Effectiveness of patience education on Mental Welfare and the reduction in the Stress of the Mothers of Mentally Disable Children in Qorveh County

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Abstract

The purpose of this research is identifying the effectiveness of patience education on Mental Welfare and the reduction in the Stress of the Mothers of Mentally Disable Children in Qorveh County in 2015. This research was conducted through semi experimental method and pretest-posttest design with a control group. Statistical sample includes 30 mothers of mentally disabled children which are under cover of welfare office of Qorveh County in 2015, which are randomly put into test and control group. Measurement tools that were used in the research includes mental welfare questionnaire and Cohen understood stress scale (1983). Data analysis was done through descriptive analysis including average and standard deviation and inferential statistic, which includes covariance analysis test and MANCOVA test. Results obtained from the research showed that effectiveness of patience education on mothers’ mental welfare have a significant increase posttest stage in test group mothers in comparison to control group. However, patience education has no significant effect on stress reduction. Therefore it can be said that patience education is effective in increasing mental welfare.

Keywords: Patience education, mental welfare, stress, mentally disabled.
Introduction
In today’s era the issue of diseases and disabilities, including, mental retardation, is one of the most crucial issues of members of society. A lot of families carry a heavy burden as they have such children (Adib Sereshki, 2005).

Becoming aware of any kind of an issue, growth delay or child’s difference, imposes a major blow to their parents. When parents become aware of their children’s inability, they face severe emotions. Sharply Bistka & Co (1997) state that mothers, due to their special role in giving birth and nurturing a disabled child, experience more mental pressure than fathers. Fathers usually do not reveal their emotions as much as mothers do, while mothers show a wide array of emotions such as anger, depression, crying, and mourning (Rafei, 2007).

The families of disabled children are under more pressure than the families of healthy children. To face these stresses some of these families engage in numerous problems and use emotional and avoiding method, and others maintain their peace and adaptability and reacting the problem oriental. It is clear that appropriate approach in controlling the tensions arising from stressful situations helps the individual and gives him peace. On the other hand, an inappropriate approach has negative and undesirable effects, and if continued, causes even more stress (Seyf Narq & Naderi, 2003).

Problem Statement
Acceptance of the retardation of the child, slow growth, need for special equipment to care for the child, frustration of hopes and wishes and the adjustment that parents should apply to their future expectations of their children, tolerating others gossip, embarrassment and hiding the issue, the parents and child relation being marred due to being separated from same age children, problems that they face in their siblings relationship, educational problems and sometimes long term emotional and economical attachment of the retarded child, are the problems that that parents more or less ace when nurturing a retarded child and they all put pressure and stress on parents, specially mothers, and possibly disturb family peace.

Mental welfare is a branch of behavior sciences in which individual`s judgment of their lives is studied. (Dyner 2000, quoting Sheykhi, Houman. Ahadi & Sepah Mansour, 2012)

Stress and depression are two of the most common problems that threaten mothers who have disabled children. Stress is an unavoidably “polluted” variable which depends on dynamic interaction and changes between an individual and environment (Lazarus, 1993). Individuals with high patience deal with stressful occurrences with optimism, assertion, and self-confidence. Therefore, they see them as controllable.

Patience attends the issue of an individual despite being exposed to severe pressure and risk factors can improve his social performance and conquer the problems (Salimi Bejastani, 2010). In fact, patience is a phenomenon that is created through man’s natural adaptive responses and in spite of the encounters with serious threats, it enables him to achieve success and conquer the problems. Patience is not merely for active resistance against harm or threatening situations, but patient individual is the active and constructive participant in his surrounding environment. Patience is the individual’s ability in creating mental-spiritual environmental balance when facing risky situation (Conor & Davidson, 2003).
Some the researches have shown that the feeling of unity and patience in the parents of children with special conditions such as mentally retarded, is lower than parents of normal children, and they require some intervention in this field (Gerholmth. Sitgam, Nordhajen & Kehler, 2003). Therefore, the main problem in this research is weather interventions based on patience education leads to increase in mental welfare and a decrease in the stress of mother who have disabled children.

