Middle-East Journal of Scientific Research 22 (8): 1181-1186, 2014
ISSN 1990-9233
© IDOSI Publications, 2014
DOI: 10.5829/idosi.mejsr.2014.22.08.86236

Evaluating Social Adjustment of the Hospitalized Adolescents, Arak-Iran

[1]Hadi Jafari-Manesh, [1]Atefeh Alibazi, [2]Mehdi Ranjbaran,
[1]Pegah Matory por, [3]Zahra Najafi and [4]Arefeh Sadat Khoshniyat

[1]Faculty of Nursing and Midwifery, Arak University of Medical Sciences, Arak, Iran
[2]Department of Epidemiology, Faculty of Heath, Arak University of Medical Sciences, Arak, Iran
[3]Faculty of Medical Science, Islamic Azad University of Arak, Arak, Iran
[4]Faculty of Humanities, Arak University, Arak, Iran

Abstract: Adjustment is the ability to accommodate compromise, cooperate and get along with oneself, surroundings and the others which is influenced by social, psychological and biological factors. Not only due to being sick, but rather due to hospitalization, adolescents become vulnerable; therefore, this study aims at evaluating the social adjustment of adolescents hospitalized at the teaching hospitals of Arak as well as some associated factors. This study was performed as a descriptive-analytic research on 260 adolescents hospitalized at the hospitals affiliated to Arak University of Medical Sciences in 2013. Samples were selected through random clustering method. Data collection was performed using four questionnaires: 1) demographic information, 2) social adjustment scale, 3) spiritual well-being scale and 4) religious orientation scale. The data were analyzed using SPSS-20 and through Independent t-test, Pearson correlation coefficient, ANOVA and Multiple linear regression. Results: The mean age of the subjects was 16.03 (± 1.01). Social adjustments of most of the subjects were evaluated as average and lower-average. The older male adolescents with higher spiritual well-being and in higher educational stages showed higher levels of social adjustment ($p<0.001$). No significant relationship was observed between intrinsic and extrinsic religious orientation, grade point average, ethnicity and participation in religious ceremonies and social adjustment in adolescents ($p > 0.05$). Conclusions: According to the results, it is required that doctors and nurses pay special attention to social adjustment and its associated components in hospitalized adolescents and spend more time to communicate with and take care of them.

Key words: Social Adjustment · Hospitalized Adolescents · Hospital

INTRODUCTION

Adolescence is one of the important periods of life which involves considerable physiological, psychological and social changes which significantly influence the adjustment of the individuals. Adjustment has been defined as the ability to accommodate, compromise, cooperate and get along with oneself, surroundings and the others [1]. Adjustment is influenced by social, psychological and biological factors so that the negative feelings resulting from social problems can lead to difficulties in adjustment process creating psychological [2, 3] and/or physical problems [4]. Human being is the product of community and is accordingly influenced by his own community's systems and cultures. It is in this situation where he should meet his needs and maintain his balance and tranquility and he should thus adjust with the community [5]. Nowadays, successful adjustment of adolescents in information, science and technology explosion age requires that they are equipped with adequate emotional and cognitive skills and abilities for problem solving and proper decision making to be able to adjust themselves appropriately [6].

Adjusting with a disease is both challenging and threatening and healthcare personnel are required to be aware of these states [7]. For example, Kawagoe [8] investigated difficulties in social adjustment of patients with HIV/AIDS and revealed that the patients

Corresponding Author: Hadi Jafari-Manesh, Faculty of Nursing and Midwifery, Arak University of Medical Sciences, Sardasht, Arak, Iran. Tel: +08634173503, E-mail: jafarimanesh@arakmu.ac.ir.

had troubles in their social life with friends, family and even health services after diagnosing the disease. He saw this as a result of lack of knowledge on the nature of HIV/AIDS among people.

Not only due to being sick, but rather due to hospitalization, adolescents become vulnerable [9]. Most of the patients show different degrees of vulnerability due to the nature of the disease, culture, economic or educational background, personality and previous treatment history [10]. Therefore, in case of being sick, their adjustment will face more difficulties.

