

The Effectiveness of Group Hope on The Hope and Quality of Life of Cancer Children

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Abstract

Introduction:

Aim: The purpose of this study was to determine the effectiveness of group counseling on the hope and quality of life of cancer patients.

Method: This research was semi-experimental research with pre-test, post-test and follow-up with the control group. The statistical population of the study was male and female cancer patients referring to Amir Kabir Hospital and Tabriz Cancer Society in 1395 who were looking for participation in group training sessions. A sample of 40 students was selected by random sampling and randomly assigned to two groups: Hope training (20 students) and control group without any interventional intervention (20 subjects). The data were analyzed using descriptive statistics and inferential statistics, multivariate covariance analysis. Data analysis was done using SPSS software.

Results: The results of multivariate tests of covariance analysis indicated that the intervention group of group hope with a coefficient of 0.46 has a significant effect on quality of life and hope.

Conclusion: The results of multivariate tests of covariance analysis indicated that the intervention group of group hope with a coefficient of 0.46 has a significant effect on quality of life and hope. The findings also showed that group hope is effective in improving quality of life and hope and predicts 53% and 84% of its variance, respectively.

Keywords: Group hope, hope, quality of life, cancerous children

Introduction

One of the chronic diseases is cancer. Despite medical advances, the development of cancer treatments and the increase in the number of cancer survivors, this disease is unparalleled in terms of the feeling of helplessness and deep fear it creates in a person. Anxiety is one of the most important psychological disorders in teenagers with cancer. [1] Eiser, CH. Lawrence, E. 2014). There is no doubt that the diagnosis of life-threatening diseases such as cancer has many effects on a person's quality of life. Cancer patients experience a lot of anxiety and tension along with the diagnosis of this disease [2]. Kristen, E. Robinson.2007) Today, due to progress in treatment methods, the survival rate of children with cancer has increased. However, the prognosis, life expectancy and quality of life of these children are still uncertain and these factors can be mentioned as the main causes of stress in parents [3]. (Sharma.V.2012)

issues such as psychosocial problems, in parental relationships, financial problems, social isolation, changes in work and family duties, leisure patterns and lack of family time to deal with healthy children have been introduced as other stressors in families with children with cancer. A systemic approach to the family states that a change in one part of the family system will affect the whole system, and the internal relationship of the family system is tied together in such a way that a change in one part causes an inevitable change in the whole system. 4) (Hossein Qomi, 2012). Hope makes a person move to reach his goal. Hope, which comes from knowledge and understanding, is the basis of all useful and fruitful human endeavors [5] (Snyder, M.2007) Hope may be the most fruitful short phrase of all time, everyone wants it; Few people can explain what hope is [6]. (Snyder, C.R.2002) Hope is defined as a positive

transformation and dynamic process that helps parents reframe their lives regarding their experience with their children's disabilities [7]. Ong, A. D. Edwards, L.M., & Bergemen, C.S.) (2006). Hope is a way of thinking about goals. In particular, hope means a wish or desire for something that is expected to be fulfilled [9] (Islami, 2009). Although there are controversies in the background literature that hope is prominently a cognitive or emotional construct, most experts believe that both cognitive and emotional constructs are involved in the experience of hope. For example, Shouri et al. [10] (Tiba.N, 2008) have described hope as a process in which emotions are formed following cognitive evaluation and then interact with future evaluations. This means that thoughts and feelings are both effective in the process of experiencing hope. According to Snyder, hope is the "perceived ability to generate ways to pleasant goals, along with the perceived motivation to use those ways to reach the desired goal (11 Snyder C.R. 2003)). In this two-factor framework, the factor refers to the sense of efficiency (or intention and will) in moving towards individual goals, and strategies to the plan and ways to achieve the desired goals [12] (Bahari.F. 2010) cancer because of Facing death has brought them to a state of meaninglessness and futility towards life, and has caused a decrease in self-confidence and an increase in the feeling of vulnerability, a decrease in hope and a decrease in the quality of life of these patients [13] (Shu'a Kazemi. M. 2009) in from the previous findings, it can be concluded that hope therapy has more changes in the psychological and social aspects of patients' quality of life than drug therapy. There is no doubt that the diagnosis of life-threatening diseases such as cancer has many effects on the quality of a person's life, and cancer patients experience a lot of anxiety and tension along with the diagnosis of this disease [14] (Heidari. A. 20011).

