

The effectiveness of using the spiritual approach in achieving social support for patients with hereditary blood diseases

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ملخص البحث :

استهدف البحث الراهن اختبار العلاقة بين تطبيق برنامج قائم على المدخل الروحي وتحقيق المساندة الاجتماعية للمرضى المصابين بأمراض الدم الوراثية وخاصة (فقر الدم المنجلي) ، وتم تطبيقه بالاعتماد على المنهج التجريبي والذي يعتمد على مجموعتين احدهما تجريبية والأخرى ضابطة قوام كل مجموعة (٢٠) حالة من المرضى المقيمين بمستشفى أبو الريش الجامعي الذين يعانون من مرض فقر الدم المنجلي ، وقد خلصت النتائج الى أن البرنامج العلاجي القائم على العلاج الروحي ساهم في تحقيق وزيادة مستوى المساندة الاجتماعية للمرضى المصابين بأمراض الدم الوراثية من خلال تدعيم الايمان بالله تعالى في نفوس المرضى ، وبث الثقة في نفوسهم ومساعدتهم على التخلص من مشاعر الخوف والقلق وتنمية الشعور بالرضا عن الحياة لديهم .

الكلمات المفتاحية : المدخل الروحي - المساندة الاجتماعية - أمراض الدم الوراثية - فقر الدم المنجلي - المرضى - تدعيم الايمان

Abstract:

The current research aimed to test the relationship between the application of a program based on the spiritual approach and achieving social support for patients with hereditary blood diseases, especially (sickle cell anemia). It was applied based on the experimental approach, which depends on two groups, one experimental and the other control, each group consisting of (20) cases of patients Residents at Abu Al-Rish University Hospital who suffer from sickle cell anemia. The results concluded that the therapeutic program based on spiritual treatment contributed to achieving and increasing the level of social support for patients with hereditary blood diseases by strengthening faith in God Almighty in the souls of patients, instilling confidence in their souls, helping them get rid of feelings of fear and anxiety, and developing a sense of satisfaction with life in them.

Keywords: Spiritual approach - Social support - Hereditary blood diseases - Sickle cell anemia - Patients - Strengthening faith

First: The research problem and its importance:

Chronic diseases in general and genetic blood diseases in particular are one of the features of this era, and they are complex diseases that generally require long-term treatment, continuous medical intervention, and often continue until the end of life, and lead to a gradual deterioration of health and affect human life, and chronic diseases are many and varied, which is one of the most important general manifestations of the patient's need for care and continuous health care, and examples of these diseases are (heart disorders, asthma, hemophilia, vesicular fibrosis, sickle cell anemia, juvenile diabetes, (Melhem, 2017).

There is no doubt that chronic diseases have different dimensions that cannot be separated from each other, where social conditions and stability play an important role in the success of treatment or not, and chronic diseases in themselves may produce many social problems that cannot be ignored, which the social work profession and the medical social worker who works with these patients play an important role in alleviating them and helping the patient and his family to overcome them (Abu Hammour & Darwish, 2018).

Genetic blood diseases are considered one of the most prevalent types of genetic diseases around the world, where the incidence rate is not limited to a specific group, but its prevalence is observed in specific regions of the world, including areas in Egypt, Saudi Arabia and some Arabic countries, and many questions revolve around types that are the most prevalent of these diseases, such as sickle cell anemia: thalassemia and hemophilia.

The incidence of genetic blood diseases is a fertile field for the profession of social work, where work in the medical field is one of its branches, as defined by the dictionary of social work as: (paid professional activity that aims to help people face serious difficulties facing their lives by providing them with care, protection, guidance, or through social support, social support or social work (Pierson and Thomas, 2020, 516) .

Genetic blood diseases as chronic diseases last for long periods, or are not cured, and accompany the individual throughout his life, and direct and bad effects occur on his public health and cause him many health, social, psychological and economic problems, and those who are infected with these diseases cannot perform their social role as they should (Abu Zeid, 2019 , 53).

The seriousness of genetic blood diseases is due to the fact that they may trap the patient in the circle of disorders and psychological suffering due to the concerns that patients have about the possible effects of these diseases, and thinking about the expected end of them, and the incidence of these diseases limits the social activity of patients, as some restrictions are imposed on the patient related to the quality of food and drinks he eats, and the activities he practices, as well as continuing for long periods that may extend throughout his life in taking medicines, which may cause the patient many Of the negative psychological, social and economic effects, as many researchers (such as: Ahmed 2017, Ibrahim & Amin 2019, and Shuwaikh 2020) indicate that patients with chronic diseases, including genetic blood diseases, suffer from socio-psychological problems, including fear, anxiety, feeling distress, feeling weak and ineffective, feeling helpless,

loneliness and isolation, lack of self-confidence, dissatisfaction with life, and feeling By want and need for others.

