

Comparison of Cognitive-Spiritual Hope therapy and Dialectical Behavior Therapy on Reducing Job Stress in Exceptional School Teachers

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ABSTRACT

Background and Purpose: Job stress of teachers, especially teachers of special schools, has a significant role in their mental health and educational dimension. The purpose of this study was to compare the effect of cognitive-spiritual and dialectical behavioral hope therapy on reducing job stress in teachers of special schools.

Materials and Methods: In this semi-experimental study (pre-test-post-test with control group) 45 teachers from exceptional schools of Erzurum province (Turkey) were selected by available means and divided randomly into two experimental groups (15 people) and one control group (15 people) were located. For the first group of cognitive-spiritual hope therapy (10 sessions); 2 one-and-a-half-hour sessions per week) and 8 sessions for the second group of dialectical behavior therapy; Two weeks of one and a half hour sessions were performed and the control group did not receive any training. All subjects completed the Harris (1994) Job Stress Questionnaire before and after the training. Analysis of covariance was used to analyze the data.

Results: The results demonstrated the mean scores of experimental groups decreased significantly compared to the control group in the post-test ($p < 0.05$).

Conclusion: The results showed that Cognitive-Spiritual Hope therapy and Dialectical Behavior Therapy Reduced Job Stress in Exceptional School Teachers. Therefore, paying attention to the effectiveness of cognitive-spiritual method and dialectical behavioral therapy on reducing job stress of teachers of special schools is of special importance.

Keywords: Cognitive-spiritual hope therapy, dialectical behavior therapy, job stress, teachers, special schools.

INTRODUCTION

Today, one of the most important aspects of a person's life is his job. In addition to providing for our living expenses, work also satisfies our psychological needs, such as mental and physical mobility, social contact, self-esteem, trust, and empowerment.¹ On the other hand, the work environment can be considered as a source of social and psychological stress that has detrimental effects on employee well-being and health, and at the same time can have a negative effect on employee behavior and ultimately lead to inefficiency of employees and the organization.²

The issue of job stress began with the study of Hans Selye and its importance in educational settings was emphasized. Job stress is the interaction between working conditions and the employee in such a way that the person cannot cope with the pressures associated with it, which can endanger the mental health of employees, lead to physical burnout and job dissatisfaction³

Studies have shown that among high-risk occupations, teachers show high levels of job stress. Especially when examining the job stress of exceptional school teachers, the importance of the issue is doubled, because teachers of exceptional schools due to communication with students with special needs who have problems such as mental, visual, hearing, motor and in some cases a combination of these disabilities.^{4,5} Have special working conditions. In such a situation, students are annoyed by the teacher's impatience and the teacher's job seems uncomfortable to him.⁶

Myles et al (1991) with their research on teachers with special needs children came to the conclusion that because this group of teachers are involved in many problems in communicating with this type of children and

suffer from a lot of stress and this causes the background of psychosomatic diseases in them. School stressors for a teacher can include (burnout, overwork, helplessness, job ambiguity, organizational structure, role conflict, the presence of problematic people, transfer problems, educational change or reconstruction, etc.).^{7,8}

The total number of exceptional students in Turkey in the 2018-2019 academic year is 74,000, respectively, while the number of exceptional teachers is 21,500. According to the statistics of exceptional students and the increase in job stress among teachers, which not only threatens their physical, welfare and psychological health, but also has a negative effect on students and the learning environment.⁹ Steps should be taken to reduce the job stress of exceptional school teachers. Accordingly, researchers believe that cognitive-spiritual education and dialectical behavior therapy¹⁰ are among the therapies that can play a significant role in reducing job stress. Cognitive-spiritual hope therapy is hope therapy along with cognitive methods (positive thinking and learned optimism) and spiritual therapy.¹¹ Hope therapy is one of the constructs of positive psychology among psychological therapies. Schneider hope therapy is the only one that considers hope as the main goal of treatment.¹² This type of psychological intervention is based on Schneider's theory of hope and ideas derived from cognitive-behavioral therapy, solution-oriented therapy and story or narrative therapy.¹³ In this type of treatment, participants are first introduced to the principles of hope theory and then taught how to apply these principles in their lives. Participants learn how to set important, achievable, and measurable goals; identify multiple pathways to move toward these goals, identify motivational sources and the interaction of each barrier to