Safavi [11] evaluated social adjustment levels of adolescents in pre-university stage (healthy adolescents) as average, while sick adolescents will be more likely to experience lower adjustment levels given the multiple difficulties facing them. However, there are contradictory results in this regard.

The factors associated with social adjustment of adolescents are one of the areas which need more investigation [12]. In his study, Safavi introduced emotional intelligence as one of the factors associated with social adjustment of adolescents [11]. Investigating factors predicting social adjustment of the patients under kidney transplantation, Pistorio also introduced personality characteristics as one of the effective factors [13]. Spiritual well-being and religious orientation are among variables which may be influential in social adjustment of adolescents. Spiritual well-being is the most recent dimension of health that has found its place beside the other health dimensions like physical, psychological and social health [14]. Even some believe that without spiritual well-being, other health dimensions cannot have their maximum performance and reaching high levels of life quality is impossible [15]. Spiritual well-being is considered as one of the important health dimensions in human [16,17].Spiritual well-being is human spiritual experience in two different perspectives: a) religious well-being perspective which focuses on how individuals perceive the well-being of their spiritual lives as in relation to a higher power; b) existential well-being perspective which is focused upon social and psychological concerns of individuals and addresses how well they are adjusted to oneself, community, or the surroundings [18].

When spiritual well-being is seriously endangered, the individual may experience mental disorders such as loneliness, depression or losing the meaning of life [19, 20]. Since adolescents today comprise a considerable proportion of patients in our country, one of the concerns of healthcare team, particularly nurses, is the degree of patient adolescents' adjustment and its associated factors [21, 22]. Understanding the associated factors, nurses will be able to provide more comprehensive and effective instructions to patients and their families. The effect of different factors such as emotional intelligence, personality characteristics, etc. has been investigated in different research, while no study was found specifically concerning the role of factors such as religious orientation and spiritual well-being in adjustment of patient adolescent. This can have a prominent role given the religion and culture dominating the country. Therefore, the present research aims at evaluating social adjustment of the adolescents hospitalized at teaching hospitals of Arak and associated factors.

MATERIALS AND METHODS

This study was performed as a descriptive-analytic research on 260 adolescents hospitalized at the hospitals affiliated to Arak University of Medical Sciences in 2013. The criteria for subjects to enter the study were the age range of 13-18, being hospitalized at the time of the study, literacy and interest in participation in the study. Sampling was carried out using random clustering method in such a way that, 2 hospitals (Amir Kabir and Vali-e-Asr) were randomly selected out of the mentioned hospitals and sampling was done in different sections of these two hospitals. Data collection was performed using four questionnaires: 1) demographic information questionnaire including age, gender, grade point average, marital status, ethnicity and educational stage, 2) social adjustment scale, 3) spiritual well-being scale and 4) religious orientation scale.

Adjustment scale has been translated by Karami. This test consists of 60 questions of which 20 questions have been considered for evaluating social domain and response options for every question are as "Yes" or "No". In this questionnaire, the score 1 goes for responses indicating social adjustment in each phrase and the score 0 to others not indicating so. For testing in the social adjustment domain, 5 categories have been described with corresponding score ranges according to the raw data obtained from this questionnaire; so that, category A is considered as very good:18-20, category B as good: 16-17, C as average: 13-15, D as weak: 10-12 and E as very weak: 9 and lower, for social adjustment. In Iran, content and face validity of this questionnaire has been also confirmed by three experts in the fields of consultation, psychometry and statistics [23].

Spiritual well-being was measured using 20-question spiritual well-being questionnaire of Paloutzian and Ellison. 10 questions of this questionnaire measure religious well-being and other 10 questions measure existential well-being. The score of spiritual well-being is the sum of these two subscales whose range is considered to be 20-120. Responses to these questions have been categorized in a 6-point Likert scale (strongly disagree, disagree, relatively disagree, relatively agree, agree, strongly agree). The score 6 goes to the option "strongly agree" and 1 to the option "strongly disagree". In negative questions, scoring has been done inversely. Validity and reliability of this questionnaire has been confirmed acceptable in different studies [20]. Allport's religious orientation questionnaire is a 20-item questionnaire in which 11 questions are related to extrinsic religious orientation and 9 questions address intrinsic religious orientation. In this scale, scoring for religious orientation questions is as a 4-point Likert scale (strongly disagree: 4, almost disagree: 3, almost agree: 2, strongly agree: 1). Validity and reliability of this questionnaire has been reported as acceptable by Jan Bozorgi [24].