The problem of patients with genetic blood diseases is not that they are bedridden at times, or suffer from physical pain, or moved away from their families, or were unable to earn what resides their promises only, but the major problem of these patients, which worries them is their sense that they are no longer like others, they had a special view of the disease before their illness, and this view usually remains in their conscience after their illness and makes them feel helpless, and this feeling develops their loss of many of their relationships social, which leads them to many personal and social difficulties (El-Meligy, 2012 , 106).

Accordingly, the patient with hereditary blood disease becomes in greater need of support from those around him from family and friends, from specialists in the medical field, especially social workers, and from specialists in the field of providing social and psychological care services and medical social work to overcome the negative effects that the disease leaves on his life.

Hence, the importance of providing social support to patients by family, friends and society emerges, as it has a positive impact on the physical and psychological health of individuals (Abu Ghaly, 2014) for this it is considered one of the most important sources of social support that the patient needs, as the volume of social support received by the patient and the level of satisfaction with it affects how he perceives the difficulties and crises of various life and ways to face them and the speed of his adaptation to them, and it also has a positive role in alleviating the symptoms associated with the injury. genetic blood diseases such as anxiety and depression (Al-Zahrani, 2014), and this is confirmed by previous studies and research such as (Ali, 2020), (Khalil, 2020), (Hettiarachchi, 2018), as well as (Yannis, 2019), (UUnal, S., 2020). Where they pointed to the importance of social support in the patient's life because of the psychological support it provides and contributes to raising the morale of the patient, which makes him accept treatment and realize that there is someone who supports and supports him and stands next to him in his plight.

Social support is one of the most important sources of effective social support that the patient needs, as it affects how he perceives the various pressures and methods of confronting and dealing with them (Abdel Allah, 2019, 30), as it is a basic and important source of the individual's sense of security and safety, and support may be with a good word or advice and providing money, that is, social workers provide all forms of support and advice to the patient and his family, which contributes to mitigating the negative effects resulting from Infection with genetic blood disease through his experiences, skills and various treatment methods derived from therapeutic models and theories in social work in general and the way to work with individuals in particular, including the spiritual entrance, where spiritual therapy is one of the models that aim to help the client discover his inner strength in order to be able to face his problems and overcome the pressures of life, including chronic disease, because spiritual treatment is based on the basic idea that satisfying needs Worldliness, whether physical, psychological or social, represents a strong reason for falling into problems, and therefore the practice of spiritual therapy methods with him (such as strengthening faith in God Almighty - patience and spreading hope

and optimism - strengthening satisfaction with spending Allah and his destiny) will help him overcome problems as well as alleviate pressure and feelings of anxiety, fear and guilt that he suffers from, and this is confirmed by a variety of previous studies and research, including (El-Sherbiny's) study (2020) , and the study of Jahmi (2016) and the study (Rashid, 2021), where its results confirmed that the practice of spiritual therapy methods with clients contributes to alleviating the problems they are exposed to by helping them self-confidence, adherence to hope, optimism, and realizing that feelings of despair do not alleviate the problem, but rather increase its negative effects, and based on the above, the current study focuses on testing the effectiveness of the spiritual approach in achieving social support for patients with genetic blood diseases.

Second: Research Objectives:

Main Objective:

Testing the effectiveness of a program based on the spiritual approach in achieving social support for people with hereditary blood diseases.

Sub-objectives :

- 1- Identify the relationship between the practice of a program based on the spiritual approach and the achievement of cognitive support for people with hereditary blood diseases.
- 2- Identify the relationship between practicing a program based on the spiritual approach and achieving emotional support for people with hereditary blood diseases.
- 3- Identify the relationship between practicing a spiritual approach-based program and achieving behavioral support for people with hereditary blood diseases.

Third: Research Concepts:

A- The concept of social support:

The word support in the Arabic language refers to the source (Sand) meaning a supporter or Azra and Kanaf, and rewarded for work (Intermediate Dictionary, 2020)

Social support is defined as the behavior that enhances the individual's sense of psychological tranquility, self-confidence, and that he is appreciated and respected by members of the surrounding environment, and those close to him, and his sense of satisfaction with the sources of support he receives that help him solve his practical problems (Ali, 2015 , 45)

Social support is also defined as those relationships between the individual and others, which he realizes that they can help him when he needs it and have a soothing and mitigating effect on the pressures of life that he faces (El-Shenawy, 2020).