motivation, review progress toward the goal; And modify targets and crossings as necessary.¹⁴ Research has shown that hope is associated with reduced anxiety, depression, stress,¹⁵ coping strategies and suicidal ideation, coping style, and meaning in life.¹⁶⁻¹⁸ Researchers have also found that positive thinking can help manage stress and even play an important role in overall health and well-being. However, positive thinking actually means approaching life's challenges with a positive outlook. This does not necessarily mean ignoring or avoiding bad things. Instead, it involves creating the potential for bad situations.¹⁹

Since the discussion of hope and hope therapy education can also have a cultural dimension²⁰ and given that in Turkish and Islamic society, many of our behaviors in individual and social life, directly or indirectly influenced by religious teachings and beliefs and it is often evaluated with it as well. Therefore, in the present study, spiritual therapy and religious teachings have been used during hope training sessions. Spirituality therapy means considering cultural, religious beliefs and internal connection with a divine absolute power beyond the boundaries of religious tendencies to different religions that lead people to the eternal divine power of God.²¹ Prayer, reading the book of revelation, the stories of the prophets and attending religious ceremonies are some of the resources that some religious people can enjoy less stress in the face of stressful life events.²² The results of various studies also indicate a significant relationship between spirituality and variables such as job stress and mental health.²³ Chirico et al (2019) concluded that prayer can be as effective as meditation and other mental techniques in counteracting the negative effects of job stress and preventing burnout among teachers and possibly other professionals.²⁴

Another effective treatment for stress is dialectical behavior therapy, which was developed in 1993 by Marshall Inhan which acts in a cognitive-behavioral manner.²⁵ This approach combines interventions related to cognitive-behavioral therapies based on the principle of change with the teachings of Eastern philosophy of mind based on the principle of acceptance, and based on this, introduces four components of intervention in its group therapy method:

Fundamental holistic awareness and distress tolerance as components of the principle of emotional acceptance and regulation and interpersonal efficiency as components of the principle of change are four components that emphasize dialectical behavior therapy in their group therapy. In fact, dialectical behavior therapy combines empathy and acceptance in a client-centered perspective with problem solving and social skills training in a cognitive-behavioral perspective.²⁶

In recent years, in addition to borderline personality disorder, dialectical behavior therapy has been used in a variety of other disorders. The results of the study of Mami et al. (2016) with the purpose of evaluating the effectiveness of dialectical behavior therapy on the symptoms of depression, anxiety and stress in patients with anorexia nervosa showed that this treatment has a significant effect on reducing depressive, anxiety and stress symptoms in patients with anorexia nervosa.^{27, 28} In another study, dialectical behavior therapy improved

depression and perceived stress in female students Belir et al. (2018) showed that the positive effects of dialectical therapy on mental health and risky behaviors indicate its clinical effectiveness in treating risky behaviors and symptoms of depression, anxiety and stress in patients with AIDS.²⁹

In general, research shows that psychological intervention programs, especially those offered in groups, significantly reduce emotional distress and job-related stress, provide valuable social support, and enhance adaptive coping skills. Dialectical behavior therapy in a group way seeks to gain new experiences in the group, communicate with others and increase self-confidence.³⁰

Due to the high position of education in society and the need for capable and motivated teachers in the education of exceptional students, the country's education officials at all levels are aware of the job stress of teachers in exceptional schools. Accordingly, it has made the necessary plans to correct the shortcomings and strengthen the positive cases in order to reduce the job stress that directly affects their job performance, to prepare the ground for increasing the educational dimension of exceptional students. Due to the research gap and the lack of empirical research in comparing the effect of the mentioned trainings on reducing job stress of teachers, especially teachers of special schools, this study was conducted to compare the effect of cognitive-spiritual and dialectical behavioral therapy on reducing occupational stress.

