

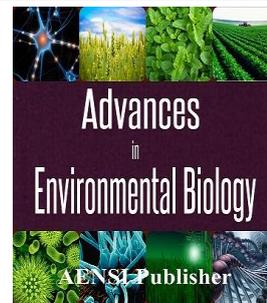


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The Compare the Effectiveness of Stress Management, Spirituality, Health and Education Combined with Spirituality Stress Management Therapy on Blood Pressure, Anxiety and Quality of Life in Patients with Hypertension

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ABSTRACT

The study aimed to compare the effectiveness of stress management, spirituality, health and education combined with spirituality stress management therapy on blood pressure, anxiety and quality of life in patients with hypertension has been done. The methods used in this study, half of the test and pretest - posttest control group Bashd.az The population of patients with hypertension who were referred to a health center Kangavarcity, An example of the method of sampling for the 60 selected randomly into three experimental groups and one control group was appointed. All patients had very high anxiety and low quality of life. Instruments included a questionnaire of anxiety, quality of life, the World Health Organization and the analog pressure gauge. Analysis of data using analysis of covariance showed that spiritual healing and spirituality combined with therapy, stress management training can reduce systolic blood pressure. Stress management training, stress management, spirituality, health and education combined with therapeutic spirituality leads to reduced anxiety and the effects are not significantly different from each other. Spirituality combined with therapy, stress management training also enhances the quality of life for patients, but none of the interventions had significant effects on diastolic blood pressure.

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INTRODUCTION

High blood pressure in recent years as one of the problems in the world that has built a lot of people in the world [29,31,51,15,18]. The prevalence of hypertension and its effect on many chronic diseases has led to the study of this disease is always at the forefront of research in various fields of medical science. Studies show that blood pressure kidney disease [27], liver [50], heart [33] and lung [44] in the relationship. More than 65 million adults in the United States are diagnosed with high blood pressure disorder. It is estimated that the prevalence of hypertension is about one billion people in the world.

Now many cases of high blood pressure in these statistics are not. Because a lot of people with hypertension are unaware of their patient and do not go for treatment. Recent estimates suggest that about 30% of people are unaware of their high blood pressure and more than 40 percent of people do not go to therapy. Countries in the lowest prevalence of hypertension in rural India (3/4% in males and 8/6% in women) and highest in the Netherlands (9/68 in males and 5/72 in females) have been reported. In the Eastern Mediterranean and Middle Eastern countries the prevalence of hypertension in various studies from 10% to more than 17% have been reported. Given the high prevalence of hypertension and its complications, specialists are always looking for ways to reduce and control the patient's [23,3]. In the past it was assumed that the physiological processes controlled by the autonomic nervous system, such as heart rate and blood pressure are independent processes

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that cannot be controlled tasks [37]. However, based on experiments conducted in the 1960s found that can be provided by a factor of micelod to decrease and increase your heart rate. Subsequently, laboratory studies have shown that people can learn to change both the above functions. Based on All of these researches new ways to treat patients with hypertension there [23]. High blood pressure occurs when the arteries that blood density increases and pressure vessels and occurs when the heart rate is too high and the walls of the arterial pressure [49]. Studies have shown that continuous environmental risks, anxiety and extreme fear (Wu, China and Lin, 2014), or an unpleasant event like divorce, illness and death of loved ones [53], including the reasons it is very important for the development of high blood pressure in adults. The common factor of this issue is the existence of chronic stress that can get people into anxiety and gradually reduces his life quality. Given that chronic stressors in the lives of these patients are an integral component of blood pressure disorders [8,9]. So it seems that concentration on stress and controlling it would help to reduce the anxiety and increasing the life quality, so this will have a significant impact on blood pressure. High blood pressure occurs when the arteries that increases and pressure vessels and occur when the art rate is too high and the walls of the arterial pressure [49]. Stress management programs using behavioral strategies such as relaxation can reduce stress and distress in patients and using cognitive strategies taught them to Irrational and inefficient to identify anxiety provoking thoughts and insights about the role of ideas and thoughts find a reasonable substitute. In addition, stress management helps to identify stressful situations and effective coping strategies for dealing effectively teach which increases their sense of control and self-efficacy and improvement of psychiatric symptoms such as anxiety. Despite the significant impact of stress management techniques, however, we see that in some cases, in the long run, this method may not be useful. It seems by the existence of insisting on non-logical thoughts and substitute them with useful thoughts, Due to the lack of meaning in their lives could not understand his philosophy of life and thus causes a feeling of insecurity, negative thoughts are flowing again in his mind [30]. Many researchers believe that the sense of life as a factor that can affect other cognitive and behavioral strategies to reduce patients [12,47]. It is for this reason, many studies and theoretical approaches to the treatment of attention has been focused on the so-called spiritual healing [44].

Experienced spiritual reverence and devotion to a supreme being linked.