Social support is also defined as that subset of people, within the overall network of one's social relations on whom they rely for social-emotional and/or procedural assistance (Thoits, p, 2019).

- The researcher defines social support theoretically:

It is the amount of emotional, cognitive, behavioral and material support that the patient receives through others in his social environment, especially when he faces events or situations that can cause him hardship and cause him trouble and needs someone to help him face them .

-The researcher defines it procedurally as:

The emotional, cognitive and behavioral support received by the child with genetic blood diseases from his family, friends, colleagues, specialists, treatment team and employees at Abu El-Rish University Hospital in Cairo .

B - The concept of genetic blood diseases:

The concept of hereditary diseases as in the medical encyclopedia indicates that "they represent a group of diseases that may be inherited from generation to generation, and result in a disorder in the genes carried on chromosomes, and this may be a disorder in the number or composition of genes", and these diseases may affect one sex without the other, and in that case they are called genetic diseases associated with sex chromosomes, and one of the sexes may be a carrier of the genetic disease, without being infected with it(Al Samarrae, S. H, 2012)

Hereditary blood diseases are a group of diseases that are transmitted from parents to children, which are caused by a defect in the structure and components of red blood cells, producing red blood cells that are unable to perform their normal functions and the appearance of pathological symptoms on the patient, and the most important types of genetic blood diseases are thalassemia and sickle cell anemia (Qasem, 2019).

Hereditary blood diseases are a group of diseases that are transmitted from parents to children, which are caused by a defect in the structure and formation of red blood cells, so they become unable to perform their normal functions and the appearance of pathological symptoms on the patient, and one of the most important types of genetic blood diseases is thalassemia and sickle cell anemia These diseases are transmitted from parents to children through genes (genes) in the event of a disorder in the genes of both the mother and father, there is a 52% chance that the child will be born with the disease, but if one parent is healthy and the other carries a defective gene, it is possible that the disease will be transmitted to some children and become carriers of the pathological trait, (Beayou, A. ; Al Orfi,2019).

C- The concept of spiritual entrance (spiritual treatment):

It is a therapeutic approach that depends on the effectiveness of spiritual and religious values in modifying the client's attitudes and delinquent patterns as a driving force that strongly rejects all forms of human foolishness and restores social stability to the individual, group and society to achieve maximum levels of maturity and human growth (Othman, 2002, 219).

The importance of the use of spiritual as a result of the existence of mutual correlation between the soul, mind, body and environment, especially in some aspects in the sense that there are spiritual factors associated with the causes of problems and that spirituality can perform the function of integration between aspects of the human personality, which results in the events of

proper compatibility in his life, especially with those who suffer from lack or lack of correlation between the constituent parts of him as a human being or his inability to establish an internal dialogue in any aspect of his personality (Ali, 2009, 271).

- **The researcher defines it procedurally:** as a therapeutic approach based on the use of spiritual and religious values in achieving and developing social support for patients with genetic blood diseases, which contributes to achieving compatibility and alleviating feelings of guilt and inferiority, increasing cohesion and family support.

- **Hypotheses and postulates associated with spiritual therapy** (Osman & El-Sayed, 2015, 257):

1. Recognition that all social problems are in their entirety or in some of them are the product of the weakness of faith in man, so the attempts of the social worker to strengthen the tendency of faith is a major therapeutic step to strengthen the elements of the problematic situation.
2. The client has an innate religious tendency and all he needs is to wake her up to address the problem.
3. Each individual problem has religious axes that can be linked to the values of faith contained in the Holy Scriptures.
4. The practical methods of helping are instilling faith, affliction, the reward of the hereafter, repentance and acceptance, advice, counseling.
5. The values of spiritual healing are the values of the method of absolute on The case work (human humanity, justice, individualism, impartiality).

- **Objectives of the Spiritual Therapy Professional Intervention Program:**

- Identify the concept and dimensions of social support in children with genetic blood diseases and the importance of acquiring knowledge and information related to the nature of improving their relationships with those around them to increase social interaction and psychological support
- Helping sick children to strengthen the value of faith in God and spread hope and optimism in them.
- Help children control feelings of despair and frustration and alleviate the feelings of guilt and inferiority they suffer from due to the disease .
- Help children strengthen the cognitive, emotional and behavioral support they need from their families, relatives, colleagues, friends as well as the treating team through spiritual therapy methods.
- As well as treatment with worship (prayer, seeking refuge from the devil, recitation of the Holy Quran and religious books, seeking forgiveness, remembrance, supplication).
- Help sick children look at life realistically and remember that pleasing all people is an unfathomable goal, and avoid the ideal outlook.
- Suggesting children to seek help from the Creator and seek help and healing from Him Almighty.