MATERIALS AND METHODS

The present study was a quasi-experimental design (pre-test-post-test) using two experimental groups and a control group of exceptional school teachers. The statistical population was all teachers working in Erzurum exceptional schools in the 2019-2018 academic year (1256 people according to the statistics of the Department of Education). A total of 45 eligible individuals were selected by convenience sampling method and randomly assigned to two experimental groups (15 individuals in each group) and one control group (15 individuals).

Criteria for inclusion in the present study: 1: A teacher with at least a post-diploma level of education and above who is teaching in exceptional schools; 2: A resident of Erzurum province; 3: Having at least one year of teaching experience in exceptional schools; 4: Age range 28 to 45 years; 5: Being married and 6: Having full consent to participate in the research and exclusion criteria from the present research: 1: Not attending more than one session; 2: The occurrence of a specific problem during the study was considered.

After coordination with the officials of the Exceptional Education Department of the province, while presenting the identification and educational documents of the researcher, the conditions and objectives of this research were explained to the relevant officials. After obtaining the consent of the officials to conduct the research, it was decided that the teachers have entry criteria at the appointed time in the amphitheater of the Erzurum Exceptional Education Office, which has the necessary facilities including computer, video projector and after a general explanation of the objectives of the study

(confidentiality of treatment results, satisfaction of participants, confidence that the results were analyzed in groups) for the subjects, 45 people were selected as sample members and randomly selected. They were divided into two experimental groups (15 people in each group) and one control group (15 people).

First, 3 groups of pre-test (Harris job stress questionnaire) were taken. Teachers of experimental group 1 in groups in sessions, cognitive-spiritual training program (8 sessions: two sessions one and a half hour sessions per week) and teachers of experimental group 2, dialectical behavior therapy training (8 sessions: two sessions of one and a half per week) and the control group did not receive training.

In these sessions, educational materials were presented in PowerPoint format along with pictures and homework related to each session was presented to the participants. In the next sessions, homework was reviewed and after the training sessions, the post-test (Harris Job Stress Questionnaire) was measured in all 3 groups (2 experimental groups and one control group). It should be noted that in order to comply with the ethical principles of the research, after all three groups were tested the mentioned trainings were also performed for the control group.

The Harris Job Stress Questionnaire was used to measure job stress, which was adjusted by Harris in 1994 and its validity and reliability were assessed, and after confirming its validity and reliability, was used. This questionnaire has 35 questions in the field of job stress and

measures the stresses caused by role ambiguity, role conflict, role overload, role underload, work pace, work repetition and job stress. The reliability of this questionnaire was reported through internal consistency and Cronbach's alpha calculation of 0.89. In the present study, Cronbach's alpha was 0.91.²⁷

Intervention methods: Cognitive-spiritual hope therapy: For the first group, the cognitive-spiritual hope therapy protocol was taught in 8 sessions and each session for an hour and a half. This treatment method has been developed by Geravand et al. (2018) and its effectiveness on anxiety and stress has been confirmed.

Dialectical Behavior Therapy: For the second group, dialectical behavior therapy was taught in 8 sessions, each session lasted an hour and a half. This treatment was planned by the first researcher based on the work of McKay et al. (2019) based on Linhan's training book. The training program was conducted in 4 areas of mindfulness, emotion regulation, anxiety tolerance and interpersonal relationship.³¹

Data analysis: Finally, the data were analyzed using SPSS-20 statistical software. In the data description section of the mean and standard deviation and in the inferential section of the univariate analysis of covariance with the assumptions of normal distribution of scores through Shapiro-Wilk test, the assumption of regression slope homogeneity using group interaction * Pre-test and Levin test for homogeneity and error The dependent variable was used in the groups.

