict focused on excitement	0.772	0.162	0.750	1.333
Coping strategies-Focused counter proliferation of social support	-0.069	-0.476	0.675	0.482
Coping Strategies - Focused Focus on Physical Inhibition of Islamic life style	0.836	0.190	0.895	1.117
	-0.237	-0.417	0.630	1.586
Psychological well-being	0.108-	-0.082	Criterion variable	Criterion variable

In order to evaluate the assumption of the normalization of the single-valued distribution, the values of elongation and skidding were evaluated to determine the coherence assumption of the factor of inflation variance (VIF) and coefficient of tolerance. As Table 2 shows, the indexes of slip and elasticity of any of the components have not crossed the 2 ° boundary. Therefore, it can be said that the distribution of data related to those components is normal. The results of Table 2 show that the co-existence problem in the research variables has not occurred. Because the tolerance coefficient for all predictive variables was higher than 0.1 and the inflation factor for variance of all

of them was less than 10. According to Meyer, Gamst and Guarino (2006), the coefficients of tolerance of less than 0.1 and the factor of inflation variance greater than 10 represent a coherence.

In order to test the independence of errors among the predictor variables, the value of the Watson Camera Index was evaluated, the value of the index was 1.763. Filed (2006) believes that the value of the Watson Camera Index above 2 indicates a lack of independence of error. Based on the value of the Watson camera index value, it can be said that the assumption of the independence of errors is also found among the research data.

One of the other assumptions of regression analysis is the normalization of multivariate distribution. Analysis of data relating to "Mahlonobyz distance (D)" and drawing its distribution curve showed that the combination of predictive variables is in explaining the normal criterion variable (Figure 1). Thus, it was concluded that the assumption of the normalization of multivariate distribution is also present among the data of the present study.

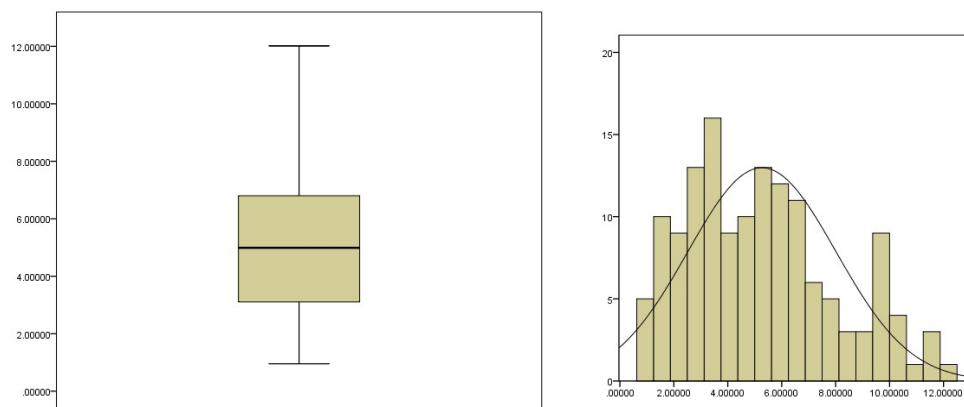


Figure 1. Histogram and box plot diagrams for Mahlonobay distance (D)

3. Results

We are now investigating research hypotheses. The first hypothesis is that coping strategies (coping focused on cognitive assessment, coping focused on problem solving, emotion-focused coping, social protection-focused coping and focused concener on physical inhibition) significantly impart psychological well-being to people with major thalassemia. The second approach is that the Islamic lifestyle significantly predicts psychological well-being in people with major thalassemia.

The research hypotheses were tested using a multivariable regression analysis with hierarchical approach. In the first stage, coping strategies and in the second stage of Islamic life style as predictive variables were analyzed. In this study, the psychological well-being of patients with thalassemia major was a criterion. Table 3 shows the results of multivariable regression analysis in predicting the psychological well-being of patients with thalassemia major based on coping strategies and Islamic lifestyle.

