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The relationship between spiritual well-being and hopelessness levels of substance users

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Abstract

This study was carried out to investigate the effect of the spiritual well-being of the individuals diagnosed with substance use disorder on their level of hopelessness. The sample of this study consisted of 256 patients who were hospitalized with the diagnosis of substance use disorder in an alcohol and drug addiction treatment center (ADATC) between October 1, 2018 and April 1, 2019. Patients who did not accept to participate in the study and repeated hospitalizations were excluded. The study was carried out with remaining 201 patients. Data were collected using Sociodemographic Information Form, the Spiritual Well-being Scale and the Beck Hopelessness Scale. Mann Whitney U, Kruskal Wallis test and Spearman Correlation analyses were used in the evaluation of the data. The mean age of the participants was 28.59 ± 8.54 and all participants were male. The total score of the participants from the Spiritual Well-being Scale was 109.89 ± 15.88 , and from the Beck Hopelessness Scale was 7.33 ± 5.30 . In the study, a negative relationship was found between spiritual well-being and hopelessness levels of the patients ($p < 0.01$). There was a negative relationship between patients' spiritual well-being scores and the number of applications to the inpatient treatment center ($p < 0.01$). There was a positive relationship between patients' Beck hopelessness scores and the number of applications to the inpatient treatment center ($p < 0.05$). There was a weak negative relationship between patients' Beck hopelessness scores and their age ($p < 0.05$). As the level of spiritual well-being increased, hopelessness level decreased. It is recommended to provide counseling and care services to increase the patient's spiritual well-being.

Keywords: Spiritual care, spirituality, hopelessness, drug addiction, substance use disorder

Introduction

Substance abuse is an important public health problem affecting the individual and his/her environment in terms of biopsychosocial aspects [1]. Substance abuse is defined as an euphoric condition that occurs when a psychoactive substance affects the central nervous system after ingestion or withdrawal of the substance from the body, but the desire to use the substance continuously despite the occurrence of certain disorders [2].

World Health Organization (WHO) defines substance abuse as a strong desire and need to obtain and use the substance, the tendency to increase the dose used, high sensitivity towards the physical and psychological effects of substance after withdrawal, and the substance becoming the most important thing in a person's life [3].

Substance abuse, which threatens human and public health is affected by many factors in development process, is not expected

to be successful only through medical interventions during the treatment phase. In addition to medical interventions, one of the support and rehabilitation programs is spiritual care. Spirituality has proven to be effective in preventing drug addiction and reducing returns to drug use [4,5]. Spirituality is an effort to understand and accept the one's relationships with itself and the people around it, its position in the universe and what life means [6]. It is known that spirituality has a positive effect on questioning the health and illness behaviors of the people, adapting to the changes, gaining the ability to overcome the problems, finding the healing power and hope again [7,8].

Hope is the belief of individuals in achieving any goal they wish to realize in their later lives. The belief that one can get rid of the bad situation and take positive steps in life is the most beneficial aspect of hope. Hope is a psychological factor that will help the person in his or her efforts to improve his/her mental state and get rid of negative health problems [9].

In a study with occupational groups working in the field of drug addiction and stated that spiritual well-being was effective in increasing the percentage of success in the treatment process. They also claimed that the treatment providers' determining the mental health status of the addicts during the course of treatment and

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providing therapeutic care for them would contribute positively to the treatment process [10]. It is a very challenging and difficult process for substance abuse to get rid of addiction. They need to decide to change to get rid of addiction. The addicted individual may have difficulty in deciding to change or may give up his/her decision after some time. One of the factors that will affect this situation is self-belief and being hopeful to give up substance [11]. It is thought that the hope factor is useful in setting goals for the later lives of the patients, in finding ways to find the way out and in reaching these goals, and it also affects the success of the treatment [12].

This study was carried out to examine the relationship between the spiritual well-being of the individuals diagnosed with substance abuse and their hopelessness levels.