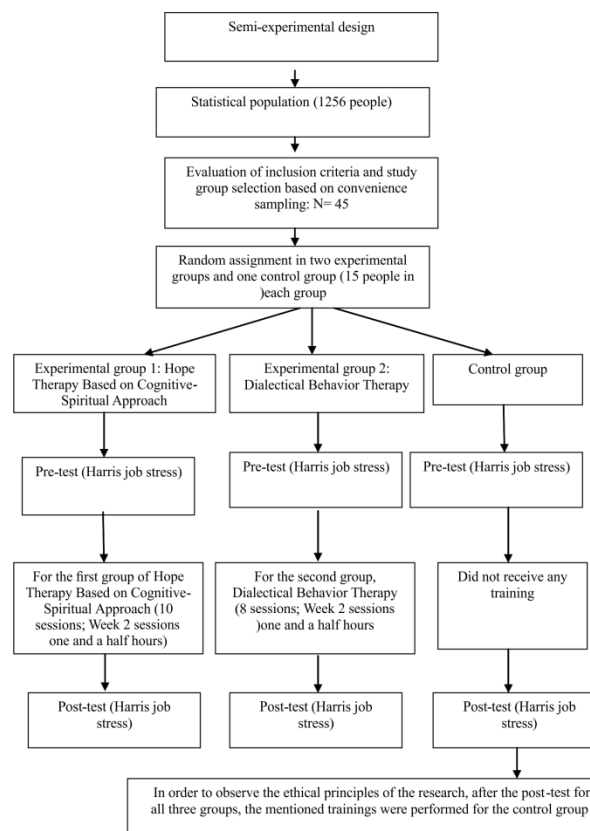


Figure 1: Study process (Consort chart)

RESULTS

Table 1 presents descriptive findings (mean and standard deviation) related to job stress scores before and after training for research groups.

Table (1): Descriptive characteristics of job stress variables in the sample in the group of hope therapy by cognitive-spiritual method, dialectical behavior therapy and control in pre-test and post-test

Variable	Group	Pre test		Post test		adjusted Mean
		M	standard deviation	M	standard deviation	
Job stress	hopeful therapy in a cognitive-spiritual way	116.80	24.84	97.53	23.34	97.21
	Dialectical behavior therapy	115.07	23.82	103.73	23.65	105.09
	Control	117.53	25.04	116.67	26.14	115.64

The results showed the normality of the dependent variable distribution, the homogeneity of the regression slope, and the homogeneity of the variance error in the groups.

Table (2): Evaluation of normality of job stress data distribution using Shapiro-Wilk test

Variable	Group	Pre test		Post test	
		Shapiro Wilk	Sig.	Shapiro Wilk	Sig.
Job stress	hopeful therapy in a cognitive-spiritual way	0.973	0.893	0.959	0.67
	Dialectical behavior therapy	0.952	0.564	0.967	0.817
	Control	0.942	0.411	0.917	0.172

The results showed that job stress scores in both pre-test and post-test in the three groups followed a normal distribution ($p < 0.05$).

Table (3): Results of the assumption of homogeneity of regression slope for job stress in the studied groups

Source of change	sum of squares	df	sum of squares	F	Sig.
Group effect * Pre-test	93.775	2	46.888	1.532	0.229
Error	1193.227	39	30.596		

The result showed that the homogeneity assumption of regression slope for job stress scores is established ($p < 0.05$).