According to Richards and Bryn (2007) the spiritual sense of identity and its value in relation to God and reflect this position in the universe that is the basis for the work of spiritual healing. Spirituality therapy helps patients in spite of illness, grief or despair, but do not focus on the lost are in search of meaning. As a result of looking at life, health, spirituality, under any circumstances, is significant. Meaningful, purpose and hope in life of the components of mental health sector consolidation.

So if life is purposeful and meaningful, it is natural that every event as though the overwhelming pressure and lethal disease in this way will mean [17]. Studies of the role of spirituality in different aspects of health and show support this approach has an impact on the attitudes, knowledge and behavior can be difficult to cope with the increase of them. [71,16,61].

As said before, since one of the factors of blood pressure is stress and it comes with anxiety and decreasing of life's quality, however, the disorder seems to refer to treatments. Which can reduce stress and anxiety in individuals with higher quality push her to the effective life. Stress management can be defined as a method of approach is suitable for this purpose. It looks for the rich and increase the effectiveness of this treatment is to add an element of spirituality can pave the way to treat the patients with high blood pressure and coping ability to manage life events increase. The spiritual sense of identity and its value in relation to God and reflect his position in the universe that is the basis for the work of spiritual healing. So in this study we have aimed to evaluate treatment methods of spiritual therapy and management of stress separately and simultaneously with significant factors of blood pressure patients mean anxiety and life quality along with blood pressure.

Research Method:

The study was a quasi-experimental research that the pretest-posttest control group design was used. The project participants prior to the implementation of the independent variables were selected for the experimental and control groups are measured by the test. The role of pretest in this study was to apply a statistical control and comparing to determine this fact that was the changes made by experimental variable (spiritual therapy, stress management or combined therapy) or not.

Population, sample and sampling:

The study population included all patients with high blood pressure who are covered by health center Kangavar city. Sample was done in available sampling method and considering the factors of inclusion and exclusion among women patients with blood pressure. The study was a quasi-experimental research that the pretest-posttest control group design was used. The project participants prior to the implementation of the independent variables were selected for the experimental and control groups are measured by the test. After collecting the data, it was found that 100 patients were eligible for inclusion and exclusion criteria.

Of these 100 patients, 60 were voluntarily selected and randomly divided into four groups, stress management training for the experimental group (n = 15), spiritual therapy (n = 15) and combination therapy spirituality stress management training (15) and The control group (n = 15) were run.

Inclusion criteria

- Gender Female
- The Sny40-60 year
- Cycles and higher education
- Having essential hypertension systolic or diastolic
- Higher score of 4 on a scale of anxiety
- Lower score of 40 on the World Health Organization Quality of Life Scale (Short Form)
- Expresses the desire of the individual to participate in group

Exclusion criteria for the study

- Gender
- Aged less than 40 or older than 60 years
- The lower level of the cycle
- Initial systolic or diastolic blood pressure
- Lower score of 4 on a scale of anxiety
- Earn 40 points higher than the World Health Organization Quality of Life Scale (Short Form)

Research Tools:

The World Health Organization Quality of Life Questionnaire (short form):

The questionnaire was developed in collaboration with WHO and over 15 international centers and is in fact a measure of international. In addition, since the WHO method has been translated in various languages in terms of technical and conceptual meanings of the same. This tool is currently available in 15 languages and in epidemiological research to access data on the quality of life of populations is particularly useful [56]. Concept of quality of life QOL questionnaire was designed in 1991 and 1995 in the form of 100 questions and 100-question final form rapidly in 1997, it was perfect. The short form questionnaire (WHOQOL-BREF) by the World Health Organization (1999) is designed to measure quality of life that has 26 questions. The questionnaire has 4 domains: physical health, mental health, social relationships and environment with the 24-item measures (each of the domains respectively, 7, 6, 3 and 8, the question is), the first question to any of list belongs no health status and quality of life was assessed as a whole, so this questionnaire, a total of 26 questions.

In each of these areas achieved a score of 4 to 20, 4 and 20 is the worst symptom is a sign of the level domains, this scale has been translated into 19 different languages in different countries, it is used to measure quality of life. WHO Study Group, a measure of the scale of intercultural knows why it is used in different cultures. In Iran Nassiri *et al* (2006), the scale has been translated into Persian and the validity and reliability has reported. Indicating good internal consistency, Cronbach's alpha 84/0 beat it.

The factor analysis of the 26 species of the scale, the scale revealed that the four subscales (I.e., physical health, mental health, social relationships and social health of the environment that existed in the original scale) that indicates the validity of its structure. Anxiety questionnaire: The questionnaire consisted of 40 questions with answers of the three options, which was built in 1975 by Cat tell. The anxiety questionnaire with 20 questions (questions 1 to 20), 20 anxiety items (questions 21 to 40) and the questions of general anxiety shows.

The test is scored on a table scoring, scores of 0, 1 or 2 is given. After the raw scores obtained and converted to a scaled score of the individual's anxiety to be determined. Should be noted that the scaled score between 4 to 6 show the mean anxiety score of 0 to 3 represents the character quiet, comfortable and stress, anxiety and neuroticism scores of 7 or 8 represents a score of 9 or 10 individual reagents to modify its position or to consult or therapy needs help.