Table 3. Hierarchical Multivariate Regression in Predicting the Psychological Well-being of Patients with Thalassemia Major Based on Coping Strategies

Variables of first stage (coping strategies)	B	SE	β	T	Significance level	R ²	adjR ²
Conflict focused on cognitive assessment	0.533	0.253	0.170	2.106	0.037		
Conflict focused on problem solving	0.990	0.357	0.202	2.769	0.006		
Conflict focused on excitement	-	0.118	-	-	0.001		
Coping with social support	0.324	0.319	0.072	1.015	0.312		
Focused on physical inhibition	-	0.149	-	-	0.020		
	0.350		0.144	2.347			
0.001<P<26.313)=1.144(F						0.447	0.459

The first hypothesis can be examined using Table 3. Based on the results of Table 3, coping strategies that entered the psychological well-being prediction equation in the first stage predicted it at a significant level of 0.01 ($p < 0.01$, $313.26 = (144.1) F$). Multiple correlation squared analysis showed that the value of the multiplicity correlation coefficient (R^2) is 0.447. This shows that coping strategies have explained 44.7% of the variance of psychological well-being.

Regression analysis showed that coping strategies, problem-centered coping ($p < 0.01$, $\beta = 0.202$) and the coping focused on cognitive assessment ($p < 0.05$, $p < 0.05$) positively and at levels of 0.01 and 0.05, respectively, predicts psychological well-being in people with major thalassemia. Also, the focus on emotion ($p < 0.01$, $\beta = -0.259$), and coping focused on physical inhibition ($P < 0.05$, $\beta = -144 / 0$), respectively, were negatively correlated at the significant levels 0 and 0.05 predicted psychological well-being in people with major thalassemia. Thus, in the first hypothesis test, it was concluded that a combination of coping strategies, problem-centered coping-focused coping focused on cognitive assessment and positive-focused coping focused on emotion and coping focused on physical inhibition were negatively and significantly predictive of psychological well-being in people with major thalassemia.

Table 4. Hierarchical Multivariate Regression in predicting psychological well-being of patients with thalassemia major based on Islamic lifestyle

Variables of second stage (Islamic life style)	B	SE	β	t	سطح معناداری	R^2	adj R^2
	0.094	0.027	0.252	3.444	0.001		
	0.001 < 25.559, P = 6.143 (F)					0.040 = $R^2 \Delta$	0.517 0.497
	0.01 < P < 11.862 = ΔF						
	0.01 < P						
	0.05 < P						

The second hypothesis can be considered in accordance with Table 4. Table 4 shows that with the entry of Islamic lifestyle to the prediction equation in the second stage, the value of R^2 reached 517/0. This finding means that the entry of Islamic lifestyle into the prediction equation has led to 51.7% of the variance of psychological well-being. The value of R^2 ($R^2 \Delta$) changes was 0.40. This finding means that with the introduction of the Islamic lifestyle in the prediction equation and by controlling the effect of coping strategies, the value of the explained psychological well-being is increased by 4%, which is statistically significant at the level of 0.01 ($P < 0.01$, $862/11 = \Delta F$). Regression analysis also showed that the Islamic life style was positively predicted at the significant level of psychological well-being in patients with thalassemia major. ($P < 0.01$, $252/0 = \beta$). Thus, in the second hypothesis test, it was determined that the Islamic lifestyle positively and significantly predicts psychological well-being in people with major thalassemia.

4. Discussion

The first hypothesis was that psychological well-being is predictable based on coping strategies. For analyzing the hypothesis, hierarchical multi-variable regression analysis was used. According to the analysis of the data, the results of our hypothesis were confirmed. The results obtained by Yazdi research (2004), Mirand (2013), Ghazanfari (2008), Comps et al. (1988), Zenzian et al. (2010), Brilliant (2014), Gray (2004), Ziegler (1999), Yang Chua (2016), Salehian (2014), Babapur et al. (2016), Khosravani (2012).