- Recalling and thanking the Creator's graces and acknowledging grace.
- Helping children to have positive values in life situations.
- Helping children break free from negative emotions
- Encourage children to reach the level of spiritual elevation.

The methods of professional intervention will be presented in Table (9) at the end of the research.

Fourth: Methodological procedures for research:

1- Research Type:

This research is one of the experimental research projects, which depends on testing the relationship between spiritual therapy and achieving social support for patients with genetic blood diseases and beneficiaries of the services of Abu El-Rish University Hospital in Cairo.

2- Research Methodology:

Consistent with the type of research, the researcher relied on the experimental approach in this study through two groups, one experimental and the other control, in order to compare the results of the scale of social support for patients with genetic blood before and after the application of the program to test its effectiveness in achieving social support.

3- Research Areas:

A - human field (research sample): The size of the study population of children patients with genetic blood diseases and residents of Abu Al-Rish University Hospital (126) and their age ranges between (12-15) years, and the study was applied to a sample of (40) single were randomly divided into two groups, one experimental and the other control and who got the highest scores in the scale of social support, after some were excluded Cases that refused to meet the scale or participate in the study.

- Characteristics of the research sample:

The research sample was determined from (children with hereditary blood diseases) where the social support scale was applied to children residing in Abu El-Rish University Hospital for Children, and they were arranged in descending order, then the group of children with the lowest scores was determined, and some controls were set to select the sample in terms of chronological age, gender, hospital stay, and educational status, and the characteristics of the sample were determined as follows:

- **In terms of gender:** All members of the sample (experimental/control) are males due to the difficulty of female children attending the professional intervention program due to circumstances related to their families and the nature of their stay in the hospital.
- **In terms of hospital stay:** All members of the sample (experimental/control) are residing in the hospital to receive medical care and treatment for hereditary blood diseases.
- **In terms of educational status:** All members of the sample (experimental/control) are not regular in the educational process due to long periods of stay in the hospital to receive treatment, although some of them are enrolled in school, but without regularity.

- **In terms of age group:** All sample members are in the teenage stage, with ages ranging from (12:15) years.

B- Spatial field: The professional intervention program was applied with the study sample in the meeting room designated for social workers at Abu Al-Rish University Hospital in Cairo.

C- Time Range: The professional intervention program was applied between 15/12/2020 to 30/3/2021.

4- Research Tools:

The research relied on one tool, which is "social support scale for genetic blood patients" and the scale consists of (45) phrases that measure three dimensions, namely (after cognitive support, another for emotional support, and a third for behavioral support).

- **The preparation of paragraphs went through the following stages:**

- 1- The researcher reviewed the theoretical heritage of the problems of poor social support for children with genetic blood diseases through some scientific references and academic studies that dealt with it as a topic that all groups suffer from, including children, in terms of (social support - types, characteristics - importance for patients)
- 2- The researcher reviewed some measures that dealt with social support : measures of social support, including, Idris (2015), Idris (2009), Al-Harbi (2016), Laura (2020), Ali (2020).
- 3- The researcher was able to determine the dimensions of the three scale and their indicators by reviewing the dimensions that make up most of the previous measures, where the researcher noted that the majority of the scales determined an equal relative weight for all dimensions (20%) for each dimension, and thus determined the number of phrases that can consist of each dimension of the dimensions 15 phrases for each dimension.
- 4- The researcher formulated the phrases and the phrases of each dimension consisted of (15 phrases) and the total number of phrases came (45 phrases).
- 5- To identify the validity of the scale, the researcher did the following:
 - **Content Validity:** The researcher presented the scale items to 7 arbitrators from the faculty members of social work, and the items that received the approval of at least 80% of the arbitrators were retained, while the other phrases were deleted.
 - **Sincerity of internal consistency:**
 - The researcher applied the scale of social support problems among patients with genetic blood on the number (20) children with genetic blood diseases, in order to ensure the stability of the scale, where the alpha coefficient of Cronbach was calculated as follows:
 - The half-segmentation method was used to calculate the stability of the scale, where the scale was divided into two halves, the first is related to individual phrases and the second is related to even phrases, and its result was = 0.866, and this indicates that there is stability of the scale, as the alpha coefficient reached more than 85%, which is a high degree of agreement in response to the scale phrases.

Fifth: Research Hypotheses:**The main hypothesis :**

- 1- There were no statistically significant differences between the average scores of the experimental and control groups in the pre-measurement on the scale of social support for patients with hereditary blood in its different dimensions.
- 2- There are statistically significant differences between the average scores of the experimental and control groups in the pre- and post-measurements on the scale of social support for hereditary blood patients as a result of practicing a program based on spiritual entrance in favor of the post-measurement of the experimental group.

