

Mention the Treatment of Anger in Hospitalized Patients in the CCU department of Social Security Hospitals of Golestan Province

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Abstract

Background: Anger is one of the worst negative predictions in cardiac patients. Therefore, this study aimed to cure the anger of patients admitted to the Cardiac Care Unit.

Method: This quasi-experimental study was performed on 60 cardiac patients admitted to the heart care unit in a non-randomized sampling method in two groups (n = 30) and control (n = 30). In the test group, four to five times a day, the patient whispered to Allah Akbar or the prayers of Hazrat Zahra. In the control group, routine care was performed. The instrument for collecting information was anger questionnaire which was completed by self-report method before and after the intervention by the patients. The results were analyzed by inferential statistics (T-test, T-test and Independent T-test).

Result: Paired t-test showed a significant difference in the test group before and after the intervention (P <0.01). But in the control group there was no significant difference (P = 0.92). Independent t-test before intervention in the control and experimental group did not show a significant difference (P = 0.22), but this test showed a significant difference after the intervention (P = 0.006)

Conclusion: Considering the effectiveness of the therapeutic approach to reducing the rate of anger in heart patients, this non-therapeutic method can be used to reduce stress and psychological disturbances in patients and to increase the compatibility and relaxation of patients.

Keywords: cure, anger, heart disease, CCU.

Introduction

Violence has a negative impact on one's health^(1, 2). Anger and stress are one of the worst prognosis in the first two hours after myocardial infarction^(3, 4), Because it increases the blood pressure and disturbs the heart

rhythm⁽⁵⁾. Increased norepinephrine in conditions of anger and stress increases platelets, increased blood pressure, vascular stenosis and increased ischemia and atherosclerosis in the heart⁽⁶⁾. In such a situation, religious beliefs become more important than ever, helping the person understands the painful events of life and cause the patient to be encouraged. Therefore, spiritual experiences in difficult and critical conditions of life are considered as an adaptation⁽⁷⁾. Because the remembrance of God and thinking in the Lord leads to calmness and the creation of faith and the sense of security, hope and love and hope for life⁽⁸⁾.

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A wide range of spiritual health^(9, 10). Among the religious and spiritual sources, the most used source is prayer⁽¹¹⁾. Recall the meaning of prayer and the ways in which the presence of God and his relationship with him are experienced. Belief in God and purposefulness of life, along with a sense of thought and attention to the spiritual issues of life, reduce the anxiety and psychological weakness and its complications⁽¹²⁻¹⁴⁾. A great deal of research suggests that mentioning and worshiping on the soul and soul of an individual can be adapted to critical situations and create meaning in life⁽¹⁵⁾. Paying attention to the mental health of patients is important^(16, 17) and Religious spiritual intervention is effective in people's health^(7, 10). According to religious beliefs in the mental and emotional state of heart patients, researchers began a study entitled "The Effect of Therapeutic Counseling on the Rate of Anger in Patients Admitted to the Heart."

Material and Method

This quasi-experimental study was conducted on patients admitted to the Cardiac Care Unit of Golestan Social Security Hospital in 2016. The research area of the heart care unit is the two social hospitals of Gorgan and Gonbad. The inclusion criteria for patients who were hospitalized for heart problems in the cardiac intensive care unit were all Iranian and Muslim, and the physiological status was fixed at the time of the implementation of the research plan, and on average, every patient was hospitalized for three days in the cardiac intensive care unit. In this study, 60 subjects were divided into two groups (n=30) and control (n=30), based on Dehkordi et al., With a power of 80%, confidence interval of 0.95%, significant level of 0.05, and effect size of 0.86 using software. G * POWER was calculated⁽¹⁸⁾. And were randomly divided into two groups of test and control. The instrument for collecting information is the standard questionnaire of anger control skill, and its score is based on Likert scale. Testers must specify their answers between 5 degrees (very opposite, disagreeing, unobjectionable, agreeing, strongly agreeing), giving each of the answers (1 to 5) respectively. The score range is from 8 to 40. The low score in this questionnaire reflects the lower ability to control the anger of the subject. The dynamics of this questionnaire with Cronbach's alpha coefficient was confirmed in a pilot study with a coefficient of 0.80 (Solhi and Mohammadali, 2016). The questionnaire was also approved by ten faculty members from the University of Azad University and the University of Medical Sciences. In this study, the researcher did not train the