Materials and Methods

Study Design

This descriptive study was carried out with adult male individuals (no female patients) who were diagnosed with substance use disorder and treated as inpatients in Alcohol-Drug Addiction Treatment Center (ADATC), Elazığ between September 1, 2018 and February 1, 2019.

The number of patients who applied to the ADATC for inpatient treatment was obtained from the records for previous years and estimated as approximately 600 patients in a year. The study was conducted between October 1, 2018 - April 1, 2019, for 6 months, and thus, approximately 300 patients were expected to participate. However, fewer patients applied to the center compared to previous years and 246 patients were admitted to the hospital. Of those who applied, 18 were recurrent patients and 27 individuals did not agree to participate in the study. Therefore, the sample was composed of 201 patients.

The sample size was found 20 after post hoc power analyses (the significance level was 0,05, correlation coefficient between two scales was 0,65, the power of representing the population %80).

Data Collection Tools

Data were collected using “Sociodemographic Information Form”, “Spiritual Well-being Scale (SWB)” to determine the status of spiritual well-being and using “Beck Hopelessness Scale (BHS)” to determine the levels of hopelessness.

Sociodemographic Information Form

Sociodemographic Information Form consists of 10 items which were prepared according to the literature to measure the characteristics of patients (age, education, marital status), characteristics of substance use disorder (duration, type, age of onset, number of hospitalization) and family characteristics (parents' being together).

Spiritual Well-Being Scale (SWB)

The scale, developed by Ekşi H. et al. in 2017 and Turkish validity and reliability was performed, was developed as a way of assessing how well adults' lives align with their values and their understanding of ultimate meaning in personal, social, environmental, and transcendental terms. The scale composed

of 29 items and 3 dimensions (harmony with nature, anomie and transcendence). The scale is 5-point Likert type as “1=Not applicable to me at all”, “2=Not applicable to me”, “3=Somewhat applicable to me”, “4=Quite applicable to me”, “5=Completely applicable to me”.

It includes questions such as how assuring it is to adhere a divine power, how harmonious it is with nature and how much it makes sense of life. As a result of the answers given to the scale, the lowest possible score from the scale is 29 and the highest is 145. In the scale, the questions related to the anomie (3,7,11,15,19,23,26) were scored reverse. It is concluded that the higher the total score obtained from the scale, the higher the level of spiritual well-being of individuals [13].

Beck Hopelessness Scale (BHS)

The Beck Hopelessness Scale was developed by Beck et al. in 1974 to reveal the sense of hopelessness in quantitative data [14]. Turkish adaptation and validity-reliability studies were performed by Seber et al. The scale consists of 20 items, 11 of which are positive and 9 of which are negative. For positive questions, yes answer is 1 point and no answer is 0 point. For negative questions, yes answer is 0 point and no answer is 1 point. The lowest possible score from the scale is 0 and the highest is 20 points. The total score of individuals constitutes the hopelessness score. The higher the scores, the higher the level of hopelessness of the individual [15].

Statistical Analysis

Kolmogorov Smirnov test was used to check the normal distribution of continuous variables. Spearman Correlation analysis was used for correlations between numerical variables and Mann Whitneu U and Kruskal Wallis test were used for comparison of independent groups. SPSS for Windows version 22.0 was used for statistical analysis. Analyzes were evaluated at 95% confidence interval and $p < 0.05$ significance level.

Ethical Considerations

Ethical approval was obtained from the Non-Interventional Ethics Committee of Fırat University Faculty of Medicine and the written permission was obtained from Elazığ Provincial Health Directorate. The purpose, content and their voluntary involvement in the study were explained to participants verbally and the ‘Informed Consent Form’ was read and their approval was taken.

Results

The sociodemographic characteristic of the 201 patients was presented in Table 1. 42.3% of the patients were in the 24-29 age group in our study, 60.2% were single, 53.2% were primary school graduates, 67.2% worked in a job, 70.6% of their parents were together and at least one of the parents of 21.9% was not alive (Table 1).