**Research Purposes**

**Main purposes:**
Determining effectiveness rate of patience education on mental welfare and reducing the stress of mothers with disabled children

**Research Minor Purposes:**
1-Determining effectiveness rate of patience education on mental welfare of mothers with disabled children
2-Determining effectiveness rate of patience education on reducing the stress of mothers with disabled children

**Research Hypotheses:**
1-Patience education effects on increasing the mental welfare components in mothers with disabled children.

2-Patience education effects on the degradation of stress in mothers with disabled children.

**Research Background**

A research titled codification of program of patience increasing against stress and the effect of its education on life quality components of parents with minor mentally retarded children, conducted by Kaveh in 2010 on mothers with mentally retarded children. Results showed that patience rate of the parents that received patience education is higher than the parents that did not receive it, and their parental stress rate was lower.

In (2012) studies by Kaveh Alizade, Delavar & Borjali titled “codification of the program of patience increasing against stress and the effect of its education on life quality components of parents with minor mentally retarded children” were conducted. Results showed that patience increasing program affects life quality components of parents.

Kakabarayi & Co (2012) conducted a research comparing mental welfare of oppositional styles and understood social supports of parents who have more than one exceptional and normal child. Obtained results showed that there is a significant difference in creating mental welfare between these two groups. In terms of life satisfaction and positive emotion, parents with normal children and in negative emotion parents with exceptional children obtained a high score. Moreover, results showed that there is a difference between problem oriented and emotion oriented oppositional styles. However, in the avoidance oppositional style no difference was noticed.
Furthermore, Results showed that mothers with exceptional children obtained a lower score in all three aspects of family, friends, and significant others in comparison to parents with normal children. Found result show that the existence of exceptional child, especially more than one, can affect the psychological health of the family and close members.

In the research titled patience and overcoming future problems and expectations in families with education inability and physical disability children conducted by Tali Hayman in 2002, she concluded that parents of these children require adaptation and support models, as parents are forced to make changes to their lives and experience high levels of frustration and dissatisfaction in their social life and put a lot of effort to maintain their normal and former life.

Research of Jacqueline, Leslie, and Molly (2008) regarding mental welfare of parents of 27 children with verbal disorder showed that, an increase in stress and depression decreases their mental welfare and an increase in parents’ life satisfaction, self-confidence, and receiving positive emotion increases their mental welfare. Furthermore, research results show that increasing the parents mental welfare, increases children’s verbal growth.

Shang & Co (2006) in a research in Taiwan by studying 1392 children show that there is a relationship with children’s inability and mothers emotional and behavioral problems. Which means children’s problems affects mothers mental welfare.

Noneh and Hestins in the research which they conducted in 2009 showed found out that creation of patience through psychological acceptance leads to a reduction in work stress and an increase in mental health of staff and teachers work with mentally retarded children.

Boyer & Co (2005) conducted a research titled the relationship between oppositional strategies and mental welfare among 230 individuals who have breast cancer and showed that there is a positive and significant relationship between problem oriented oppositional strategies (positive reevaluation and religious support), that are efficient oppositional strategies, and mental welfare.

**Statistical Population:**

Statistical population includes all mothers of mentally disabled children which are under cover of welfare office of Qorveh County in 2015.

**Sample Size and Sampling Method**

Sample size of the research is 30 individuals which are randomly put into two groups of control (15 individuals) and test (15 individuals). Considering the available sampling method, 30 individuals were selected from mothers with disabled children.

**Research Equipment**

Mental welfare scale: In the present research we use life satisfaction to evaluate “cognitive aspect” and positive and negative emotion to measure “emotional aspect” of mental welfare. We need to remember that the mention conceptualization of mental welfare (i.e. cognitive and emotional aspects of mental welfare) is supported by internal researches, in addition to external researches.
Stress scale: Cohen understood stress scale includes 14 clauses that investigates thoughts and emotions rate of individuals during past month. Scoring method of the research is based on 5 point Likert scale.