Anxiety scale can be found in both sexes and all ages of 15-14 years and applied in most cultures. Now, not only for diagnosis but the scale is also used for charting the evolution of the patient. What could be a week or more, again applied to subjects without significant portion of their past responses to remember [54].

The scale in 1368 by Mansour and prosecutors on the subject of Iran was standardization. The reliability of the test run through it again and carried on numerous occasions, has been on 70/0 (M. Attorney, 1378, quoted by the honorable income and Agha Rashti, 1384).

Other parameters such as anxiety, general anxiety scale blocks with high correlation Welch is about 72/0. Its manifest anxiety scale and correlation with anxiety questionnaire Taylor Purcell, about 51/0 to about 65/0. The research Pasha (1384), the reliability test, the bisection method blocks 89/0 01/0 resulted in significant levels. [52].

The research represents born and colleagues (2010), the coefficient of reliability anxiety using Cronbach's alpha for the total scale was calculated and bisection 79/0 and 75/0, respectively, which indicates that the Babe acceptable reliability coefficients of the questionnaire is.

Sphygmomanometer device:

The device Sphygmomanometer Richter Kmby- model is used with the serial number 511-03 / 9246, respectively.

Intervention Method:

In this study there have been used three treatment methods that each of these treatments are described in the following session.

Skills training, stress management, stress inoculation training package, treatment plan consists of 8 sessions (1 session per week) for 75 minutes [39]:

- First session, introducing the education system, introduction, stating the rule of
- The second session, introduced self-review form members that include stressful situations, thoughts, behavior, feelings and grading it.
- The third session, muscle relaxation training
- Fourth session, identifying positive and negative self-express statements
- Fifth Session reviewed fear of negative self-talk
- The sixth meeting identifying automatic thoughts
- Seventh session, the challenge of automatic self-talk/ Replace negative self-talk with positives elf-talk

Training Package Hospital spirituality therapy treatment plan consists of 8 sessions (1 session per week) for 75 minutes.

- First session, introducing the education system, introduction, expression and regulation of the main problems

References

- The second session, check the default (true savior) and the spiritual (pleasant and unpleasant feelings associated with the phenomena and not things but on human attitudes and emotions)
- The third session, review the default third (usually more than the act of a human being thinks, cannot act) and fourth spiritual man (the cut you have to work a flexible and immutable)
- The fourth, fifth survey default spiritual man (the moral universe is created).
- Fifth session, check the default sixth spiritual man (the future is entirely in our hands)
- Sixth session, check the default seventh spiritual life (with only two of my spiritual person in everyday human life deals)
- Seventh session, check the default VIII (spiritual human being and not have his characters lives) and ninth spiritual man (reaching spiritual life requires sacrifice, forgiveness and love, fell in the past)
- Eighth session, check the default tenth spiritual man (spiritual life requires sacrifice) and the end of the sessions.

Spirituality Stress Management Training Package combination therapy - a treatment plan consisting of a combination of stress inoculation training and education Michkbonam spirituality therapy (above), consists of 8 sessions (1 session per week) for 90 minutes:

- First session, introducing the education system, introduction, expression and regulation of the main problems

References

- The second session, introduced self-review form to Members (the stressful situation, thoughts, behavior, feelings and graded it) / default check first spiritual man
- The third session, muscle relaxation training / study Default third and fourth spiritual man
- Fourth session, identifying positive and negative statements self-expression / check default fifth spiritual man
- Fifth Session reviewed fear of negative self-talk / check default spiritual sixth man
- The sixth meeting identifying automatic thoughts / review the default seventh spiritual life
- Seventh session, the challenge of automatic self-talk / check default eighth and ninth spiritual man
- Eighth Session, problem-solving skills training / evaluation default spiritual man and the end of the tenth session

Methodology and data collection process:

After preparation of research tools (questionnaires, anxiety and quality of life Stzman WHO, analog pressure gauge and training packages (Michkbonam and spirituality stress inoculation therapy) and in coordination with the physicians, patients with high blood pressure among patients randomly Medical records and consult with regular and frequent health centers were selected Kangavar city. These patients had the disease had already been diagnosed and several months to several years before taking their antihypertensive medication. Methods of training sessions for each experimental group, 8 meeting the approval of the head of the health center were run. Saturday sessions (groups Stress management training: from 9 am to 15/10), Sunday (spirituality treatment groups: 15/10 until 9 pm) and Sunday (experimental group training combined with spirituality stress management therapy) (the 30/10 up to 9 hours) lasted.

Before the first meeting of the group, anxiety and quality of life questionnaire, the subjects were given the World Health Organization and the blood pressure (systolic and diastolic) they were registered by the medical clinic (pre-test).

Once weekly sessions (8 sessions) Again, anxiety and quality of life questionnaire, subjects were given to the World Health Organization and the blood pressure (systolic and diastolic) they were registered by the medical clinic. (post-test Grades). Two months after the end of the session, a meeting was held as a follow-up on each of the four groups and anxiety, quality of life and blood pressure (systolic and diastolic) patients were measured and recorded.