Today, due to progress in treatment methods, the survival rate of children with cancer has increased. However, the prognosis, life expectancy and quality of life of these children are still uncertain and these factors can be mentioned as the main causes of stress in parents. Issues such as psychosocial problems, tension in parental relationships, financial problems, social isolation, changes in work and family duties, leisure patterns and lack of family time to care for healthy children have been introduced as other stressors in families with children with cancer. And [15]. (Taylor, S. E. 2007). Systemic attitude about the family states that a change in one part of the family system will affect the whole system and the internal relationship of the family system is tied together in such a way that a change in one part causes an inevitable change in the whole system. Diagnosis and treatment of cancer brings negative effects in the family environment. Therefore, in this research, the effectiveness of group hope education on the level of hope and quality of life of children with cancer has been investigated.

Analysis Method:

the groups	the pre-test	independent variable	the post-test	Follow up
E1	T1	X	T2	T3
E2	T1	Y	T2	T3
C	T1	-	T2	-

Table: 1 body of the research plan

Children's hope scale in the areas of life:

This scale is a 30-question scale of Snyder's children's hope (Snyder, 2006) designed for children and teenagers, including children's hope scale, school homework, family, safety, fun and games (Bahari, 1390). To answer the children's hope subscale questions, a continuum from 1 (never) to 6 (always) and for the other Biostar scales from 1 (completely false) to 6 (completely true) is considered. The hope score is the sum of these 4 subscales. Therefore, the total scores are between 36 and 180 (16

In this research, first of all, a documentary or library method has been used, which is considered by studying books, articles and researches in order to develop a theoretical framework to answer the problem, and in the field, method based on survey research method to collect information. will be paid For this purpose, Snyder's children's hope scale (1991, quoted from Snyder and Patterson, 2000) and children's quality of life questionnaire (Dr. Kinaghan, 2005, Jenhilor, 2008) which was prepared by the Kidscreen Group of Europe, 2005, were used and at the operational level With the aim of introducing the experimental fields, the theoretical part of the research was completed by the subjects of the experimental and control groups in each pre-test and post-test stage, and the follow-up in the experimental groups was completed on the experimental group. In addition, to avoid the halo effect of this study, a double-blind study was conducted. and the effect of false positives and false negatives on the answers was avoided.

The present study was quasi-experimental, with a pre-test, post-test and follow-up plan with a control group. The statistical population in the present study included all cancer children, boys and girls, referred to Amirkabir Hospital and Tabsem Cancer Society. The research sample includes 40 children with cancer, 20 of them were randomly selected in the control group and 20 in the Omid group training group. Tabsem Cancer Association were selected. First, the pre-test was performed on them, then based on the purposeful sampling, the children who scored 9 or lower were included in the 15% low-hope and their scores were at least 1 standard deviation lower than the total average as the sample. and the children whose quality of life was below the cut-off point of 104 were selected, and 2 groups were selected from among them by random sampling. and must be literate, at the time of the research, they were undergoing treatment.

8 training sessions of hope (on experimental group 2) again tests of hope and children and children's quality of life were carried out on the members of the groups in the last session. Then, after 1 month of the post-test, the same tests were performed again in order to check the permanence of the effect of education on the children of test groups 1 and 2. The ethical considerations of the research were: the confidentiality of the subjects' information, obtaining personal satisfaction from the subjects who answered the questions, not using the names and information of the participants in the data analysis, and that the analysis be done in a group.

4- The control group was assured that after the sessions of the two experimental groups, they will also be offered 8 sessions of group hope training or group training of neuro-linguistic planning.

The research plan is as follows:

(Suarez, L. 2000). It is a six-item scale that measures determination, direction and overall hope in children and adolescents. Du-Rieves et al. (2012) have stated that currently one of the most widely used scales for measuring the hope of adolescents, which has clear operational definitions, obtains the elements of pathfinder thinking and agentive thinking. This scale was initially prepared for children aged 7 to 16, but later validation studies showed that the above scale is suitable for young people up to the age of 19. In a study conducted by Golzari (2016) on 660 female students in Tehran province, the reliability of Omid Snyder's scale

was investigated by internal consistency method and Cronbach's alpha coefficient was 0.89 (17) (Mosavi.S. 2007).