In explaining the results, it can be said that problem-oriented skills are cognitive skills that a person performs and realizes with regard to position, accurate evaluation, separation from his emotions and emotions, and more these effective coping methods of physical symptoms and

psychological symptoms will show anxiety, lack of satisfaction and lack of satisfaction of life and will have a higher level of well-being and positive affection. The use of ineffective (emotional) coping styles makes people more vulnerable to stress situations and provides grounds for emotional disturbances and psychological incongruity and lack of mental well-being. The use of emotion-focused strategies eliminates the direct and effective involvement of the individual and reduces the individual's ability to solve the problem, and this disrupts the mental consistency and emotional turmoil and reduces mental well-being.

People who experience a positive life-span lead to a greater life expectancy in life are more capable of enduring adverse conditions, which leads to psychological well-being of individuals. In fact, people who have a positive orientation experience life more. Psychological well-being is at a higher level, and positive emotions (happiness, vitality, will) are more and less negative emotions (depression and anxiety). According to the literature, the meaningfulness of life causes a person to feel efficient and self-worthy and purposeful in life, and when individuals are purposeful in their lives, they have a sense of efficiency and control, and have a sense of self-worth. In this way they are able to face up to failures, Life calamities and conflicts, and even positive events, advances and responsibilities continue to work and work to succeed. Increasing the use of the excitement strategy matches the increase in anxiety, physical injury, and depression, and the reduction in the use of an orbital problem strategy matches the increase in social function disorder. Thus, the excitement mode is more effective on physical and emotional symptoms, while the more orthogonal problem affects individual interactions and social functioning of the individual.

The second hypothesis was that psychological well-being based on the Islamic lifestyle is predictable. For analyzing the hypothesis, hierarchical multi-variable regression analysis was used. According to the analysis of the data, the results of our hypothesis were confirmed. The results obtained by Kajbaf et al. (2011), Nikoquar et al. (2014), Babapur et al. (2014), Nourmohammadi, Najaf Abadi (2014), Nozari (2014), Dehghan (2014), Arshiyah Mehr (2014) Salam Abadi (2014) have been consistent.

5. Conclusion

The results showed that the components of the Islamic lifestyle, components of beliefs, family, financial and health, have predictive power of psychological well-being. Religious behavior and beliefs have a positive effect on meaningfulness of life. Behaviors such as trusting in God, worship, pilgrimage... can create inner peace by creating hope and encouraging positive attitudes. Having meaning and purpose in life, feeling belonging to a higher source, hoping for God's help in difficult living conditions, enjoying social and spiritual protection, etc., are all methods that religious people by having them, can suffer less damage in the face of life-pressures. Believing that there is a god controlling the situation and considering servants, to a large extent, reduces the anxiety associated with the situation, so that most believers often associate themselves with God, like a very intimate friend, and they argue that it is possible to control the effect of uncontrollable positions in some way through reliance and appeal to God. Individuals with internal control are more likely to observe aspects of health and well-being care, such as weight management, exercise, smoking and preventive care, because individuals with internal control sources are determined by trying to find information that enables them to have more control over themselves and their environment. That's why it is their own promotion of their well-being. In addition, life based on the Islamic model means life based on the teachings of the Islamic religion, in which God remembers the relaxing of the hearts (Raad Surah, 21). Such teachings reduce feelings of anxiety, depression and inefficient attitudes.

This research was confronted with limitations: there was no research on the psychological dimension and psychological well-being of patients with thalassemia major. Also, because of the fatigue caused by the number of questions, patients may be responsive to the questionnaire in a careful manner, and the reliability on the results should be cautious. It should be noted that this

research is related to Thalassemia patients in Tehran. Therefore, generalization to other areas and other patients and different ages should be done with caution.

Suggestions for future studies: Researchers with similar research on other subjects and other statistical communities are recommended. In another studies, the relationship between the variables of this research and other psychological variables such as quality of life, self-esteem, determination and assertiveness, and others, can be considered.

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