Results:

Anxiety, quality of life, systolic blood pressure and diastolic blood pressure in experimental and control groups in the pre-test, post-test was recorded. The table below shows the results for the four groups of variables specified. Groups, the intervention group stress management, spirituality intervention group therapy, combination therapy intervention group and the control group is specified in the table below.

		Systolic blood pressure		Diastolic blood pressure		Anxiety		Quality of Life	
		average	Standard deviation	average	Standard deviation	average	Standard deviation	average	Standard deviation
control	Pre test	135.66	8.42	84	7.83	6	1.30	36.53	2.44
	Post test	136	8.90	84	3.87	6.13	1.50	36.60	2.74
Stress management	Pre test	143.33	7.23	83	9.59	5.93	1.33	36.86	2.55
	Post test	130.33	10.43	79.33	5.62	4.60	1.35	39.80	07/2
Spirituality Health	Pre test	141.66	7.71	85	9.63	6	1.30	36.73	2.40
	Post test	127.33	7.98	82.33	7.28	5.06	1.03	39.06	2.81
Combined approach	Pre test	142.66	9.42	86.33	8.12	6.13	1.35	36.86	2.35
	Post test	66.125	11.31	82	7.97	4.20	0.86	43.53	1.95

To investigate this hypothesis, according to the three-level categorical independent variables (two experimental groups and one control group), the continuous dependent variable (grades systolic blood pressure, diastolic blood pressure, anxiety and depression) and the variable (pre-test scores, systolic blood pressure, diastolic blood pressure, anxiety and depression) multivariate analysis of covariance was used. Following the preliminary results of the test for all variables in the four groups were recorded.

Table 2: Multivariate analysis of covariance test score variables in the experimental group and a control by controlling the pretest

	Value	F	F Thesis	Df Error	Significant level
Pilaeieffect	0.970	6.093	12.	153.000	0.000
LambdaWilkes	0.198	9.150	12	129.933	0.000
Contributiveeffect	3.250	12.909	12	143.000	0.000
Therootofthe error	3.000	38.251 ^c	4	51.000	0.000

Significance level for all tests in the above table indicates that the experimental and control groups at least one dependent variable, there is a significant difference. To realize that there is a difference between the two groups in terms of any variable, four one variants analysis of covariance was performed in the context Mankova the results are reported in the table below.

Table 3: Analysis of covariance between variables in the experimental and control groups after adjustment for pretest scores

	Dependent variable	Sum of Squares	Df	Mean square	F	Significant Level	Effect
Group	Anxiety	25.714	3	8.571	12.954	0.000	0.428
	Quality of life	299.441	3	99.814	34.709	0.000	0.667
	Systolic blood pressure	1787.520	3	595.840	8.845	0.000	0.338
	Diastolic blood pressure	87.480	3	29.160	1.478	0.231	0.079

Table 4: LSD post hoc test for comparison of test variables

Dependent Variable	I	J	(I-J)	Standard Deviation Error	Significant
Anxiety	Control Group	Stress management	1.5333	0.44365	0.001
	Control Group	Spiritual therapy	1.0667	0.44365	0.020
	Control Group	combined	1.9333	0.44365	0.000
	Stress management	Spiritual therapy	-0.4667	0.44365	0.297
	Stress management	combined	0.4000	0.44365	0.371
	Spiritual therapy	combined	0.8667	0.44365	0.056
Quality of life	Control Group	Stress management	-3.2000	0.88730	0.001
	Control Group	Spiritual therapy	-2.4667	0.88730	0.007
	Control Group	combined	-6.9333	0.88730	0.000
	Stress management	Spiritual therapy	3.2000	0.88730	0.001
	Stress management	combined	0.7333	0.88730	0.412
	Spiritual therapy	combined	2.4667	0.88730	0.007
Systolic blood pressure	Control Group	Stress management	5.6667	3.55903	0.117
	Control Group	Spiritual therapy	8.6667	3.55903	0.018
	Control Group	combined	10.3333	3.55903	0.005
	Stress management	Spiritual therapy	-5.6667	3.55903	0.117
	Stress management	combined	3.0000	3.55903	0.403
	Spiritual therapy	combined	-8.6667	3.55903	0.018
Diastolic blood pressure	Control Group	Stress management	4.6667	2.33333	0.050
	Control Group	Spiritual therapy	1.6667	2.33333	0.478
	Control Group	combined	2.0000	2.33333	0.395
	Stress management	Spiritual therapy	-4.6667	2.33333	0.050
	Stress management	combined	-3.0000	2.33333	0.204
	Spiritual therapy	combined	1.5333	2.33333	0.478

Based on the above tables can be said that stress management techniques and combination therapy reduced systolic blood pressure in individuals. In addition, so there is no significant difference test based on the results observed in the combination therapy with the spirituality and stress management. The experimental results show that the control of diastolic blood pressure between the control and experimental groups, there was no statistically significant difference. Given these results, it can be said that none of the treatments had any effect on diastolic blood pressure. On the other hand, the anxiety control in all three treatment groups (health, spirituality, stress management and combination therapy) there is a significant difference. However, the three methods mentioned in reducing anxiety, there is a preference in the posttest. Furthermore, based on these results, the quality of life for all three treatment groups with the control group (health, spirituality, stress management and combination therapy) there is a significant difference. So we can say that all of the spiritual healing therapy, stress management and combination therapy enhances the quality of life compared with the control group.

