

**Research Article**

**The effects of life skills training on quality of life of spouses with multiple sclerosis in Isfahan**

**Ehsan sharifi<sup>1\*</sup>, Amingheshlaghi<sup>2</sup>, seyedreza mirmehdi<sup>3</sup>,  
Faramarze sohrabi<sup>4</sup>, Ali delavar<sup>5</sup> and Ali rahmani<sup>6</sup>**

<sup>1</sup>MSc in Clinical Psychology, Allameh Tabatabai University in Tehran

<sup>2</sup>Young Researchers and Elite Club, Khomein Branch, Islamic Azad University, Khomein, Iran

<sup>3</sup>Payame noor university, Golpayegan, Iran

<sup>4,5</sup>Professor at Allameh Tabataba'i University

<sup>6</sup>Department of science; khomein branch, Islamic azad university, khomein, iran

\*Corresponding Author: Ehsan Sharifi

[Received-28/02/2016, Accepted-09/03/2016, Published-25/03/2016]

**ABSTRACT**

The purpose of this study was to determine the effect of life skills training on quality of life of spouses with multiple sclerosis in Isfahan. The sample indicated all the spouses with multiple sclerosis in Isfahan. By systematic sampling, 40 spouses selected and they were assigned in experimental and control groups randomly (20 persons in each group, ten spouses were male and ten spouses were female). The experimental group received 9 sessions of life skills training once in a week. The instruments were World Health Organization Quality Of Life questionnaire (WHOQOL-26 questions-short form) and demographic questionnaire, all were used as the pre-test and post-test. The results of Covariance analysis showed that there were significant differences between the mean scores of experimental and control groups on post-tests ( $p < 0.001$ ) and the mean score of experimental groups was significantly more than control groups in Quality of life Questionnaire.

**KEYWORDS:** Life skills, Quality of life, Multiple sclerosis

**INTRODUCTION**

Multiple sclerosis (MS) is a progressive chronic disease in which myelins in central nervous system are damaged. Destruction of myelin appears in special areas such as eye nerves, brain stem, and cerebellum. These damaged areas are called plaque [1].

This illness is not predictable and it is one of the most important reasons for changing person's life, because it usually destroys the best part of life and gradually lead to disability with no final treatment. as a result, this illness is harmful for productive persons and finally all people in society. Its prevalence is in youth (20 to 40) with decrease individual and social function [2].

According to investigators assessments, depression is the most privilege and at the same time the most debilitate psychological reaction in patient with multiple sclerosis. Studies show that privilege of main depression in patient with multiple sclerosis is about 50%.

In addition to destructive effects of cognitive illnesses which lead to poor life quality for patient and disturb his(her) treatment procedure, new studies show that these disorders can increase repetition of illness and increase poor life quality among other members in family. Persons with multiple sclerosis more than normal people engaged with life problems, but acceptance manner and adjustment by those

who live with them can affect their problems. A person with MS may lose his (her) natural interactions. Loss of these interactions may lead to recurrence of symptoms, which in turn leads to stress of their spouses. [3]

The need for interactions and acceptance by the wife is very effective for improving symptoms in these patients. Thus, some professionals believe that special training programs for partners can be a good way to increase their ability for helping to their patients. Given the prevalence of cognitive problems, impairments in sexual and family relationships, interpersonal sensitivity, anxiety and stress of spouses of those suffering from this disease is high and this can lead to possible reduction in quality of life [4]. Life skills training for the first time in order to prevent abuse of cigarettes, alcohol and drug in adolescents was developed. Subsequent studies were about impact of training programs on stress, family functioning and parenting families with a disabled child [5, 6] improved ability to communicate positively and flexibility [7, 8], the ability to control problems, positive motivation to reach goals and improve family life, ability to make decisions, gain self-respect and responsibility, positive self-concept, develop self-esteem and positive attitudes for improvement sense of adequacy. Because wide prevalence of multiple sclerosis and importance of concepts such as the effects of spouse quality of life on rapid recovery of MS patients, we have poor fundamental studies about this field and we need new educational and clinical approaches. Thus, in recent paper the effect of life skills training on quality of life of spouses with multiple sclerosis in Isfahan is studied for showing if life skills training effect on quality of life?

### RESEARCH BACKGROUND

This study is experimental with two experimental and control groups, as well as pretest and posttest. In recent study apply life skills training on experimental group(spouses) and control group don't receive any treatment intervention and is wait for training. Our

statistical community is all patients with multiple sclerosis member of *Isfahan MS Society*. Initially, in this research, statistical sample was 48 spouses of patients with multiple sclerosis which was selected systematic random. With considering flow rate, initial samples for each group 24 patients were considered. To sample, in some files in *Society* with no name and address were removed from list[9]. If the wives were members of the other cities, due to distance and lack of cooperation, they were removed from list. The remaining patients were divided into two groups of men and women and finally systematic random sampling method was used for each group. 48 partners were selected (24 women and 24 men) and randomly divided into two groups: experimental and control. 2 men and 1 woman during the educational intervention did not participate in educational programs and a woman due to relapse of her husband from the second session was not present. Thus, four persons were omitted from experimental groups and for reserve equity four persons randomly were excluded from the control group [10].