In order to achieve the second main hypothesis, the following sub-hypotheses can be verified:

- 1- There are statistically significant differences between the average scores of the experimental and control groups in the dimensional measurement on the dimension of cognitive support on the scale of social support for genetic blood patients as a result of practicing a program based on spiritual entrance for the benefit of the experimental group.
 - 2- There are statistically significant differences between the average scores of the experimental and control groups in the dimensional measurement on the dimension of emotional support on the scale of social support for genetic blood patients as a result of practicing a program based on spiritual entrance in favor of the experimental group.
 - 3- There are statistically significant differences between the average scores of the experimental and control groups in the dimensional measurement on the behavioral support dimension of the social support scale for hereditary blood patients as a result of practicing a program based on the spiritual entrance in favor of the experimental group.
- * Quantitative and qualitative analysis methods of research: The research relied on the following methods:
- * Qualitative analysis method: commensurate with the nature of the research topic
- * Quantitative analysis method: The data was processed through the computer using the statistical program (SPSS), as well as relying on the (Levin) test. T Test for independent samples.

Sixth: Search Results:**The following is a presentation of the search results:**

- The results of the first main hypothesis: which states: There are no statistically significant differences between the average scores of the experimental and control groups in the pre-measurement on the scale of social support for patients with genetic blood in its various dimensions, and is shown in the following table:

Table No. (1)

Illustrates the mean and standard deviations and the mean standard error in the pre-application of the social support scale on the members of the experimental and control groups before the professional intervention

The dimensions	group	N	Mean	Std. Deviation	Std. Error Mean
Cognitive support	Experimental	20	23.2500	1.86025	.41596
	control	20	22.5000	3.48682	.77968
Emotional support	Experimental	20	21.1500	1.72520	.38577
	control	20	21.8500	2.20705	.49351
Behavioral support	Experimental	20	18.2000	2.39737	.53607
	control	20	19.3000	2.17885	.48720
Total score	Experimental	20	62.612	.0518	.0613
	control	20	63.065		

It is clear from the previous table that most of the values of the arithmetic averages, standard deviations and the average standard error in the comparison between the averages of the scores of the two groups - before the application of the program - on the scale of social support between the experimental and control groups came non-significant, whether in the total total or the three dimensions, which indicates the convergence of the two groups and the weakness of the differences between them as follows, where the average total score of the experimental group (62.61) with a standard deviation (.0518) (while in the control group (63.06), and this confirms the existence of homogeneity between the characteristics of the sample members in the experimental and control groups and that any difference between the averages of those scores will be attributed to the professional intervention program, which depends on the therapeutic methods of the spiritual entrance, and this is confirmed by the following table:

Table No. (2)

Shows the value of (T) for the control and experimental groups before the professional intervention on the different dimensions of the scale

Independent Samples Test									
Cognitive support	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Mr.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
	10.440	.003	.849	38	.401	.75000	.88370	-1.03895	2.53895
Emotional support	.179	.674	-1.118	38	.271	-.70000	.62639	-1.96807	.179
Behavioral support	.878	.355	-1.519	38	.137	-1.10000	.72439	-2.56645	.36645

It is clear from the previous table the following:

- **For the first dimension: cognitive support**, it is clear that the value of (F) = 10.440 and its significance level is 0.003 and this value is greater than 0.05, which indicates that it is not a function (this means that there is homogeneity between the variance of the two groups), and this prompts us to read the results of the test (T) corresponding to the dimension "Equal variances assumed", from these results we notice that the calculated value of (T) t-test = 0.849, degrees of freedom df = 38, and the value of Sig. (2-tailed) =

0.401, and since the value of Sig. (2-tailed) in the table (0.401) greater than the value of $\alpha = 0.05$ and therefore there are no statistically significant differences between the control and experimental groups in the dimension of cognitive support.

