Original Research

Relationship Between Religious Coping Strategies and Quality of Life in Veterans' Spouses

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Abstract

Background: Spouses of veterans suffering from post war stress disorder endure high level of stress due to insufficient support of the society. This group of caregivers is often in a more unstable and exhausting situation emotionally, which directly affect their quality of life. Religious coping strategies, as a defense mechanism, have positive effect on the adjustment and performance of veteran caregivers. This study was conducted with the aim of examining the relationship between religious coping strategies and the quality of life of veterans' spouses.

Methods: This descriptive correlational study was conducted in 2019 on 412 spouses of veterans with post-traumatic stress disorder (PTSD) living in Isfahan city. Sampling was done by convenience method. Data collection tools included the Pargament's religious coping scale (RCOPE) and Busby et al.'s (1995) quality of marital life questionnaire.

Results: The results of Pearson test showed a significant relationship between coping strategies and quality of life of veterans' spouses ($P < 0.01$, $r = 0.23$), so that with the increase of coping strategies, the quality of life of veterans' spouses also increased.

Conclusion: Religious coping strategy increases the quality of life and improves the physical and mental health of veterans' caregivers. Given the direct and positive relationship between coping strategies and quality of life, this defense mechanism can be used to improve the quality of life of veterans' spouses.

Keywords: Religious Coping Strategies, Quality of Life, Spouses of Veterans

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Introduction

Post-traumatic stress disorder (PTSD) is a disorder that occur after a severe stressful event (1). This disorder is often caused by stressful events such as floods, earthquakes, rape and war (2). War is considered as one of the main causes of PTSD (3), and sometimes psychological problems caused by war may show the effects of trauma more than three decades after the war (4). The Iran-Iraq war that lasted for 8 years had negative effects on the mental health of soldiers and war survivors (5). In Iran, the prevalence of PTSD in war survivors, ranging from mild to very severe, is estimated at 51% (4). The stresses of war cause severe problems in veterans and intensify their negative experiences and life problems. The family members of PTSD patients often experience problems that have a negative effect on their daily physical activities and mental health (6). The continuation of this disorder often leads to mental health issues that decrease the quality of life of PTSD patients and their family caregivers (7). These issues put a high level of stress on the spouses of veterans with PTSD (8), as they are the main caregivers for them and children (9). Unfortunately, due to insufficient support of the society, these caregivers endure a high level of stress (10), and are often in a more unstable and exhausting situation emotionally (11). Thus, the burden of care in veteran spouses is very high (12). The spouses of veterans endure a high level of stress, such as increased roles and responsibilities in life, financial concerns, reduced social support, increased children's demand and lack of security in family, which cause fear and disruption in family functioning (3, 10). The emergence and continuation of these stresses during life directly affect the quality of life of veterans' spouses (13). Therefore, one of the negative consequences of war is the reduced quality of life of war survivors (5). The long-term care of veterans can cause problems, such as anxiety, depression, low concentration and sleep disorder in their spouses (14). Physical and mental pressure caused by long-term care of patients are associated with lower quality of life in caregivers. The duration of care and its intensity, as well as the history of hospitalization, affect the quality of life of caregivers (15). Considering the importance of quality of life in the caregivers' ability to provide continues care, special attention should be paid to the quality of life of veterans' spouses, who are their main caregivers (16). Meanwhile, coping strategies, as a defensive and protective mechanism, play an important role in helping veterans' spouses adjust to their role as the veterans' main caregivers (3). Coping strategies increase peace and psychological security, and create positive thinking and hope (17). They are a type of cognitive method that helps people to understand, accept and adjust to existing conditions (18). Meanwhile, religious coping strategies are considered as one of the most effective coping methods that help people adjust to life adversities (19). Religious coping can better explain the relationship between religiosity and psychological well-being. This complex and continuous process, through which religion is connected with people's lives, gives people the opportunity to deal with psychological pressures (20). The use of religious coping strategies, in addition to mental relaxation, plays a role in reducing physical symptoms (21). According to studies, the use of religious strategies is effective in increasing adaptability in stressful situations (22). Religious coping strategies, by creating inner peace, can calm the anxious soul and heart (21). Therefore, they can be used to help veterans' spouses adjust to their life situation, while improving their quality of life (8). Considering the importance of quality of life in the caregivers' ability to provide continues care to patients, and also the religious and cultural background of Iranian people, the researcher in

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this study decided to investigate the relationship between religious coping strategies and quality of life in the spouses of veterans with PTSD living in Isfahan city.