### RESEARCH TOOLS

World Health Organization Quality of Life Questionnaire Form 26-item (WHOQOL-26), in this study was used short-form 26-item World Health Organization Quality of Life Questionnaire. Since 1996, the validity and reliability of the questionnaire by the World Health Organization has been studied in a variety of countries and cultures. Boneomi(2001) in his study announced that the internal reliability of the test was 95.0 and Nataly (2000) also, in the chronic group, found out that the reliability of this test was 0.90 and in healthy subjects was 0.86 (63) and in 2000, the questionnaire was designed and translated simultaneously in 15 countries. Analysis of raw data obtained from this study by SPSS-17 software is done in two parts: descriptive and inferential. In these analyses effect of the control variables on the dependent variable is removed and then two groups, according to the

remaining scores are compared. Statistical methods used in this study, are descriptive statistics including frequency, frequency percent, tables of mean, standard deviation and inferential statistics including analysis of covariance [11,12].

**RESEARCH FINDINGS**

In each group, there was 10 males and 10 females which demographic findings showed that highest percentage of men degree was BA (20%) and highest percentage of women degree was MA. (40%). from job point of view, more men were engineer (30%) and more women were employees (40%). Among the demographic variables, only gender was most correlated with pre-test and thus was controlled in subsequent analyzes. Assumption of normal distribution of scores suggests that the difference between the distribution of scores in sample group and normal distribution in society is zero. So the Shapiro–Vilk test was used. Zero assumption according to normal

distribution of scores for both groups accepted in all steps of research ,namely distribution of sample scores is normal and compatible with society and curve and stretch is accidental(all significant levels are more than 0.05)for study of variance prequivalence Levin test was used that showed Levin assumption about variances equity in groups in life quality scale in post-test step for society is correct (all significant levels are more than 0.05, F coefficient is 2.513 and significant 0.121).

Covariance analysis results about effect of life skills training on quality of life are presented in Table 1. In this analyses, for stay effect of applying pre-test on post-test scores results the pre-test scores are controlled, namely its effect omitted from are pre-test scores and then, two groups compared according to remaining scores. Moreover, because of the meaning of gender according with pre-test scores, these variables are controlled.

**Table-1** Table of Mean and standard deviation scores, analysis of covariance

Pre- test			Post test			group
Standard deviation	mean	number	Standard deviation	mean	number	
<b>8.976</b>	<b>100.05</b>	<b>20</b>	<b>6.383</b>	<b>70</b>	<b>20</b>	<b>Experimental</b>
<b>5.454</b>	<b>64.20</b>	<b>20</b>	<b>8.372</b>	<b>69.25</b>	<b>20</b>	<b>Control</b>

**Table 2-** the results of comparing the mean scores of the two groups in quality of life in post-test phase after controlling pre-test variable

Source of variation	Mean square	Degree of freedom	F ratio	meaning	Effect volume	Statistical power
Pre-test	245.640	1	4.953	0.032	0.121	0.582
Group membership	12614.754	1	254.346	0.000	0.776	0.000
Gender	180.760	1	3.645	0.064	0.092	0.460

As seen in the table above, the difference between the post-test scores of quality of life after controlling for pre-test scores in both test and control groups, statistically significant(p = 0.01). So the research hypothesis is verified. In other words, life skills training, the quality of life in patients with multiple sclerosis has increased in the post-test. According the significance level and statistical power that is said to be the sample size suffice to confirm this hypothesis.

**CONCLUSION**

Because no research so far has been done under this title, therefore we tried to clarify the closest hypothesis to the study. Researchers found that life skills training impressed the quality of families living with a variety of diseases. According to recent study life skills training can increase person knowledge about his abilities. This in turn leads to some positive personality characteristics, increased his mental and emotional abilities for control some factors such as stress, anxiety or other negative mood

states, creation and development of life skills, including strategies for achieving these goals. Gorman (2005), suggested that although knowledge and special use of life skills is different in promote mental health and initial preventions, however life skills training is a comprehensive program for wide range of personal and social skills and it contain high potential for prevention and treatment mental and social problems. Life skills training also help to understanding strategies for encounter with stress, distinguish negative emotions, stressful situations, and everything which destroyed normal mental manner of individual. Couple stress based on having a patient with multiple sclerosis and their fear of loss final cure for these patients in the community is evident. With promote helping power to these patients and good relation with their spouses, experimental group could learn and transfer their encounter methods to spouses. Kaplan et .al remarked that convert knowledge and attitude to actual abilities in different situations help patients for encounter with acceptable methods for family and society. increasing knowledge, understanding the characteristics and abilities of the individual, the individual values, using appropriate methods of communication, decision making, creative thinking in new situations and familiar with methods of conflict resolution and stress management able patients to improve their conflicts in life and business and all these things can lead to higher quality of life.

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