Table (4): The results of Leven test for equalization of variance error of job stress in the studied groups

F	Df1	Df2	Sig.
2.914	2	42	0.081

Table (5): Results of analysis of covariance to compare job stress in post-test in the study groups

Source of change	sum of squares	df	Average squares	F	Sig.	Eta squares
Pre-test effect	23737	1	23737	756.189	0.001	0.949
Group Effect	2562.976	2	1281.488	40.824	0.001	0.666
Error	1287.002	41	31.39			
Total	533291	45				

Table (6): Results of LSD post hoc test for pairwise comparisons of job stress in the studied groups

Comparisons	Mean standard	Error Standard difference	Sig.
Emotion Regulation Training - Self-Encouragement Training	-7.877	2.047	0.001
Emotion Regulation Training - Self-warming training - control	-18.424	2.046	0.001
Self-warming training - control	-10.547	2.048	0.001

The results show that there is no significant difference in job stress variance error between the three groups ($p < 0.05$). Therefore, all assumptions of univariate analysis of covariance are valid.

The results showed that by adjusting the pre-test scores, the amount of post-test job stress of mothers of exceptional school teachers in the group of hope therapy-cognitive-spiritual, dialectical behavior therapy and control was significantly different ($F = 0.82$, $p = 0.001$). The intensity of the effect is equal to 0.67.

The results showed that the mean scores of job stress in the hope therapy group in a cognitive-spiritual way compared has decreased significantly to the control group and the dialectical behavior therapy group. Also, the mean scores of job stress in the dialectical behavior therapy group significantly decreased compared to the control group.

DISCUSSION

The purpose of this study was to compare the effect of cognitive-spiritual method and dialectical behavioral therapy on reducing job stress in exceptional school teachers. The results of analysis of covariance showed that the total score of job stress and its dimensions (role ambiguity, role conflict, role overload, Role overload, work pace, repetition and job stress) in teachers of exceptional schools in the hope group in the cognitive-spiritual way compared to the dialectical behavior therapy group and in the dialectical behavior group compared to the control group in the post-test significantly decreased. There is no report in the research literature on comparing the effectiveness of these trainings on reducing depression in special school teachers; However, the result obtained with the results of Geravand et al. (2018) that hope therapy in a cognitive-spiritual way has been able to reduce the anxiety and stress of mothers with children with cancer and also with the results of Chirico et al (2019) agree that spirituality (prayer) and optimism play an important role in reducing teachers' job stress. Also with the results of Narimani et al. (2016) that dialectical behavior therapy reduces job stress and self-efficacy of nurses and also with the results of Mami et al.(2016), Arab Markadeh and Dehghani (2018) and Belir et al. (2018). Dialectical behavior therapy is coordinated to reduce the symptoms of depression, anxiety and perceived stress, and the treatment of risky behaviors is coordinated.

Explaining this research finding, it can be stated that education is a time-consuming, fruitful and at the same time difficult task in which teachers play the most important role as the starting point of any educational development. This is especially the case in the education of exceptional children because exceptional teachers have more difficult tasks and, consequently, more vulnerability due to the special educational conditions in which they work.³³

Statistics show that stress and its complications cause the loss of hundreds of working days every year, and on average, one million people refuse to go to work every day due to disorders and ailments. Various sources such as high workload, time pressure, inappropriate work environment, non-recognition of teachers' work, delay in payment of their salaries,²⁹ lack of student effort in the