In the evaluation of the descriptive characteristics of the patients with substance use disorder, it was found that the most commonly used substance was heroin with 46.3% while it was determined that more than one stimulant substance was used with 33.8%. 48.3% of the patients used substances for one to five years while 32.8% of them used substances for six to ten years. It was found

that 47.8% started using substance earlier than 18 years old while 39.3% of them started between 19 and 25 years old. It was further determined that 39.3% of the patients applied to an inpatient treatment center for the first time while 60.7% of them went through treatment before and applied at least for the second time (Table 2).

Table 1. Sociodemographic characteristics of patients

Characteristics	n	%	
Age X±SS	28.59±8.54	201	100.0
	18-23	55	27.4
Age Groups	24-29	85	42.3
	30 and above	61	30.3
Marital status	Married	80	39.8
	Single	121	60.2
	Literate	27	13.4
Educational level	Primary Education	107	53.2
	Secondary Education	63	31.3
	University	4	2.0
Working condition	Working	66	32.8
	Not working	135	67.2
	Divorce	15	7.5
The Status of Parents	Married Couple	142	70.6
	Dead	44	21.9

Table 2. Descriptive characteristics of patients regarding substance use

Characteristics	n	%
Substance used		
Heroin	93	46.3
Multiple drugs	68	33.8
Marijuana	18	9.0
Alcohol	15	7.5
Ecstasy	7	3.5
Substance use time		
1-5 year	97	48.3
6-10 year	66	32.8
11-15 year	20	10.0
16 and above	18	9.0
Substance onset age		
18 under	96	47.8
19 – 25	79	39.3
26 – 35	21	10.4
36 and above	5	2.5
Number of hospital admissions		
First	79	39.3
2-4	95	47.3
5-7	20	10.0
7 and above	7	3.5

The mean score of the participants from the spiritual well-being scale was 109.89±15.88, and the mean score from the beck hopelessness scale was 7.33±5.30 (Table 3).

Table 3. The mean scores of spiritual well-being and beck hopelessness scale

Scale	Obtainable Min-Max Scores	Received Min-Max Scores	X ± SS
Spiritual Well-Being Scale	29-145	62-143	109,89±15,88
Beck Hopelessness Scale	0-20	0-20	7.33±5.30

The negative relationship between SWB and BHS indicated that as patients' spiritual well-beings increased, their hopelessness levels decreased ($r = -0.696$). While there was a negative significant relationship between patients' SWB and the number of applications to the inpatient treatment center ($r = -0.248$), there was a positive significant relationship between patients' BHS and the number of applications to the inpatient treatment center ($r = 0.173$) (Table 4).

Table 4. The correlation between total mean scores of the spiritual well-being scale, beck hopelessness scale, age and the number of hospitalization

Scale	SWBS	BHS	Number of Hospitalization	Age
Spiritüel Well-Being (SWBS)	-	-	-	-
Beck Hopelessness Scale (BHS)	$r = -0,696^{**}$	-	-	-
Number of Hospitalization	$r = -0,248^{**}$	$r = 0,173^{*}$	-	-
Age	$r = -0,134$	$r = 0,217^{**}$	$r = 0,085$	-

SWBS: Spiritual well-being scale, BHS: Beck Hopelessness Scale
 $**p < 0,01$, $*p < 0,05$ $r =$ Correlation Coefficient

Discussion

In the evaluation of patients' sociodemographic characteristics, it was determined that the rate of single individuals who substance abuse was higher than the married individuals. In a study conducted with patients with substance use disorder in our country, the rate of married and single individuals was in parallel with findings of our study [16]. When Turkish Monitoring Center for Drugs and Drug Addiction (TUBIM) data for 2011 (59.5%), 2012 (60.62%) and 2013 (61.49%) were examined, it was found that substance abuse was more common among single individuals [17-19].

In the investigation of the education level of patients, it was determined that almost half of them (53.2%) were primary school graduates. Many studies in the literature reported that the level of education of individuals who substance abuse was low [20-23].