**Research Hypotheses Test**

**The first Hypothesis:**
Patience education effects on increasing the mental welfare component in mothers with disabled children

**Table 1: Results of confirming tests of performing MALCOVA variance analysis**

<table>
<thead>
<tr>
<th>Name of the test</th>
<th>Rate</th>
<th>F</th>
<th>DF hypothesis</th>
<th>DF error</th>
<th>Significant level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pilaei effect test</td>
<td>0.789</td>
<td>28.752</td>
<td>3</td>
<td>23</td>
<td>0.001</td>
</tr>
<tr>
<td>Wilk’s Lambda Test</td>
<td>0.211</td>
<td>28.752</td>
<td>3</td>
<td>23</td>
<td>0.001</td>
</tr>
<tr>
<td>Hotelling effect test</td>
<td>3.750</td>
<td>28.752</td>
<td>3</td>
<td>23</td>
<td>0.001</td>
</tr>
<tr>
<td>The biggest rooting test</td>
<td>3.750</td>
<td>28.752</td>
<td>3</td>
<td>23</td>
<td>0.001</td>
</tr>
</tbody>
</table>

Table 1 results show that significant levels of all the tests consider usability of MALCOVA test legitimate. This shows that there is a significant difference at least in one of the positive emotion, negative emotion, and life satisfaction in pretest and posttest.

**Table 2: M box test results**

<table>
<thead>
<tr>
<th>Box’s M</th>
<th>F</th>
<th>Df1</th>
<th>Df2</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.835</td>
<td>1.889</td>
<td>6</td>
<td>5680.301</td>
<td>0.079</td>
</tr>
</tbody>
</table>

Results of table 2 show that M box statistics is 12.835 and F statistics of this test is 1.889, significant level is 0.079 and bigger than 0.05. Therefore homogeneous assumption of variance-covariance matrixes is observed.

**Table 3: Levin scale test**

<table>
<thead>
<tr>
<th>Variables</th>
<th>F</th>
<th>Df1</th>
<th>Df2</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive emotion</td>
<td>2.159</td>
<td>1</td>
<td>28</td>
<td>0.171</td>
</tr>
<tr>
<td>Negative emotion</td>
<td>1.499</td>
<td>1</td>
<td>28</td>
<td>0.325</td>
</tr>
<tr>
<td>Life satisfaction</td>
<td>1.318</td>
<td>1</td>
<td>28</td>
<td>0.411</td>
</tr>
</tbody>
</table>

As Levin scale test is performed for the test, in all 3 variables the growth of welfare is bigger than 0.05. It can be said that they are homogeneous. Therefore, usage of MALCOVA test is permitted.
Table 4: effect of patience education in increasing mental welfare of mothers with disabled children based on MALCOVA test

<table>
<thead>
<tr>
<th>Sources of change</th>
<th>Squares total</th>
<th>(DF) freedom degree</th>
<th>Squares average</th>
<th>F</th>
<th>Significant level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Test</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive emotion</td>
<td>147.673</td>
<td>1</td>
<td>147.673</td>
<td>30.320</td>
<td>0.001</td>
</tr>
<tr>
<td>Negative emotion</td>
<td>0.657</td>
<td>1</td>
<td>0.657</td>
<td>0.140</td>
<td>0.711</td>
</tr>
<tr>
<td>Life satisfaction</td>
<td>37.227</td>
<td>1</td>
<td>37.227</td>
<td>12.200</td>
<td>0.002</td>
</tr>
<tr>
<td><strong>group</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive emotion</td>
<td>210.025</td>
<td>1</td>
<td>210.025</td>
<td>43.122</td>
<td>0.001</td>
</tr>
<tr>
<td>Negative emotion</td>
<td>268.971</td>
<td>1</td>
<td>268.971</td>
<td>57.271</td>
<td>0.001</td>
</tr>
<tr>
<td>Life satisfaction</td>
<td>154.050</td>
<td>1</td>
<td>154.050</td>
<td>50.486</td>
<td>0.001</td>
</tr>
<tr>
<td><strong>Error</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive emotion</td>
<td>121.761</td>
<td>25</td>
<td>4.870</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative emotion</td>
<td>117.411</td>
<td>25</td>
<td>4.696</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life satisfaction</td>
<td>76.283</td>
<td>25</td>
<td>3.051</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive emotion</td>
<td>479.459</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negative emotion</td>
<td>387.039</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 4 results show that there is a significant difference in the scores of positive emotion (sig=0.001, F=43.122), negative emotion (sig=0.001, F=57.271), and life satisfaction (sig=0.001, F=50.486) of mothers with disabled children in pretest and after patience education (P=0.005). In other words, positive emotion, negative emotion, and life satisfaction rate of mother with disabled children increases significantly after patience education.