- **For the second dimension, emotional support:** it is clear that: the value of (F) = 0.179 and its significance level is 0.674 This value is greater than 0.05, which indicates that it is not a function (this means that there is homogeneity between the variance of the two groups), and this prompts us to read the results of the test (T) corresponding to the dimension "Equal variances assumed", from these results we notice that the calculated value of (T) t-test = 1.-118, degrees of freedom df = 38, and the value of Sig. (2-tailed) = 0.271, and since the value of Sig. (2-tailed) in the table (0.271) greater than the value of $\alpha = 0.05$ and therefore there are no statistically significant differences between the control and experimental groups in the dimension of emotional support.
- **For the third dimension, behavioral support:** it is clear that: that the value of (F) = 0.878 and its significance level is 0.355 This value is greater than 0.05, which indicates that it is not a function (this means that there is homogeneity between the variance of the two groups), and this prompts us to read the results of the test (T) corresponding to the dimension "Equal variances assumed", from these results we notice that the calculated value of (T) t-test = 1.519 -, degrees of freedom df = 38, and the value of Sig. (2-tailed) = 0.137, and since the value of Sig. (2-tailed) in the table (0.137) greater than the value of $\alpha = 0.05$ and therefore there are no statistically significant differences between the control and experimental groups in the dimension of behavioral support, and this indicates the validity of the first main hypothesis of the study.
- **The results of the second main hypothesis, which states:** There are statistically significant differences between the average scores of the experimental and control groups in the pre- and post-measurements on the scale of social support for genetic blood patients as a result of practicing a program based on the spiritual entrance in favor of the dimensional measurement of the experimental group, and in order to achieve this hypothesis, we will present the results of the associated sub-hypotheses through the following:
 - A- The results of the first sub-hypothesis, which stipulates that:** There are statistically significant differences between the average scores of the experimental and control groups in the dimensional measurement on the dimension of cognitive support on the scale of social support for hereditary blood patients as a result of practicing a program based on the spiritual entrance for the benefit of the experimental group, and it is illustrated by the following tables:

Table No. (3)

Shows the arithmetic mean, standard deviation and standard error of the experimental and control groups after professional intervention in the cognitive support dimension

The dimensions	group	N	Mean	Std. Deviation	Std. Error Mean
Cognitive support	Experimental	20	34.1000	5.44736	1.21807
	control	20	21.5000	3.23631	.72366

It is clear from the previous table that the arithmetic mean of the experimental group in the dimension of cognitive support for patients with genetic blood diseases after the application of the professional intervention program in the spiritual entrance amounted to (34.10) with a standard deviation (5.44) and a standard error (1.21), and that the arithmetic mean of the control group amounted to (21.5) with a standard deviation of (3.23) and a standard error (0.72), and by comparing these ratios with what came in Table (1), i.e. before the professional intervention, it is clear that there are substantial differences in the scores of the experimental group after the professional intervention attributed to The effectiveness of spiritual approach therapy in enhancing cognitive support for patients with genetic blood diseases, and this is also supported by the following table:

Table No. (4)

Illustrates the value of (T) for the group and the experimental after the professional intervention in the dimension of cognitive support

		Independent Samples Test								
		Levene's Test for Equality of Variances			t-test for Equality of Means					
									95% Confidence Interval of the Difference	
		F	Mr.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Cognitive support	Equal variances assumed	7.297	.010	8.893	38	.000	12.60000	1.41682	9.73181	15.46819
	Equal variances not assumed			8.893	30.927	.000	12.60000	1.41682	9.71011	15.48989

It is clear from the previous table that the value of t calculated between the pre- and post-measurements of the members of the experimental group after the development of cognitive support is equal to (8.89), which is greater than the value of (T) calculated (0.00) and the degree of freedom (38), which is significant at the level of (0.01) and a confidence score of 95% in favor of the post-measurement of the experimental group. Where the program contributed to enhancing the knowledge and ideas of patients and their families about the nature of chronic disease and the importance of satisfaction with fate and destiny and strengthening the value of faith in God Almighty in the hearts of patients, which contributed to the positive modification in their thoughts and information and the development of their experiences on how to benefit from the experience of the disease in strengthening their relationships with those around them from family, friends and colleagues, which enhances and develops their cognitive support, and this is consistent with the findings of the results of the study of both (Jahmi, 2016), which stressed the importance of the entrance Spiritual in the development of religious and moral scruples in the hearts of clients, as well as the development of their knowledge and skills in order to achieve cognitive sufficiency, as well as the result of a study (Al-Mahmizi, 2020), which confirmed that

the roles of the clinical social worker in achieving social support for psychiatric patients are in two forms: direct social support, and indirect social support, The roles of the clinical social worker were to achieve social support for psychiatric patients through direct social support in mitigating the negative effects of mental illness, accepting mental illness, developing social skills, while indirect social support was represented in the availability of social support, reducing family fears, reducing the effects of patient behaviors, accessing services, and is divided into family guidance for services related to the patient's treatment and directing the patient to benefit from services.