Hope scale has a high correlation with scales that measure similar psychological processes. For example, the scores of the Omid scale are correlated with the optimism scale of Yeshir and Carver at the rate of 0.50 to 0.60. Also, the scores of this scale have a negative correlation with the scores of the depression list (0.42-0.51). In addition, according to the opinion of clinical experts, the validity of this scale has been confirmed by the content validity method (Bahari, 2019). Marcos, P-Ribrio and Lopez (a2007) found psychometric and structural characteristics in the Portuguese version of the CHS, which is the same as its original version, mean (24.10) and standard deviation (4.01) and Cronbach's alpha 0.81, as well as Determining two factors: Pathfinder thinking and agentive thinking - Hope model (18) (Tusi.H. 2003). The reliability of this tool in the present study is estimated to be 0.85 using Cronbach's alpha method.

Children's Quality of Life Questionnaire (WHO):

The questionnaire of the quality of life of children and adolescents is based on the Key Screen52 method. This questionnaire explains and generalizes the first survey results related to the quality-of-life questionnaire and related to the general health status of Key Screen 52 in children and adolescents. This questionnaire has 52 questions that include 10 components. The ten components are physical/material well-being (5 questions), mental well-being (6 questions), states and motivation (7 questions), self-understanding (5 questions), autonomy (5 questions), relationships between parents and living conditions (6 questions), social support and friends (5 questions), school environment (6 questions), social acceptance (3 questions), financial resources (3 questions). Each question is graded on a Likert scale from 1 to 5.

All scores are converted to be on a scale of 4 to 20 for each dimension, and a higher score indicates a better quality of life (19) (Medina-Franco H. 2005). Analyzes with psychoanalytic features in terms of Cronbach's alpha scale. It was found that the correlation coefficient between 0.77 and 0.89 between the experimental dimensions of the Kindler and the screen key 52 showed that the direction of the experiments with the same structure and similar to the upper figure was ($r = 0.51 - 0.68$) all dimensions of the key Screen 52 indicated a gradient related to socioeconomic status, and most of the dimensions of the tests indicated a gradient of lack of mental health (object). The internal consistency of Kid Screen 25 dimensions was calculated using Cronbach's alpha scale. Constant alpha coefficients of 0.7 or more were accepted. Constant correlation coefficients between 0.1 and 0.3 are considered small, while between 0.31 and 0.5 are considered moderate, and more than 0.5 are

considered high. The duration of completing the Kid Screen 52 children's quality of life questionnaire, in the present study, the duration of answering the children's quality of life scale was calculated in the range of 15 to 20 minutes (20). (Dilts. R. 2003). In order to analyze the data from The average statistic as an index of tendency to the center and the standard deviation statistic as an index of dispersion from the coefficients of skewness and elongation or visual drawing of the normal distribution diagram to ensure the normality of the distribution of scores and Levine's test respectively to ensure the equality of variance and covariance of the average scores in The test and control group as well as bivariate covariance analysis were used for the statistical analysis of the data and their statistical inference as well as the selection of the significance level of 0.01 or 0.05. Data analysis was done using spss software. The method of conducting the research was that the consultant, through an advertisement at the Children's Cancer Treatment Center (Amirkabir Hospital) and the Cancer Society (Tabsem) about holding a series of hope sessions, trained a group of patients aged 7 to 18 to attend the sessions. . In this advertisement, a brief introduction of the titles of the group hope training sessions that were supposed to be presented to patients aged 7 to 18, such as techniques to help people find hope in themselves, such as the use of solution-oriented techniques to familiarize people with the six stages of goal setting, Mental barriers to hope, strengthening the components of hope, and communication skills, managing people's conflicts, maintaining hope in people, etc., as well as the conditions of people who could participate in these therapy sessions. So, in the same advertisement, the date of the preliminary interview of the patients was specified. The interview that was conducted was a semi-structured interview (based on the selection criteria and explanation of the structure of the sessions) of the patients. After referring patients, 40 patients were selected and randomly replaced into three groups, two experimental groups (group 1 group hope training) (group 2 NLP group training) and control group (20 people in each group). First, a pre-test was taken from both groups, then the intervention phase was conducted from the first to the eighth session for the people of the experimental group, and at the end, after 3 days of the last intervention, a post-test was taken from both groups. It should be noted that all sessions were conducted in the presence of the therapist. The intervention steps were implemented based on the practical description of hope therapy sessions according to Snyder et al. was executed Topics that were conducted during a pre-session and eight sessions once a week for 1.5 hours in each session.

Findings:

The standard deviation	Average	Variable
2/36	10/30	Experimental group (hope learning)
2/32	10/45	Evidence group

Table 2: Mean and standard deviation of life expectancy and quality of life scores

The results listed in Table No. 1 show that the average age of the people in the experimental group is 10.3 years and, in the control, group is 10.4 years.

