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## The effect of treatment on quality of life in group ways on the mental well-being and self-efficacy of women with MS

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### Abstract

This research was conducted to explain the effectiveness of group therapy based on quality of life on self-efficacy and mental well-being of MS patients. The current research design was a quasi-experimental pre-test-post-test type with a control group. The statistical population of the research includes all women who are members of the M. It was in Shiraz city in 2017 that they were selected by purposeful sampling method and using random assignment, they were placed in two experimental groups (including 15 people) and control group (including 15 people). To collect data, Olandik's (1984) self-efficacy and Keyes and Magyarmo's (2003) mental well-being questionnaires were used. After performing the pre-test for 10 sessions of 90 minutes, the experimental group was affected by quality-of-life therapy in a group manner, but the control group did not receive any intervention. After collecting the questionnaires, the obtained data were analyzed using the statistical method of covariance analysis and statistical software (SPSS). The research findings showed a significant difference between the two experimental and control groups after the implementation of group therapy based on the quality of life, and group therapy training based on the quality of life significantly increased the self-efficacy and mental well-being of MS patients. Regarding the aspects of mental well-being, the results showed that group therapy based on the quality of life had a significant positive effect on emotional, psychological, and social well-being.

**Keywords:** *group therapy, quality of life, self-efficacy, mental well-being, M. S.*

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## Introduction

Multiple sclerosis is one of the common diseases of the autoimmune system that is associated with inflammation and destruction and affects the central nervous system (Young, 2012).

National Association of M. S has announced in (2011) that more than 1 million people worldwide are suffering from it. Our country, Iran, is one of the relatively common areas. S. Estebamari M. S, like other autoimmune diseases, is more common in women. In fact, this disease is twice more common in women than in men. The most common age of this disease is between 20 and 40 (Denison, 2009). The prognosis of this disease is unknown and patients experience various physical and mental disorders caused by the disease, these disorders strongly affect the daily functioning, social and family life, functional independence and planning for the future.

According to cognitive perspectives, when people are involved with difficult problems, they seek to determine and explain reasons for their own and other people's behaviors, and by identifying them, they create various motivational and emotional consequences for themselves, these consequences may lead to reducing their stress. One of the factors that play a role in the mental health and quality of life of people with MS is mental well-being. Mental well-being is one of the components of quality of life, which refers to how people evaluate their lives and has two cognitive and emotional components. Cognitive dimension, that is, people's cognitive evaluation of the level of satisfaction with life, and emotional dimension, that is, having maximum positive emotion and minimum negative emotion (Lucas, 2008).

In line with mental well-being, self-efficacy has beneficial results on the quality of life of MS patients. Self-efficacy is derived from Bandura's social cognition theory (2002), which refers to a person's beliefs and feelings about his abilities to perform tasks and responsibilities. According to the concept of self-efficacy, human learning performance is affected by cognitive, emotional and feelings tendencies, expectations, beliefs and values. Therefore, man is an active being and affects the events of life and determines his psychological functions, performance, behavior, environment and stimuli.

Among the treatments used in this field is the effectiveness of quality of life in a group. Cognitive-behavioral group therapy based on quality of life, in a structured way and with cognitive-behavioral tasks and exercises, seeks to create mental well-being, happiness and life satisfaction by creating transformation in the main areas of life.

According to the previous research on the importance of maintaining the health and quality of life of sick people, it prompted the researcher to investigate the effect of quality of life-based treatment training in a group manner on mental well-being and self-efficacy in MS patients.

## Method

The current research is a quasi-experimental method based on a pre-test-post-test design with a control group. In this method, the subjects filled out two death and personal growth anxiety questionnaires before being replaced in the experimental and control groups and before the independent variable (existential therapy group) implementation. The statistical population of this research includes all women who were members of the MS Association of Shiraz city in 2017. Sampling in this research was done in the form of targeted sampling. For this purpose,

the mental well-being and self-efficacy questionnaire was completed by 100 female patients with MS referred to the MS Association of Shiraz city, and 30 of those who got the lowest score in the mental well-being and self-efficacy questionnaire and volunteered to participate in the research. 15 participants in the experimental group and 15 participants in the control group were randomly replaced.

## Materials

**1. Mental well-being questionnaire.** Kay-Yez and Magyarmo designed this questionnaire in 2003, which includes three dimensions emotional well-being (12 questions), psychological well-being (18 questions), and social well-being (15 questions). According to the 1 to 5 scoring for each item, the minimum score is 16, and the maximum score is 56 (Golestani Bakht, 2016). Temanaifar and Mishtifard (2014) obtained the internal consistency coefficient based on Cronbach's alpha of 0.63 for the entire questionnaire and 0.25, 0.70, and 0.61 for its subscales, respectively.

**2. Self-efficacy questionnaire.** This questionnaire was developed by Ollendyk and revised by Oswald and Crowe (1986). This questionnaire is based on Bandura's learning theory. This self-report questionnaire has 17 items, the items of which are written for people over 14 years of age. This questionnaire is graded based on a 5-option Likert scale, with five completely agree and 0 completely disagree. Therefore, the minimum score that a person may get will be 17, and the maximum score will be 85. The cut-off point of the questionnaire is 51; the lower the subject's score is, the lower the self-efficacy, and the higher the score is, the higher the self-efficacy. Ahmadi (2011) found the reliability of this questionnaire to be 0.784 using Cronbach's alpha, 0.74 using

the split method, and 0.78 using Guttman's method.