B- The results of the second sub-hypothesis: which states: There are statistically significant differences between the average scores of the experimental and control groups in the dimensional measurement on the dimension of emotional support in the scale of social support for genetic blood patients as a result of practicing a program based on the spiritual entrance for the benefit of the experimental group, and it is illustrated by the following tables:

Table No. (5)

Shows the arithmetic mean, standard deviation and standard error of the experimental and control groups after professional intervention in the dimension of emotional support

The dimensions	group	N	Mean	Std. Deviation	Std. Error Mean
Emotional support	Experimental	20	31.8500	7.25676	1.62266
	control	20	23.0000	2.93795	.65695

It is clear from the previous table that the arithmetic mean of the experimental group in the dimension of emotional support for patients with genetic blood diseases after the application of the professional intervention program in the spiritual entrance amounted to (31.85) with a standard deviation (7.25) and a standard error (1.62), and that the arithmetic mean of the control group amounted to (23.0) with a standard deviation of (2.93) and a standard error (0.65), and by comparing these ratios with what came in Table (1), i.e. before the professional intervention, it is clear that there are substantial differences in the experimental group's scores after the professional intervention attributed to The effectiveness of spiritual approach therapy in enhancing emotional support for patients with genetic blood diseases, and this is also supported by the following table:

Table No. (6)

Illustrates the value of (T) of the experimental group after professional intervention in the dimension of emotional support

	Independent Samples Test											
	Levene's Test for Equality of Variances			t-test for Equality of Means							95% Confidence Interval of the Difference	
		F	Mr.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper		
Emotional support	Equal variances assumed	3.063	.088	5.055	38	.000	8.85000	1.75060	5.30609	12.39391		
	Equal variances not assumed			5.055	25.066	.000	8.85000	1.75060	5.24505	12.45495		

It is clear from the previous table that the value of t calculated between the pre- and post-measurements of the members of the experimental group after the development of emotional support is equal to (5.05), which is greater than the value of (T) calculated (0.00) and the degree of freedom (38), which is significant at the level of (0.01) and a confidence score of 95% in favor of the dimensional measurement of the experimental group. Where the program contributed to alleviating the negative feelings of patients with blood diseases such as feelings of guilt, inferiority and fear through the practice of self-liquidation method by disclosing feelings and expressing conflicts, and the method of helping patience, endurance and empathy with sick children, which contributed to the development of emotional support among members of the experimental group by providing moral support by the medical team and patients' families, colleagues and friends, and this is consistent with what it has found.

The results of a study (Makassi, 2017), where it confirmed that social support is an important variable in the prevention and development of health in its psychological and organic aspects, as it pointed to the health, preventive and developmental benefits of social support on the health and safety of the mind and body, and explained that people who do not establish good social relations with others and do not receive social support are more vulnerable than others For physiological disorders and chronic health problems , as well as the results of a study (El-Sherbiny, 2020), which confirmed the contribution of spiritual therapy in alleviating negative feelings, especially future anxiety associated with marriage and family formation among inmates of residential institutions, as well as consistent with the results of a study (Rashid, 2020), which confirmed the effectiveness of the spiritual approach in helping students achieve psychological and emotional balance by practicing a variety of methods, including strengthening faith and developing a sense of comfort and security. And self-satisfaction.

C- The results of the third sub-hypothesis, which states: There are statistically significant differences between the average scores of the experimental and control groups in the dimensional measurement on the dimension of behavioral support on the scale of social support for genetic blood patients as a result of practicing a program based on spiritual entrance for the benefit of the experimental group.

Table No. (7)

The arithmetic mean, standard deviation and standard error of the experimental and control groups after the professional intervention in the behavioral support dimension

The dimensions	group	N	Mean	Std. Deviation	Std. Error Mean
Behavioral support	Experimental	20	29.5500	8.08817	1.80857
	control	20	22.1000	2.86356	.64031

It is clear from the previous table that the arithmetic mean of the experimental group in the dimension of behavioral support for patients with genetic blood diseases after the application of the professional intervention program in the spiritual entrance amounted to (29.55) with a standard deviation (8.08) and a standard error (1.80), and that the arithmetic mean of the control group amounted to (22.10) with a standard deviation (2.86) and a standard error (0.64), and by comparing these ratios with what came in Table (1), i.e. before the professional intervention, it is clear that there are substantial differences in the experimental group's scores after the professional intervention attributed to The effectiveness of spiritual approach therapy in enhancing behavioral support for patients with genetic blood diseases, and this is also supported by the following table:

Table No. (8)

Illustrates the value of (T) of the experimental group after professional intervention in the dimension of behavioral support

		Independent Samples Test									
		Levene's Test for Equality of Variances			t-test for Equality of Means						
										95% Confidence Interval of the Difference	
		F	Mr.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper	
Behavioral support	Equal variances assumed	32.345	.000	3.883	38	.000	7.45000	1.91857	3.56605	11.33395	
	Equal variances not assumed			3.883	23.690	.001	7.45000	1.91857	3.48751	11.41249	