Also, as can be seen from the combination of the two methods of stress management therapy and spirituality, there is a significant difference. It can be said that the stress management therapy alone in improving quality of life and spirituality, there is no significant difference.

The analysis of data using analysis of covariance showed that treatment spirituality and combining with therapy, stress management training can reduce systolic blood pressure. Stress management training, stress management, spirituality, health and education combined with therapeutic spirituality leads to reduced anxiety and the effects are not significantly different from each other. Spirituality combined with therapy, stress management training also enhances the quality of life is but none of these interventions had significant effects on diastolic blood pressure.

The results obtained in this study Palynkas Studies (1982), Irwin and Stone [33], Stewart *et al.* (1987), Glasgow, parasites and Lvgvf (1989), Costa, *et al* [14], Busta, Bekona and Bedino (1991), Amigo, *et al* (1991), Koenig, Ford, George and obvious (1993), Grimm *et al.* (1997), incorporate and Davis (2001), Berry (2002), Tonand, Klader and Will (2002), Shojaeian&Zamanfard (2003), Mccreatinine (2003), Barnes *et al* (2004), Alexander *et al* (2005), President and colleagues (2006), Pakret *et al* (2007), Ellison *et al* (2007), most Forso *et al* (2007), Schneider and colleagues (2008), Brown and Lucas (2008), Koziky *et al* (2008), F (2008), Wilson and Steele (2009), Gyvagnl *et al* (2010), Tobren and Mayer (2010), Mortiz *et al* (2011), Lukchety *et al.* (2011), Tesioly *et al* (2014), Lanhardet *et al* (2014), Tragoa *et al* (2014) is consistent.

Stress management, health promotion, disease prevention and improving the quality of life. In contrast to the stresses of life and spiritual practice and thereby enhance the health and quality of life. Spirituality with a deep insight into the person in front of her events, live events, and insurance is difficult.

It enables a person to live with patience and thinking faced with stress, deal with them, and they find reasonable solutions. That is the spiritual foundation of beliefs that can affect the performance. Elkinz and Kavendosh (2004) also endorsed this and that spirituality makes the man with softness and tenderness look more problems, more effort has to be a solution, endure the hardships of life and exuberance and more effective to inject life and ultimately have a higher quality of life.

In general spirituality plays an important role in reducing anxiety and stress there. That highlights the spiritual aspect of man and the universe is his integrity. The connections and integrations between human hope, and his sense fortune limit, space and material interests beyond tragedy. Spirituality as a coping strategy in the event of any failure and hardship that is, a person can maintain his balance.

It could be said about mentioned treatments that stressful factors are very effective in increasing the Signs and symptoms of stress intensification factors affect blood pressure. Stressor activates the stress response.

This response leads to the activation of the nervous system, endocrine system and the immune system. One of the most important events that occur in responding to stress is activation of the sympathetic system and the release of epinephrine. One of the most important systems that are affected by the release of epinephrine, cardiovascular system; the Increase of heart rate and high blood pressure are common consequence of stress. Reviewed several studies have shown that activation of the sympathetic system, followed by pain and release of epinephrine increases heart rate and blood pressure. This extreme physiological response, which ultimately increases the likelihood of disease and high blood pressure.

The use of stress management techniques at physiological levels, producing hormones epinephrine and norepinephrine, resulting in reduced blood pressure in patients is greatly reduced. Despite the significant impact of stress management techniques, however, we see that at some time in the long run, this method may be useful.

It seems that despite the emphasis on irrational thoughts and replaces it with an understanding of efficient,

Due to the lack of meaning in their lives could not understand his philosophy of life and the resulting insecurity can lead to negative thoughts flooded his mind again.

Spirituality therapies can double the effectiveness of this method of stress management. Spiritual and existential therapy causes the value problems, solved with the proper application of spiritual, living in a secure, rich, broad and meaningful place and improve daily functioning, physical and mental health of the individual.

The results of matches we have reached the conclusion that, far from any kind of personal characteristics, social stress and health are strongly interdependent. The inability to manage stress should be considered as a problem and to deal with the training necessary to pay. It is recommended to treat with spirituality stress management training will also be considered as a complementary approach. Due to this problem would be to increase the efficacy of a person's ability to cope with problems increase.