Second Hypothesis
Patience education effects on the degradation of stress in mothers with disabled children

Table 5: Levin scale test

<table>
<thead>
<tr>
<th></th>
<th>F</th>
<th>Df1</th>
<th>Df2</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.459</td>
<td>1</td>
<td>28</td>
<td></td>
<td>0.354</td>
</tr>
</tbody>
</table>

The first assumption of using covariance analysis, is establishing equality and homogeneity of the errors of the groups under study. To investigate this assumption Levin test was used, which its results are presented in table 5. As the results show, variance errors of the groups under study are equal and homogeneous because the measured F is not significant in 0.05 levels.

Table 6: Regression slope homogeneity

<table>
<thead>
<tr>
<th>Sources of change</th>
<th>Squares total</th>
<th>(DF) freedom degree</th>
<th>Squares average</th>
<th>F</th>
<th>significant level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>1.283</td>
<td>1</td>
<td>1.283</td>
<td>0.074</td>
<td>0.788</td>
</tr>
<tr>
<td>Pretest</td>
<td>849.118</td>
<td>1</td>
<td>849.118</td>
<td>48.954</td>
<td>0.001</td>
</tr>
<tr>
<td>X group of stress reduction test</td>
<td>31.211</td>
<td>1</td>
<td>31.211</td>
<td>1.799</td>
<td>0.191</td>
</tr>
</tbody>
</table>

Second assumption for using covariance method is the homogeneity of regression slopes. This assumption is analyzed in table 6. Analysis results show that homogeneity of regression slopes is established and the calculated F (1.779) is not significant in 0.05 level.

Third assumption for using covariance method is linearity of the relationships between variables. To investigate this pre-condition regression line scattering figure was used. As the figure results were obtained, linearity of the relationships between variables was established. Thus, we conclude that third assumption of covariance analysis is fulfilled.

As the assumptions of covariance analysis method regarding our hypothesis are fulfilled, we attempt to investigate and analyze research hypothesis using this method.

Table 7: effect of patience education in reducing stress of mothers with disabled children based on covariance analysis test
Sources of change | Squares total | (DF) freedom degree | Squares average | F | significant level
--- | --- | --- | --- | --- | ---
Fixed number | 1559.692 | 3 | 519.897 | 29.974 | 0.001
Group | 1.283 | 1 | 1.283 | 0.074 | 0.788
Pretest | 849.118 | 1 | 849.118 | 48.954 | 0.001
Error | 450.975 | 26 | 17.345 | | |
Total | 3946.4 | 30 | | | |

Considering table 7 we can see that patience education has not led to a reduction in the stress of mothers with disabled children in test group, as the calculated (sig=001788, F=0.074) is not significant in 0.05 level. Absence of significant level states that test and control groups average do not have a significant difference with each other.

**Conclusions Related to Research Hypotheses**

**First Hypothesis**
The hypothesis that patience education affects the growth of mental welfare of the mothers that have mentally disabled children was tested. MALCOVA test was conducted for the significant of the patience education effect on the mental welfare of the mothers who have mentally disabled children. Obtained results showed that positive emotion, negative emotion, and life satisfaction rate of the mothers who have disabled children increases significantly after patience education.