Methods

This descriptive correlational study was conducted to investigate the relationship between religious coping strategies and quality of life in the spouses of veterans with PTSD living in Isfahan city. The environment of this research was the consulting center of Martyrs and Veterans Foundation in Isfahan city. The study population included all the spouses of veterans with PTSD living in the city of Isfahan. The criteria for entering the study included; being the spouse of war veteran with a registered diagnosis of PTSD above 25%, living in Isfahan city, and living with the spouse at current time. The exclusion criteria also included unwillingness to participate in this study (for both veterans and spouses), and having additional war-caused injuries such as spinal cord paralysis and injuries caused by chemical weapons. Sampling was done non-randomly by convenience method, and data collection tools included the Pargament's religious coping scale (RCOPE) and Busby et al.'s (1995) quality of marital life questionnaire. The Pargament scale (2000) has 14 questions that are scored based on 4-option Likert scale (never = 0, sometimes = 1, most of the time = 2, always = 3). In this scale, a score of between 1 and 14 indicates poor religious coping, a score of between 15 and 21 reflects moderate religious coping, and a score of above 30 indicates strong religious coping (19).

The short form questionnaire of Busby et al.'s (1995) for measuring the quality of marital life has 32 questions that are scored based on a 6-option Likert scale, ranging from "we always disagree" to "we agree all the time". This questionnaire is based on the theory of Livner and Spener (23).

The reliability of quality of marital life questionnaire was confirmed in the Alimohammadi (2021) study with Cronbach's alpha coefficient of 0.92 (23). The reliability of religious coping scale was also confirmed by Gholamzadeh (2018) with Cronbach's alpha coefficient of 0.79, using the internal consistency method (19). Narimani (2024) also confirmed its reliability with Cronbach's alpha coefficient of 0.83 (24).

The validity of both data collection tools was confirmed by 10 faculty members of Tehran Islamic Azad University, Isfahan Islamic Azad University, and Isfahan University of Medical Sciences, using content validity method.

Ethical consideration

This project was approved by the University's Research Council, and a code of ethics was obtained from the Bioethics Committee of Islamic Azad University. Then, the researcher attended the Martyrs and Veteran Foundation in Isfahan and began the sampling process. An explanation on the study method and objectives was given to the participants and they were assured of the safety and anonymity of the results. An informed consent was obtained from the participants. The collected data was entered into the SPSS-16 statistical software to be analyzed by descriptive (table, mean, standard deviation) and inferential statistics (Spearman correlation coefficient).

Results

The mean age of participants was 46.5 + 4.9 years and the mean percentage of veterans' disability was 32.87 + 10.4 years. On average, their duration of marriage was 26.9 + 5.6 years. The mean score of religious coping strategies in veterans' wives was 36.26+2.28, and their mean score of quality of life was 62.42 + 11.02, which is lower than the average. The mean score of quality of life in the physical dimension was 33.64 + 64.12 and in the mental dimension was 28.96 + 6.5.

The Pearson test showed a significant relationship between coping strategies and quality of life ($P < 0.01$, $r = 0.23$), so that with the increase of coping strategies, the quality of

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life of veterans' wives also increased. The results showed that religious coping strategies increased the quality of life and improved the physical and mental health of veterans' spouses (Table 1).

An independent t-test did not show any significant differences between the demographic characteristics of the research units, age, percentage of spouse's disability, and duration of marriage (Table 2).

The Mann-Whitney U test did not show a significant difference between the quality of life of veterans of different ages and demographic characteristics (Table 3).