REFERENCES

- [1] Alexander, C.N., R.H. Schneider, D.W. Johnson, F. Straggers, M. Rainforth, J.W. Salerno, D.W. Sheppar, Castillo, A. Richmond, 2005. A randomized control trial of stress reduction for hyper tension. Institute for Natural Medicine and prevention, (2): 103-111.
- [2] Amigo, I., J.M. Buceta, E. Becona, A.M. Bueno, 1991. Cognitive behavioral treatment for essential hypertension: A controlled study. stress Medicine, (7): 103-108.
- [3] Aronow, W., 2015. Treating hypertension and prehypertension in older people: When, whom and how. Maturitas, 80(1): 31-36.
- [4] Aubrey, A., 2009. Treating stress and skin disease in tandem. US: National publication.
- [5] Barnes, A. Vernon, Treiber, A. Frank, Johnson, H. Maribet, 2004. Impact of transcendental meditation on ambulatory blood pressure in African American adolescents: American Journal hypertension, 17(4): 360-369.
- [6] Batey, D.M., 2000. Stress Management Intervention for Primary Prevention of Hypertension: Detailed Results from Phase I of Trials of Hypertension Prevention (TOHP-I). Annals of Epidemiology, 10(1): 45-58.

- [7] Bixter, M., 2015. Happiness, political orientation, and religiosity. *Personality and Individual Differences*, 72: 7-11.
- [8] Bobrovskaya, L., 2013. Does exposure to chronic stress influence blood pressure in rats?, *Autonomic Neuroscience*, 177(2): 217-223.
- [9] Bobrovskaya, L., 2013. Does exposure to chronic stress influence blood pressure in rats?, *Autonomic Neuroscience*, 177(2): 217-223.
- [10] Brown, D.R., 2008. Assessment of Spirituality in Counseling : The between Spirituality and Mental Health. A Dissertation Submitted to the Graduate Faculty of Aburn University in Partial Fulfillment of the Requirements for the Degree of Doctor Philosophy.
- [11] Chin, Y., L. Lee, H. Lee, 2014. Effects of Hypertension, Diabetes, and/or Cardiovascular Disease on Health-related Quality of Life in Elderly Korean Individuals: A Population-based Cross-sectional Survey. *Asian Nursing Research*, 8(4): 267-273.
- [12] Cho, S., 2008. Effects of Logo-autobiography Program on Meaning in Life and Mental Health in the Wives of Alcoholics. *Asian Nursing Research*, 2(2): 129-139.
- [13] Copley, D.M., 2010. Median Nerve Function of Individuals With and Without a Parental History of Hypertension, MA dissertation, Ohio University.
- [14] Costa , F.V., C. Berghi, S. Boschi, A. Mussi, E. Ambrosini, 1990. Alarm reaction and serum K⁺ in hypertensive patients : *American Journal of hypertension*, (3): 638-640.
- [15] Damorou, R., 2013. Prévalence de l'hypertension artérielle et description de ses facteurs de risque à Lomé (Togo) : résultats d'un dépistage réalisé dans la population générale en mai . *Annales de Cardiologie et d'Angéiologie*, 1 : 43-50.
- [16] Davison, S., S. Gian, J. Jhangri, 2013. The Relationship Between Spirituality, Psychosocial Adjustment to Illness, and Health-Related Quality of Life in Patients With Advanced Chronic Kidney Disease. *Journal of Pain and Symptom Management*, 45(2): 170-178.
- [17] Ebadi, A. and Shamsi, Afzal and Refahi and S. Yasser Ali Akbar, 2011. Quality of life compared with healthy individuals Mzdan hypertension. *Faculty of Nursing and Midwifery, Tehran*. 20(1): 5-13.
- [18] Edwards, J., R. Ness, J. Roberts, 2015. Epidemiology of Pregnancy-Related Hypertension. *Chesley s Hypertensive Disorders in Pregnancy*, pp: 37-55.
- [19] Elison, C.G., A.M. Burdette, T.D. Hill, 2009. Blessed Assurance : Religion and Spirituality and Tranquility among US Adults. *Social & Science Research*, 38(3): 656-667.
- [20] Emara, M., 2013. Prevalence of pulmonary hypertension in patients with chronic kidney disease on and without dialysis. *Egyptian Journal of Chest Diseases and Tuberculosis*, 62(4): 761-768.
- [21] Facts, Syed Abbas, 2007. The efficacy of cognitive therapy on health-related quality of life in patients with irritable bowel syndrome. License Thesis. Educational Sciences and Psychology. Isfahan University.
- [22] Floride, C.G., 2008. The Influence of Spirituality / Religious on the Quality of Life of Long-Term Cancer Survivors. Degree of Philosophy of the University of Miami.
- [23] Ghofrani, H., F. Weaver, M. Nadim, 2015. Resistant Hypertension: Medical Management and Alternative Therapies. *Cardiology Clinics*, 33(1): 75-87.
- [24] Giovagnoli, R.F., F. Meneses, A. Villani, J. Riva, N. Pais-Riberio, D.S. Martins, 2010. Spirituality and Quality of Life in Epliepsy. *Epilepsy & Behavior*, 17: 579-620.
- [25] Glasgow, M.S., B.T. Engle, B.c. Lugoff, 1989. A controlled study of a standardized behavioral stepped treatment for hypertension : *psychosomatic Medicine*, (51): 10-26.
- [26] Grams, M.E., 2014. Estimating Time to ESRD Using Kidney Failure Risk Equations: Results From the African American Study of Kidney Disease and Hypertension (AASK). *American Journal of Kidney Diseases*, In Press
- [27] Grimm, R.H., G.A. Grandits, J.A. Cutler, A.L. Stewart, R.H. McDonald, K. Svendsen, R.J. Prinaes, P.R. Liebson, 1997. Relationships of quality of life measure to long term life style and drug treatment in the treatment of mild hypertension study : *Archives of internal Medicine*, (157): 638-648.
- [28] Gualdani, S., M. Pegoli, 2014. Spirituality in health care: The role of needs in critical care. *Trends in Anaesthesia and Critical Care*, 4(6): 175-177.
- [29] Hamida, F., 2013. Prévalence de l'hypertension artérielle dans l'oasis d'El-Menia, Algérie, et profil métabolique de la population. *Annales de Cardiologie et d'Angéiologie*, 62(3): 172-178.
- [30] Harari, 2012. The relationship between religiosity/spirituality and mental health in gay Orthodox Jews. *Dissertations: Collection for Fordham University*
- [31] Houinato, D.S., 2012. Prevalence of hypertension and associated risk factors in Benin. *Revue d'Épidémiologie et de Santé Publique*, 60(2): 95-102.
- [32] Hsu, S., J. Mount, 2014. Pharmacist–Technician Teamwork in Hypertension Management Services in Community Pharmacies: Effects of Team Composition and Environmental Factors. *Research in Social and Administrative Pharmacy*, 10(5): 42.