## Findings

The mean and standard deviation of the age of the experimental group was 33.46 (2.78) and the control group was 33.87 (2.94). Also, 4 women in the experimental group had a diploma, 5 had a post-diploma, 4 had a bachelor's degree, and 2 had a post-graduate degree, and 4 women in the control group had a diploma, 3 had a post-diploma, 6 had a bachelor's degree, and 2 had a post-graduate degree. Also, 10 women in the experimental group had a job, and 5 women had no job, and 11 women had a job and 4 women had no job in the control group. In the experimental group, in the post-test phase (after the quality of life therapy group), the average mental well-being and its dimensions are higher than the pre-test, that is, after the quality of life-based therapy group, the average mental well-being and its dimensions in the experimental group have increased intuitively. Moreover, in the experimental group, in the post-test phase (after the quality of life-based therapy group), the average individual growth is higher than the pre-test; that is, after the quality-of-life-based therapy group, the average individual growth in the experimental group has intuitively increased. These differences are not noticeable in the control group.

According to the findings, the test statistic of the effect of the independent variable on mental well-being is equal to ( $F=4.49$ ); Therefore, between the mental well-being of my patients. There is a significant difference in the control and experimental groups of MS in the post-test stage after removing the effect of the pre-test, and the treatment group based on the quality of life had a significant effect on the mental well-being of MS

patients in the post-test stage. This effect is equal to 16% according to Eta coefficient. According to the findings, one-factor variance analysis shows that there is a significant  $p < 0.01$  difference between the pre-test and post-test self-efficacy scores of MS patients in the two experimental and control groups. The amount of this difference is equal to 33%. The significant difference in the average excess score (post-test difference scores from pre-test) between the two experimental and control groups indicates that the treatment group based on the quality of life has been able to significantly affect the self-efficacy of MS patients and cause them to increase.

According to the findings, because in all dimensions of mental well-being, the value of the test statistic of the effect of the independent variable is significant ( $p < 0.05$ ) in the post-test stage, there is no difference between the dimensions of mental well-being of MS patients in the two control and experimental groups in the post-test stage. After removing the effect of the pre-test, there is a significant difference, and the group therapy group based on the quality of life has significantly affected all aspects of the mental well-being of MS patients in the post-test stage. This effect on the dimensions of emotional, psychological, and social well-being is equal to 23, 24, and 25%, respectively.

### **Discussion**

The present study was conducted with the aim of explaining the effectiveness of group therapy based on quality of life on self-efficacy and mental well-being of MS patients. The results showed that there is a significant difference between the mental well-being of MS patients in the control and experimental groups in the post-test stage after removing the effect of the pre-test, and

the treatment group based on quality of life had a significant effect on the mental well-being of MS patients in the post-test stage.

Healthy social communication and modification of communication pattern was one of the things that MS patients learned during this period. In several stages, people learned to first identify their faulty relationships with cognitive reconstruction and awareness, then to practice a series of communication skills in a behavioral manner. Using the egg basket technique, MS patients learned that one of the reasons for their dissatisfaction in relationships is that they spent all their mental and emotional values on a relationship and did not value other relationships or other activities.

One of the factors that has a positive effect on mental well-being is hope, and since hopeful people are healthier and happier and their immune systems work better, they cope better with psychological pressure by using more effective coping strategies such as re-evaluation and problem solving. They get along. Therefore, the hope of MS patients was worked on in the treatment group based on the quality of life. Having high levels of hope, MS patients have developed the belief that they can compromise with challenges and cope with adversity. When they face obstacles in life, they experience less negative emotions and as a result, they have more mental health and psychological symptoms such as anxiety, depression, etc. are less and mental well-being is more. Treatment based on improving the quality of life by emphasizing the positive aspects and different aspects of my patients' lives. S causes the emergence of ideas that show the ability to control emotions in life and strengthens the feeling and assumption in people that life is controllable for people and thus encourages and strengthens these

patients in setting goals for life. This treatment approach teaches the treatment seekers that happiness is also a choice. Interventions in this method do not focus only on the individual, but rather on helping those who seek treatment in order to transform, through learning, sympathy and affection. This approach emphasizes the need of treatment seekers in order to concentrate and reach their values. The experiences built by this therapy are combined in the five-way model. This model forms the main foundation of treatment based on improving the quality of life.

Another area investigated in the treatment based on the quality of life is the area of self-esteem, and in this regard, the techniques of recording successes, techniques (paying attention to blessings) and paying attention to one's abilities were used. In these techniques to my patients. Students are taught to pay attention to their abilities and achievements and achieve more self-esteem and self-efficacy.

### **Ethics**

In this research, ethical standards including obtaining informed consent, ensuring privacy and confidentiality were observed.

### **Acknowledgement**

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### **Conflict of Interest**

According to the authors, this article has no financial sponsor or conflict of interest.

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