Discussion

The results of this study showed a high use of coping strategies by the spouses of veterans with PTSD. Sarbani et al. (2022) also showed a high level of spiritual experiences in the wives of veterans (3). In the study of Vahedi et al. (2023), the score of spiritual attitude in the spouses of veterans was also high (25). Spiritual beliefs and religious coping strategies increase people's adaptability in life crises (16). In this study, the quality of life of veterans' wives was found to be low. The results of similar studies also show the low quality of life in veterans' wives. Edalatkhah (2022) in a study stated that, due to the pressures and stresses imposed on the spouses of veterans with PTSD, their quality of life is low (16). Another study showed that negative emotions in the lives of veterans' wives reduce their quality of life (26). The veterans' spouses play a central role in the family, and they are responsible for maintaining the physical and mental health of veterans. Therefore, the veterans' spouses are among the high risk groups of society in term of mental health (27). The results of this study showed that religious coping strategies increase the quality of life of veterans' wives. The results of this study are in line with the findings of other studies. For instance, Heydari (2020) in a study showed that spiritual care interventions increase the quality of life in spouses of PTSD veterans (4). Gholamzadeh (2018) argued that religious coping strategies increase hope and improve the quality of life of people (19). Rezaei Aghuei (2024) revealed that the use of spiritual coping strategies increases adaptation and resilience in veterans' wives (8). Cohen (2021) also stated that spiritual experiences improve the quality of life and physical health of patients (28). Vahedi et al. (2023) in a study showed that spiritual attitude in the spouses of veterans increases their resilience and marital satisfaction (25). It is known that religious beliefs become bolder and more important in life crises, and daily spiritual experiences lead to a better understanding of stressful events (29). Therefore, it can be said that religious coping includes the use of cognitive and behavioral strategies that are based on religious beliefs or practices and help people to manage emotional tensions or physical discomforts (19). People with spiritual beliefs are constantly aligned with the understanding of their life experiences, which includes spiritual interventions, and these interventions can change their thoughts and behavior, enabling them to cope with adverse life events (26). People who have religious feelings and beliefs experience an ever-increasing strength in life, due to which they can better endure the stresses and pressures of life (30,31). The spouses of veterans, as their main caregivers, are directly affected by stresses and problems of life that threaten their health and family life (27). On the other hand, spirituality acts as a provider of social and family support, and is a source of strength in a face of crises (25). Considering the culture and religious beliefs of veterans' families, coping and spiritual strategies can be used to reduce the stress and increase resilience of veterans' wives (3). We suggest more studies to be conducted on other psychological variables affecting the quality of life of veterans' wives.

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Conclusion

Considering the relationship between coping strategies and quality of life, these coping mechanisms can be used to improve the mental health and quality of life of veterans' wives. Coping strategies are used as a defensive shield in stressful situations. Therefore, it is necessary for healthcare system to discover spiritual needs of these caregivers and pay more attention to the mental and physical health of this group of people.

Acknowledgement

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Authors Contributions:

The author contributed to the data analysis. Drafting, revising and approving the article, responsible for all aspects of this work.

Ethical Consideration

This project was approved by the Islamic Azad University of Tehran Medical Branch, and a code of ethics (IR.IAU.TMU,REC.1395.34) was obtained from the Bioethics Committee of Tehran Medical Unit.

Conflict of interest

No conflict of interest was observed in this research.

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Tables

Table 1: The relationship between coping strategies and dimensions of quality of life in the spouses of veterans with PTSD

Coping strategies / Quality of marital life	Correlation coefficient	P-value
Mental health dimension of quality of life	r=0.17	P<0.01
Physical health dimension of quality of life	r=0.16	P<0.01
General dimension of quality of life	r=0.23	P<0.01

Table 2: The relationship between religious coping strategies and demographic characteristics of units

and demographic characteristics			**M ± S**	**P-Value**
age	Under 50	45	36/21 ± 2/05	P= 0/84
	Over 50 years	367	36/21 ± 2/31	
Percentage of veterans	Under 30	129	36/59 ± 2/31	P= 0/06
	Over 30 years	283	36/11 ± 2/92	
Duration of marriage	Under 30	278	36/27 ± 2/11	P= 0/86
	Over 30 years	134	36/23 ± 2/39	

Table 3. The relationship between Quality of life and demographic characteristics of units

and demographic characteristics			**M ± S**	**P-Value**
age	Under 50	45	62/5 ± 11/27	P= 0/54
	Over 50 years	367	36/21 ± 11/01	
Percentage of veterans	Under 30	129	63/31 ± 11/67	P= 0/41
	Over 30 years	283	62/33 ± 10/3	
Duration of marriage	Under 30	278	62/78 ± 11/12	P= 0/86
	Over 30 years	134	62/33 ± 11/83	

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