classroom, organizational climate and culture, school management structure, etc. as sources Teachers have mentioned stress.³⁰ Such a situation in the job causes the person to feel work pressure, bruises, exhaustion, helplessness and a feeling of burnout. In such situations where people feel they have no personal control over stressful situations, Or their repeated attempts to control the situation have failed.³⁶ Spirituality may act as a powerful and effective coping strategy and the individual may develop a positive attitude toward controlling the situation.³¹ In fact, praying, supplication, remembrance and engaging in spiritual activities through the cortical centers of the brain and their interaction with the centers of the thalamic and hypothalamic glands find emotional meaning and color. On the other hand, these centers are connected to the pituitary gland, which regulates the activity of other glands. Also, engaging in religious activities has a positive effect on the body's defense mechanism, such as antibodies, increasing the body's resistance to chronic physical and mental illness. Recourse to the Imams, pilgrimages, prayers and supplications is first received by the brain, and according to the intention to strengthen and increase the ability, this information is analyzed in the nervous system, which instructs the immune system to resist stress and disease.²³ Hope has several biological correlations, including: effective function of neurotransmitters, serotonin and adrenaline, effective immune function, increased GABAergic neurotransmitter bonding and inhibition of recall of stressful events, increased oxytocin and endogenous opioids.³² Hope therapy in the form of creating hopeful thinking and the will to work and overcome problems and their destructive effects on the levels of work life will lead to increased happiness in teachers. Not only can positive thinking control stress but it can also improve our health. In fact, teaching positive thinking can lead to the formation of healthy thinking and as a result to make the right decisions in life and ultimately lead to mental health.³³ In the present study, hope in the cognitive-spiritual method has an important effect on adapting to the conditions of job stress and the resulting stress because the most important effect of this treatment can be considered in changing a person's attitude and interpretation of difficult job events. Changes in beliefs affect a person's cognitive assessments and manage negative events and the resulting stress in a rational way, and teachers achieve a stronger sense of security with hope, optimism and positive thinking in the light of connection to God and spiritual resources. Their ability to adapt to job problems increases more effectively, which reduces teachers' job stress.

Because stress has two aspects, mental and emotional. In dialectical behavior therapy, one learns to temporarily let go of attitudes and beliefs that are rooted in the past and influenced by future fears and anxieties, with techniques that are relevant to the present. All matters, both pleasant and unpleasant, are accepted without judgment. They also learn how to regulate and control their emotions.²⁸ On the other hand, when people have low anxiety tolerance, they describe anxiety as an unbearable structure and can not manage it.

They have a negative view of emotions and do not accept their existence. Therefore, they underestimate their ability to cope with them. Hence, when one's coping methods fail, one feels that the only way out is to escape unbearable suffering. This attempt to escape, hateful self-assessments, and a frustrated psychological outlook that makes problem solving unlikely and out of reach are among the factors leading to suicide. The therapist lacks the necessary skills to react in more creative ways. Clinicians help the client understand disruptive behaviors as acquired behaviors to solve the problem. This is one of the reasons why dialectical therapeutic behavior has been effective in reducing mood and emotional issues (depression, anxiety) and stress.³⁴ Accordingly, one of the most important skills of the distress tolerance technique is return attention.

Teaching this skill helps the patient to engage in enjoyable and enjoyable activities while experiencing negative emotions. On the other hand, doing these activities can indicate proximity behaviors that are done in order to gain a secure base. According to one view, adults, although seemingly independent, both make physical contact with their loved one in times of stress and have a secure internal base to which they turn, especially when it comes to regulating emotion. This secure inner base is activated through calming thoughts or perceptions or behaviors such as resorting to self-soothing resources such as music and books, thereby reducing stress.⁴¹ In this study, dialectical behavior therapy with emphasis on fundamental universal awareness and distress tolerance as components of the principle of acceptance as well as emotional regulation and interpersonal efficiency as components of the principle of change and through strategies such as behavioral skills training, replacing maladaptive behaviors with responses. Logically and adaptively, identifying negative emotions and how to deal with them, led to a reduction in job stress in teachers of special schools. The most important limitation of the present study was the lack of follow-up to evaluate the continuity of treatment results. Therefore, it is not clear to what extent the therapeutic effects will be maintained in the long run.

CONCLUSION

In general, it can be concluded that cognitive-spiritual hope therapy compared to dialectical behavior therapy is more effective on reducing job stress and its dimensions (role ambiguity, role conflict, role overload, role underload, work pace, repetition and job stress) in exceptional school teachers. According to the results of this study and its confirmation through previous research, it is suggested that by holding workshops and training courses in the field of hope therapy in a cognitive-spiritual way and dialectical behavior therapy for all teachers at all levels, especially teachers of special schools, improve quality. Work life and job stress reduction Teachers tried and the Exceptional Education Organization provided the necessary support for them.

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