The data were analyzed using SPSS-20 and through descriptive statistics including number, percent, mean and standard deviation and also analytical statistics including Independent t-test, Pearson correlation coefficient, ANOVA and Multiple linear regression. Ethical considerations were also regarded in all different stages of this study in this way that questionnaires were nameless, individuals were completely free to choose to participate in the research and the time for filling the questionnaires was so planned that no interference occurs with treatment of the patients.

RESULTS

The results of the study showed that mean age of the subjects was 16.03 (± 1.01). 118 subjects (45.4%) were male and the rest female. Most of the adolescents under the study were single (97.7%). 228 subjects (87.7%) have Fars ethnicity. Educational stages of the subjects were first, second and third grades of high school with mean grade point average of 16.40 ± 2.03. The results from investigating social adjustment of the adolescents are provided in Table 1.

As seen in Table 2, according to the results of Pearson correlation test, no statistically significant relationship was observed between intrinsic and extrinsic religious orientation and social adjustment of adolescents ($p < 0.05$). However, there was a statistically significant relationship between total score of spiritual well-being and also each of its dimensions (religious well-being and existential well-being) and social adjustment of adolescents, so that the adolescents with higher religious well-being had higher social adjustment ($p > 0.001$). Regarding the demographic variables, a significant correlation was also observed between age and social adjustment ($p=0.002$), while grade point average of the adolescents showed no relation with their social adjustment ($p < 0.05$).

In order to determine the relation between genders of adolescents and their social adjustment, independent t-test was used and the results showed that social adjustment mean score of boys was significantly higher than that of girls. In addition, there was a significant relationship between marital status and social adjustment according to results from independent t-test ($p=0.002$).

Table 1: Social adjustment of the hospitalized adolescents

Social adjustment	Frequency	Percent
very good	24	9.2
good	50	19.2
average	92	35.4
weak	72	27.7
very weak	22	8.5

Table 2: Correlation coefficient between religious orientation, spiritual well-being and age and social adjustment of the adolescents

Criterion variable	Predictive variable	Correlation coefficient r	P-value
social adjustment	extrinsic religious orientation	-0.019	0.761
	intrinsic religious orientation	0.118	0.058
	spiritual well-being (total)	0.399	0.001>
	religious well-being	0.326	0.001>
	existential well-being	0.429	0.001>
	age	0.195	0.002
	grade point average	0.120	0.053

Table 3: Social adjustment mean score in terms of gender, marital status and educational stage

Variable		N	Mean	Standard deviation	P-value
Gender	male	118	13.97	2.38	>0.001
	female	142	13.17	3.31	
Marital status	single	254	13.58	2.96	0.002
	married	6	11.33	1.03	
Educational stage	first	128	12.94	2.95	0.001
	second	60	13.63	3.26	
	third	72	14.50	2.38	

Table 4: Regression analysis of social adjustment of adolescents in terms of predictive variables

Criterion variable	Predictive variables	Correlation coefficient (R)	Coefficient of determination (R^2)	Adjusted coefficient of determination (R^2)
Social adjustment of the adolescents	existential well-being	0.429	0.184	0.181
	existential well-being and educational stage	0.462	0.214	0.208

Table 5: Stepwise regression coefficients estimations for predictive variables of social adjustment of the adolescents

Step	Predictive variables	Nonstandard coefficient (B)	Standard coefficient (Beta)	Test value (T)	P-value
1	constant value	7.58	-	9.52	> 0.001
	existential well-being	0.133	0.429	7.64	> 0.001
2	constant value	6.82	-	8.30	> 0.001
	existential well-being	0.126	0.408	7.31	> 0.001
	educational stage	0.597	0.173	3.10	0.002

In order to determine the relation between educational grade and emotional adjustment, ANOVA was used and the results showed that by increasing the educational grade, score of social adjustment of adolescents increases as well (Table 3). Ethnicity and participation in religious ceremonies showed no statistically significant relationship with social adjustment of the adolescents ($p < 0.05$).