In our study, the mean age of the patients was 28.5±8.54. In TUBIM, 2015, the patients receiving treatment were mostly between the ages of 20-29 [24]. In another study conducted in the center where we did our study, it was seen that the majority of patients were between the ages of 18-29 [20]. In another study, in the evaluation of the data for previous years in a treatment center, the mean age of patients was found as 27.5±12.68 [24]. It can be stated that the mean age in our study is similar to those in other

studies in the literature.

The most commonly used substances in our study were heroin, then multiple stimulants, cannabis, alcohol and pill-ecstasy-bonsai, respectively. In a study conducted in our country, it was reported that the most commonly used substances were heroin, mixed substance and alcohol, respectively [16]. According to the European Drug Report and TUBIM reports, the most consumed substance was cannabis [18,19,25,26]. In another study conducted in the center in 2015 where our study was conducted, the most commonly used substances were multiple stimulants and heroin, respectively [21].

In our study, the percentage of substance abuse under age 18 was found to be 47.8%. In a previous study that was similar to our study, it was observed that onset of substance abuse under the age of 18 was 37.1% [18]. In another study, it was observed that onset of substance abuse under the age of 18 was 28.3% [23]. This may indicate that onset of substance abuse has decreased to earlier ages.

Total BHS mean scores of patients in our study were found to be low. In the literature, studies reported that the hopelessness levels of patients with substance use disorder were low [23,27]. In a study conducted that with patients diagnosed substance abuse, 59% of heroin addicts were hopeless and in the comparison of hopelessness levels of healthy individuals and heroin addicts, it was found that heroin addicts were more hopeless than healthy individuals [28]. The fact that the majority of the individuals participating in our study is young may be the reason for the low level of hopelessness.

In our study, spiritual well-being of individuals diagnosed with substance use disorder was found to be higher than average. In studies in the literature, it was observed that substance abuse had spiritual tendencies and these tendencies were perceived as a protective factor in the purification phase of substance abuse [10,29,30]. In a study conducted in many countries including Turkey, it was mentioned that the tendency to patients with substance use disorder was higher in individuals with low spiritual well-being [29,31]. In a study conducted among students abroad, it was found that the students who used substance had less spiritual well-being than the students who did not use [32].

In our study, a statistically significant negative relationship was found between the levels of hopelessness and spiritual well-being of patients with substance use disorder and treated as inpatient. As the spiritual well-being of patients with substance use disorder increased, their hopelessness levels decreased.

Koenig et al. reviewed approximately many studies on religion and well-being and found that at least 80% of these studies had negative significant results related to hopelessness [33]. In their study with alcohol addicts, emphasized that the distress, hopelessness and existential problems of the dependent individuals improved with the improvement of their spiritual status [34].

No significant difference was found between spiritual well-being and age in our study. Since there was no study examining age and spirituality in substance abuse during the study period, other patient groups were discussed. In a study conducted with oncology patients, no significant difference was found between the age and total well-being scores of the patients [35]. However, a study

found statistically significant results between psychiatric patients' spiritual well-being and age [36].

In conclusion, it was determined that the spiritual well-being of patients with substance use disorder was above the average and their level of hopelessness was below the average. As the spiritual well-being increased, hopelessness scores decreased. Accordingly, it was concluded that hope, which is one of the important factors for the treatment of patients, was significantly related to spiritual well-being.

To increase the spiritual well-being of the patients, it is important to provide spiritual counseling and spiritual care services before, during and after the treatment, and to include initiatives to increase spiritual well-being in the holistic nursing care plans. During the rehabilitation process, the consultancy service of the health team in order to strengthen the communication between the family and the patient and to resolve conflicts will contribute to the spiritual well-being of the patients.

This study was conducted in only one hospital therefore our results should not represent for all substance user and also city. This was the limitation of our study. Due to first study in literature it is believed that the study will be leading for further studies with a large sample.

Competing interests

The authors declare that they have no competing interest.

Financial Disclosure

There are no financial supports

Ethical approval

An approval from the Firat University Health Sciences Non-Invasive Clinical Trials Ethics Committee and the legal permission from the institution where the study was carried out were obtained to conduct the study (App. No: 2018/13-12).

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