- [33] Irvin, M., 2014. Apparent treatment-resistant hypertension and risk for stroke, coronary heart disease, and all-cause mortality. *Journal of the American Society of Hypertension*, 8(6): 405-413.
- [34] Irvine, Mj., stone, Johns, 1986. Relaxation and stress management in the treatment of essential hypertension. *National center of bio technology information*, 30(4): 437-50.
- [35] Islam, Sh., C.J. Taylor, I.W. Ormiston, 2015. Effects of maxillomandibular advancement on systemic blood pressure in patients with obstructive sleep apnoea. *British Journal of Oral and Maxillofacial Surgery*, 53(1): 34-38.
- [36] Jasper, M.M., 2014. Emotional symptoms and quality of life in patients with pulmonary arterial hypertension. *The Journal of Heart and Lung Transplantation*, 33(8): 800-808.
- [37] Katiyar, R., 2014. Effect of hypertension and associated risk factor on kidney size in middle aged adult. MA dissertation, Bundelkhand University
- [38] Kise, Y., 2015. Directly measuring spinal cord blood flow and spinal cord perfusion pressure via the collateral network: Correlations with changes in systemic blood pressure. *The Journal of Thoracic and Cardiovascular Surgery*, 149(1): 360-366.
- [39] Koeing, H.G., K.I. Oargament, J. Nielsen, 1998. Religious Coping in the Nursing Home : A Bio Psycho Social Model. *International Journal of Psychiatry Medicine*, 27(4): 365-376.
- [40] Kretchy, I., F. owusu-Daaku, s. Danguah, 2013. Spiritual and religious beliefs: do they matter in the medication adherence behavior of hypertensive patients? *Bio Psycho Social Medicine*, 7(1).
- [41] Lane, D., D. Carroll, 2007. Stress Management and Cardiovascular Disease. *Encyclopedia of Stress*, pp: 631-636.
- [42] Latus, H., 2013. Potts Shunt and Atrial Septostomy in Pulmonary Hypertension Caused by Left Ventricular Disease. *The Annals of Thoracic Surgery*, 96(1): 317-319.
- [43] Leonhardt, A.M., S.G. Mitchell, J. Vogt, T. Schürmann, 2014. Critical Incident Stress Management (CISM) in complex systems: Cultural adaptation and safety impacts in healthcare, *Accident Analysis & Prevention*, 68: 172-180.
- [44] Lucchetti, G., 2011. Impact of Spirituality/Religiosity on Mortality: Comparison With Other Health Interventions. *The Journal of Science and Healing*, 7(4): 234-238.
- [45] Mccraty, T., M. Atkinson, D. Tomasino, 2003. Impact of work place stress reduction program on blood pressure and emotional health in hypertensive employees :*journal of alternative and complementary Medicine*, (9): 355-369.
- [46] Moaref Zadeh Sedighe and Sudan and M. Shafi Abadi, Abdullah, 2010. Effectiveness of teaching coping skills to reduce anxiety Islam Quran from Ahwaz high school girls. *Educational Psychology, Islamic Azad University Branch*, 1(3).
- [47] Mohammadi, F., F. Fard, H. Heidari, 2014. Effectiveness of Logo Therapy in Hope of Life in the Women Depression, *Social and Behavioral Sciences*, 159(23): 643-646.
- [48] Moritz, S., 2011. A spirituality teaching program for depression: Qualitative findings on cognitive and emotional change. *Complementary Therapies in Medicine*, 19(4): 201-207.
- [49] Mostert, S.N., 2012. Psychological factors that impact on non-compliant medication use amongst patients diagnosed with hypertension, MA dissertation, University of Pretoria, Pretoria.
- [50] Mustafa, Y., 2014. Assessment of pulmonary hypertension in patients with liver disease pre and post liver transplantation. *Egyptian Journal of Chest Diseases and Tuberculosis*, 63(1): 213-218.
- [51] Nicola, L., 2013. Prevalence and Prognostic Role of Resistant Hypertension in Chronic Kidney Disease Patients. *Journal of the American College of Cardiology*, 61(24): 2461-2467.
- [52] Pasha, Gh., 1384. Hypochondriasis prevalence and its relation with anxiety, depression and other personal characteristics of students. *Special knowledge in psychology*. 25.
- [53] Peltzer, K., 2013. Hypertension and associated factors in older adults in South Africa. *Cardiovasc J Afr*, 24(3): 66-72.
- [54] Perron, Bvrly. myshl and Perron, Roger, 2010. In clinical psychology (clinical trial and the principles of diagnosis). *Trjmh Y Parirokh prosecutor and Mahmoud Mansour*. Tehran: Beast.
- [55] Rainforth, Maxwell, Salerno, W. John, Anderson, W. James, 2007. Stress education programs in patients with elevated blood pressure : *National Institute of Health – National hearth – Lung and blood pressure Institute*, 9(6): 520-528.
- [56] Rakhshandehroo, Sakina and Ghaffari, mohtasham, 2007. Quality of life. *School health education*. 4, 11, 12.
Sharifi income, P. and Qarshty, M. (1384). Coping strategies of training in reducing anxiety in parents of children with behavioral disorders. *Family Studies*, 1, 2.
- [57] Richards, P.S., R. Rector, A.C. Tyeltheit, 2007. Values, spirituality and psychotherapy: Integrating spirituality in treatment. Washington D.C: American psychological Association.