therapist and did not teach the group to the group who had the conditions to enter the study, after approving the plan at the university and obtaining a license and presenting them to the hospital authorities and obtaining their consent. In the experimental group after the initial status of the patients, the purpose of the research and obtaining informed consent and ensuring the anonymity of the units in the experimental and control groups before intervention were analyzed by anger test questionnaire. Then the researcher in the test group gave a prayer and encouraged the patients to pray for the prayers of Hazrat Zahra, in which more than 100 were used by Allah, and the teaching of sublanguage readings was performed with the revelation of Hameed and the expression of the 100th mention of Rawlah and Allah Allah, and of Patients are required to do this at least 5 times a day. The researcher then carefully controlled the patient's treatment with hospital personnel in an intangible way. In the course of the intervention, the researcher was asked by asking the section about the mention of the mention, especially the mention of the letters of Hazrat Zahra. The only control group was routine medical and nursing care. Then, at the moment of the patient's discharge from the intensive care unit and the transfer to the department or complete discharge from the hospital, both post-test groups were taken. Data were then entered into the spss16 software. After determining the normality of the data, the data were analyzed by the Krollomogrov-Smirnov test at a significant level (alpha -0.05) by covariance test, paired t-test and independent t-test.

Findings

The mean age of the research units was 59.93 41.9 years with a mean hospitalization in CCU for 3 days, which was not significantly different between the two groups (Table 1) Mean anger in the intervention group before and after the intervention was 30.56±4.26 and 29.26 + 4/4 after the intervention, which showed a significant difference (P <0.01) in the control group as well as in the control group before intervention. The rate of anger was 3.93 + 93.93 and the post-test score was 32.2 + 32. There was no significant difference between t-test and paired t-test (P = 0.92). There was no significant difference between the level of anger in the two groups before and after the intervention (P = 0.22). Independent t test showed significant difference between the two groups after the intervention (006 / 0 = P) Also, covariance test showed a significant difference between the two groups (P = 0.007, P = 0.12, Eta = 0.12) That is, 12% of the post-test variations are due to the

independent variable, or to the mention.

Table (1) Comparison of demographic characteristics of patients admitted in CCU section in the control and experimental group

P_VALUE	Control	Test	Demographic	
0/87= P	22/6+82/58	82/11+22/59	Age	
0/56= P	0/5+03/3	0/54+3/3	Duration of admission	
0/65= P	43/3%(12)	36/7%(11)	female	sex
	56/7%(18)	63/3(19)	man	
1= P	24(24)	24%(24)	Married	Marital status
	20%(6)	20%(6)	Widow	
1= P	70/3%(21)	70/3%(21)	City	Habitation
	26/7%(8)	26/7%(8)	Village	

Discussion

The results of this study showed that the mentioned treatment reduces anger in patients hospitalized in the CCU. Various studies show that patients with physical injuries and injuries go to religious beliefs. Prayer in patients causes adjustment of blood pressure, adjustment of respiration, stress reduction and improvement of patients’ quality of life⁽¹⁹⁾. Studies show that religious beliefs and the use of spiritual experiences reduce mortality in patients⁽²⁰⁾. Religious beliefs such as prayer and mention the protective effect against heart disease⁽²¹⁾.

In the meantime, various studies showed the effects of spirituality on reducing anger and anxiety in the patients⁽²²⁾. During cardiac arrhythmia, they are more emotionally and physically relaxed, and spiritual activity such as prayer and curative therapy can control emotional stress and reduce physical illness and reduce heart rate in these patients⁽²³⁾. mental stress such as anger causes a negative prognosis in cardiac patients⁽⁴⁾. That mental exercises activate the region of the brain,

which causes positive emotions and beneficial effects on mental mood and symptom relief in heart patients⁽²⁴⁾. Harvard Medical School cardiologist Herbert believes that prayer and prayer can be beneficial, such as decreasing physician visits to relieve heart pain by about 26 percent lowering blood pressure, reducing drug use in 80 percent of patients with hypertension and heart patients, and Reduces visits by healthcare organizations to patients.He showed that people, through religious and religious practices such as prayer and prayer, relaxation method is a therapeutic way to reduce stress in patients with chronic pain, heart disease, hypertension and other stress-related illnesses⁽²³⁾. with regard to the effectiveness of the treatment of nurses as a professional group during the period of hospitalization, patients should be accompanied with attention to the spiritual and religious needs of individuals. Provide the conditions and conditions for performing the religious and spiritual practices of the patients in the hospital⁽¹⁵⁾. From the limitations of this study, the short-term hospitalization of patients in the intensive care unit as well as the lack of a heart part in social welfare hospitals in Golestan

province, which could not continue the interventions in the heart. Therefore, it is suggested that a longer study be done in this study. Also, by adding a group that is in contact with the clergy of the hospital, compare the effects of these methods.

Conclusion

Considering the effectiveness of citation therapy on decreasing the anger rate in hospitalized patients in the heart and considering the culture and persuasion of the Iranian people with religious and religious issues, this therapy can be used to improve and reduce stress, anger and mental disorders of patients. Therefore, it is imperative that nurses, as a professional care team, discover spiritual needs of the patients and use spiritual care, such as prayer and mention, to reduce anger and aggression in heart patients.

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