Mean and standard deviation formulas were used to check the descriptive indices of research variables, the results of which are shown in Table No. 2.

Pre-test, post-test, follow-up

Dependent variable group mean standard deviation mean standard deviation mean standard deviation

Omid Omidamozi 11/95 2/76 10/27 4/02 85/20 4/95

Certificate 11/95 2/76 11/85 3/16 - -

The quality of life of Omidamazu 85/95 89/14 30/115 00/16 95/116 09/15 certificate 30/100 47/15 40/101 22/15 - -

The findings show that after adjusting the scores of the experimental and control groups, the average scores of hopes and quality of life of the two groups are different, which indicates that the effect of learning hope has increased hope and quality of life in the post-test. Therefore, to answer the question whether these changes and increase in scores are significant or not, it is necessary to analyze the data inferentially.

As seen in table number 3 (quality of life = 1654.137) and (hope = 1457.234) = F, p = 0.0001, (quality of life = 0.515) and (hope = 0.858) = Eta) shows that there is a difference between the two groups. In other words, there is a significant difference between the hope and quality of life of the experimental group and the control group. The size of Eta indicates that 51% of the variance of the quality of life and 85% of the variance of the hope of the subjects participating in the experimental group can be attributed to the confirmation of the hope-learning group training. In addition, the effects of learning hope on self-understanding and financial resources were not significant. The power level of Biager's test is that with 0.001 accuracy, this effect was significant and the sample size was sufficient to implement the treatment.

Discussion:

The present study was conducted with the aim of investigating the effectiveness of group hope education on the level of hope and quality of life of cancer children. The results of the study showed that group hope education has a significant effect on the quality of life and hope of cancer children. This finding is with the results of researches (21, 22, 23, 24, 25 and 26). Also, Khosrovizadeh (2009) in his research, which investigated the relationship between hope and quality of life in HIV-infected people, reached these results that, in general, hope has a positive relationship with quality of life in HIV patients. Also, in men, hope has a positive relationship with all six dimensions of family support, social relationships, negative feelings towards oneself, feelings towards death and self-forgiveness, sexual performance, spirituality and religion, while women's scores in these dimensions show a significant relationship. did not give

In explaining the effectiveness of group learning in the quality of life, it can be said that hope gives meaning to human life and when problems, misfortunes, sufferings and misfortunes attack, they prevent the collapse of the human psyche. Without hope, life is meaningless, unjustified effort, and anxiety and depression are justified and blackness and darkness cover the horizon of the future. Hope therapy helps the clients to formulate clear goals, establish ways to achieve the goals, motivate themselves to pursue goals, and reinterpret obstacles as challenges to overcome them. Each person has a special opinion and mental image of his situation and reflects it in his mind in a way. This mental image arises in him as a result of his personal experiences and the influence of the outside world, and he obtains a stable and stable opinion from the environment, from himself, and from his relationship with the environment. He tries with them. In fact, perhaps the most important thing that we express about ourselves is changes in our behavior and the environment in which we live. Also, in the study of the effectiveness of group therapy based on the hope therapy approach on increasing the life expectancy of women with breast cancer, the results showed that the aforementioned treatment significantly increased the life expectancy of women with breast cancer more than the control group. Also, the level of depression of the subjects in the experimental group has decreased significantly compared to the control group (27). (Lopez, S. J. 2008)

Conclusion:

According to the findings of the present research and taking into account the results of previous researches, it can be generally concluded that group hope learning based on its basic principles and techniques has an effect

on the level of communication of the individual with others in the direction of an effective communication. And changing the beliefs and attitudes of people at different levels of the mind of children with cancer can discover and model their health states. Their moods, emotions and thoughts have a direct effect on their health, and for their bodies, the world they create in their minds is the "real" world. By changing the way they use to determine their inner feelings, they can change their perceptions and design their inner world with the help of representational systems and side features. This gives them the right to choose and control their health in a wide way. Cancer children may not be able to change life events, but they can change the way they react to these events and thus reduce their stress and despair. They use the skills of establishing harmony and understanding to create and maintain encouraging relationships with others, and use the mental timeline and special goals to create a future that inspires them, and on the other hand, the hope and quality of life of cancer children. and these researches show that these psychological interventions lead to positive changes and increase in the hope and quality of life of children with cancer.

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