It is clear from the previous table that the value of t calculated between the pre- and post-measurements of the members of the experimental group after the development of behavioral support is equal to (3.88), which is greater than the calculated value of (T) (0.00) and the degree of freedom (38), which is of significant significance at the level of (0.01) and a confidence score of 95% in favor of the post-measurement of the experimental group. Where the program contributed to enhancing behavioral support by providing a good example and a good example, helping patients to take responsibility and strengthening the value of social solidarity between the patient, his family, colleagues and those around him, and this is consistent with the findings of the study (Ali, 2020), which confirmed that social support contributed to strengthening the meaning of life among patients with chronic diseases, especially with regard to the values of behavioral support between the patient and those around him, as well as a study (Mahmoud, 2020), which confirmed However, spiritual therapy contributes to dealing with the patient's daily challenges, and helps him control his thoughts and behaviors, as well as the patient's ability and ability to change his way of thinking, this relieves his feeling of distress, and helps him to take a healthy lifestyle that helps him himself, and helps the people around him.

- General results of the research:

The results found that the application of the therapeutic program based on the spiritual approach (spiritual therapy) contributed to the achievement and development of social support in children with genetic blood diseases through the application of a set of therapeutic methods for spiritual therapy (including the method of strengthening faith, patience for affliction - psychological serenity, clairvoyance, freedom from negative feelings such as inferiority, guilt and fear, where the members of the experimental group were helped to develop the spiritual aspects and overcome and influence thinking about the disease and broadcast Hope for healing and satisfaction with spending Allah and his destiny.

The results of the research also confirmed that the methods of spiritual therapy contributed to achieving and strengthening cognitive support by helping the study sample to understand the deeper meaning of their presence during the process of their struggle against the disease and their attempt to change their attitude in life and find a goal for it, especially since the strong faith relationship with the Creator is reflected in the extent and quality of the link between man and those around him from his family members and colleagues, as this appears more in cases of crises and difficult situations in daily life, including the incidence of diseases Genetic blood .

The results also indicated the contribution of the methods of spiritual approach in achieving family cohesion among the study sample and trying to stay away from bad experiences, and help them get rid of feelings of fear and anxiety, educate and support them to become more positive with their families and with others in the surrounding environment, and their sense of life satisfaction, self-esteem and optimism, and increase their understanding and ability to deal with the challenges and difficulties they face while receiving treatment for hereditary blood disease.

The results of the study confirmed that the practice of spiritual entrance methods helped the sample members with genetic blood diseases to develop emotional and behavioral support by

increasing their awareness of belonging and social contact and increasing the influence on them in order to endure difficult treatment periods and increase their ability to find meaning for personal relationships through the ability to tolerate self and others around them.

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Table No. (9)

Brief of the Professional Intervention Program

sub-goals	"topics and activities of a professional intervention program	Strategies	Techniques	Researcher roles	Participants	Duration or period	Time by the hour
Defining the concept and dimensions of social support for children with hereditary blood diseases and the importance of acquiring knowledge and information related to the nature of improving their relationships with those around them to increase social interaction and psychological support	Explaining the importance of attending the professional intervention program - Applying the pre-measurement to determine the degree of social support among the sample members and its indicators (cognitive support - emotional support - behavioral support)	Cognitive construction strategy	Spiritual methods (strengthening faith in God - contentment with God's will - strengthening self-con Cognitive methods (cognitive reconstruction - homework - training in self-instruction) fidence)	"teacher - expert - leader	Researcher Social Workers	"the first month"	"from one and a half hours to two hours
Helping children to strengthen the value of faith in God and instilling hope and optimism in their souls Helping children to control feelings of despair and frustration and to alleviate feelings of guilt and deficiency that they suffer from due to the disease.	Organizing individual and group interviews with children in the social service meeting room. Conducting open scientific discussions between the researcher and the sample members about methods of specializing in negative feelings and supporting the feeling of optimism and satisfaction with God's will	Emotion construction strategy	Emotional methods (purity of soul - expression of feelings - patience and endurance)	The interpreter The correct or The behavior modifier	Researcher Social Workers	Second month	From one and a half hours to two hours
Helping children to strengthen the cognitive, emotional and behavioral support they need from their families, relatives, colleagues and friends as well as the treatment team through spiritual treatment methods	Preparing and implementing various activities to support social support and build positive relationships with those around them	Behavioral reinforcement strategy	Behavioral methods (modeling - homework - role model)	Teacher Mentor Behavior modifier	Researcher Social Workers	The third month	from one hour to one and a half hours per case