- [58] Roman, A., 2013. Health-Related Quality of Life in a National Cohort of Patients With Pulmonary Arterial Hypertension or Chronic Thromboembolic Pulmonary Hypertension, *Archivos de Bronconeumología*, 49(5): 181-188.
- [59] Schneider, Robert, Reinforth, V. Maxwell, Inidich Sanford, Gaylordking, Carolin, Salerno, W. John, Anderson, W. James, 2008. Hypertension : Institute for natural Medicine and prevention .
- [60] Stuart, E., M. Caudili, J. Leserman, C. Dorrington, R. friedman, H. Benson, 1987. No pharmacologic treatment of hypertension :Amultiplerifk factor approach . *gournal of cardiovascular Nursing*, (1): 1-4.
- [61] Timmins, F., 2015. An exploration of the extent of inclusion of spirituality and spiritual care concepts in core nursing textbooks. *Nurse Education Today*, 35(1): 277-282.
- [62] Tragea, C., 2014. A randomized controlled trial of the effects of a stress management programme during pregnancy, *Complementary Therapies in Medicine*, 22(2): 203-211.
- [63] Tribe, R. davis, Harry, 2001. Impact of transcendental meditation cardio kascularfunction . *Journal of synchosomaticresearch*, (51), (5m7-6m5)
- [64] Triplett, J., 2015. Association between temporal mean arterial pressure and brachial noninvasive blood pressure during shoulder surgery in the beach chair position during general anesthesia. *Journal of Shoulder and Elbow Surgery*, 24(1): 127-132.
- [65] Tsiouli, E., 2014. Short-Term Impact of a Stress Management and Health Promotion Program on Perceived Stress, Parental Stress, Health Locus of Control, and Cortisol Levels in Parents of Children and Adolescents With Diabetes Type 1: A Pilot Randomized Controlled Trial, *The Journal of Science and Healing*, 10(2): 88-98.
- [66] Tubren, T., Meier, BP., 2010. Priming God-Related Conceots Increases Anxiety and Task Persistence.*Journal of social and Clinical Psychology*, 29(2): 127-1421.
- [67] Vachiéry, J., 2013. Pulmonary Hypertension Due to Left Heart Diseases. *Journal of the American College of Cardiology*, 62(25): 100-108.
- [68] Wang, R., 2009. Impact of hypertension on health-related quality of life in a population-based study in Shanghai, China. *Public Health*, 123(8): 534-539.
- [69] Wilson, L., E. Steel, 2009. Spirituality and Quality of Life Health Failure Patients. *Heart &Lung*, 36: 263-264.
- [70] Wu, E., I. Chien, C.H. Lin, 2014. Increased risk of hypertension in patients with anxiety disorders: A population-based study. *Journal of Psychosomatic Research*, 77(6): 522-527.
- [71] Yonker, J., 2012. The relationship between spirituality and religiosity on psychological outcomes in adolescents and emerging adults: A meta-analytic review. *Journal of Adolescence*, 35(2): 299-314.