Results related to this hypothesis are presented in table 4. Results of this research are in conformity with the researches of Kaveh (2010), Khalatbari and Bahari (2011), Besharat & Co (2010), Delavar and Borjali (2012), Kakabarayi & Co (2012). Furthermore, the results of this hypothesis are in conformity with the researches of Tali Hayman (2002), Jacqueline and Molly (2008), And Marsha & Co (2008). Considering the obtained results, research findings in this field shows that individuals who have high patience (tolerance), they maintain their psychological welfare in stressful conditions and unpleasant situations. In other words, individuals who have high patience, they also have high mental welfare. Patience has an important role as one of the components of positivistic psychology in mental welfare and health of mothers who have disabled children. And as shown in this research, it is defined as a talent of healthiness of an individual in facing negative encounters and flexible approach to life’s challenges. Patience individuals are identified through optimism, positive dealing, and mental toughness, which are intertwined with better physical and mental consequences. The results of this research, by comparing the mothers who received patience education with the mothers of mentally disabled children who did not receive patience education, clearly showed that higher patience brings about lesser probability of mental problems, Conflict, and negative emotional expression, and indeed, patient individuals have higher adaptive behavior against negative occurrences of life. The reduction of patience rate against occurrences of life is accompanied with a kind of a feeling of mental pressure, anxiety, or depression in mothers who have disabled children. On one hand the stronger these mothers are in patience, facing problems and life’s stress, the less they are
susceptible to mental despair and enjoy higher mental welfare and health. Patience mothers try to solve the problem with a optimum management with emotion oriented method when facing intense occurrences. Consequently, as it was shown by the research results, mothers will acquire this ability after the necessary education in patience. Considering research findings, it seems that personal characteristics of patience helps the mothers of disabled children to experience tense situations in a less damaging manner and use more positive conflict strategies to eliminate anxiety and stress. Moreover, these individuals accept new situations with open arms and enjoy their maternal duties toward these children more, and get exhausted to a lesser extent. Mothers' patience leads to higher responsibility and flexibility, which are the important characteristics of individuals with mental welfare.

**Second hypothesis**
This hypothesis that patience education affects the reduction of stress in mothers who have disabled children was tested. The results related to the analysis of this hypothesis are presented in table 7. The obtained results of the hypothesis shows that provided education regarding patience was not able to have a significant effect in the scores of the mothers or children in neither the pretest nor the posttest. Therefore the results from this hypothesis is not in conformity with researches of Sharma & Co (2012), Frieberg & Co (2006), Noneh & Co (2009), Steinhard and Doliberd (2008), and Nancy (2002). Also unexpectedly, the research is not in conformity with other researches such as Abolqasemi & Co (2012), Borjipour (2011) and Salehi & Co (2012).

Although high levels of patience helps an individual to utilize his emotions and excitements to move past unpleasant experiences and to return to pleasant condition, however, research findings did not confirm this issue unlike previous educational interventions. As a growth in patience can lead to improvement of life quality, mothers who are exposed to patience education must obtain better scores in life quality and its components. Moreover, these people were expected to better deal with problems of life and do not bend under the weight of the problems, and have higher flexibility. And on one hands these mothers feel secure in their family relationships and be satisfied with little achievements of their disabled children. However, obtained results do not confirm the effect of patience on the component of mothers stress this claim unlike the first and second hypotheses. Although the education of this skill was expected to reduce the stress of the mothers of disabled children, the findings were not so. This inconsistency can be the result of the differences of statistical population, culture, and social problems. In explaining these results it can be said that one period of patience education was not effective in reducing the stress of mothers who have disabled children, in a way that averages in pretests show that stress reduction has a very slight change. Perhaps issues such as social mental problems, tension in parents relations, financial problems, social isolation, changes in job and family responsibilities, entertainment patterns and family’s lack of time for attending to disabled children, in these families that are introduced as tense factors in families that have disabled children and not reduced the stress of mothers who play their part with these children, has reduced the effectiveness of such educations.
Too much stress, anxiety, and issues in adapting are a limited number of the issues of mothers who have disabled children. Therefore, as mothers in a family are more engaged with their children`s illness and they are more often responsible for keeping and caring for them, and their continuous presence at home with their children will bring unpleasant consequences for them, and as mothers role in family is that of the life`s heart, therefore, presenting patience as a relatively new outlook that can open a new horizon in field of improving individuals health for us, it is a timely, worthy, and thoughtful act, but it cannot solve all the problems of such mothers.

Conclusion
Patience is a protective factor that acts like a vaccination. Individuals with high patience use effective oppositional strategies to deal with the problems of life, and their views of problems is in a way that, in their view they are an opportunity to learn and grow. They see occurrences as controllable. Optimistic perspectives make information processing more effective. The individual utilizes more active opposition strategies and the conditions to deal with hard situations increases. Therefore, patience increases an individual`s flexibility and this characteristic causes and increase in the adaptability in different situations. Moreover, patience increases mental health with a reduction in emotions, and increase satisfaction rate of life.
In this research, in confirmation of previous studies, effectiveness of education related patience clearly showed that this education, except in special and limited cases, can lead to improvement in different fields of mental health of mothers who have disabled children.
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