Finally, multiple linear regression was used in a stepwise manner in order to determine the predictive power of the variables which were in a significant relationship with social adjustment in univariate analysis at least at 0.2, including age, gender, marital status, educational stage, total score of spiritual well-being and its two dimensions (religious well-being and existential well-being), intrinsic religious orientation and grade point average, (Tables 4 and 5). Results of regression showed that existential well-being variable in the first step and two variables of existential well-being and educational stage in the second step significantly predict the changes related to social adjustment of the adolescents.

DISCUSSION

Social adjustment level in adolescents was evaluated as average and lower-average. Rezaei *et al*. [20] reported spiritual well-being of the patients with cancer at a high level and saw it as a result of religiosity among Iranian people in terms of cultural conditions which makes them to resort rather to the religion for adjustment with critical situations. The difference between these two studies may come from the age difference in subjects which can indicate that patient adolescents have lower social adjustment compared to other age groups.

The results showed that the adolescents with higher spiritual well-being have higher social adjustment as well. Livneh et al. [25]suggested that spirituality has an important role in adjusting with stressful condition resulting from chronic diseases. In addition, Ahangar introduced praying and trust in god as effective factors in adjustment of the patients under hemodialysis [7]. However, the importance of the religion has not been identical for all patients in different aspects of life, so nurses should directly ask patients about the role of religion and god in their lives [26].

The present research results showed that age, educational stage and marital status of adolescents has a positive relationship with their social adjustment. The older individuals with higher spiritual well-being showed higher social adjustment. While Ahangar found a negative relation between age and adjustment methods in the patients under hemodialysis due to disease development by increase in age, associated physical, mental and psychological complications and evolutionary conditions of the patients [7]. Logan also did not find any positive relationship between age and adjustment [27]. The results of these two studies are different from the present study. This difference is due to age and disease type of the subjects in the two studies. It seems that as the disease deteriorate, social adjustment decreases. The failure to learn due to increase in age may lead to lower adjustment in subjects. Accordingly, Zahed has introduced failure to learn in his study as one of the factors influencing social adjustment of individuals in a negative direction [28].

Regarding gender in the present study, results showed that social adjustment of adolescent boys is more than that of girls. However, Ahankoob did not find any statistically significant difference among these two gender groups. These contrary results can be explained in this way that the studied population in Ahankoob's research was limited to primary school students, while the present

research has been performed on adolescents [29]. Azin also found no significant difference between social adjustment of boys and that of girls [30]. As a supporting source, being married can also increase the patients' social adjustment. Like physical, emotional and intellectual development, social adjustment is a continuous quantity acquired during the life and facing the experiences and gradually develops toward perfection [28]. Thus, becoming older and marriage in both genders can play important and effective roles in promoting the social adjustment.

Among limitations of the present study was measuring adjustment level of adolescents without considering their disease types. Given that physical and mental difficulties can influence adjustment, it is recommended that future studies measure the level of social adjustment in adolescents considering their disease types (chronic or acute). As chronic diseases have higher disease load than short period diseases which are completely cured after operation, adjustment levels and even effective factors vary for them. In addition, it is suggested that the role of variables like economic and social status are measured as well.

CONCLUSION

Given the average level of adjustment of adolescents and significance of the relationship between factors like age, educational stage, gender and spiritual well-being and social adjustment of adolescents, it is recommended that adjustment level of all adolescent patients hospitalized in hospitals is measured and psychological consultation is considered for those patients with lower adjustment in order to make these adolescents more strong against social difficulties. In this regard, the role of nurses as supporters of the patients and the role of clinical psychologists in diagnosis and treatment of mental-psychological difficulties of adolescents is considered very important. Therefore, it is required that hospital managers, doctors and nurses pay special attention to these factors and specifically care about the patients with lower adjustment (adolescents in younger ages, girls, etc.) and spend more time for communication with and taking care of them.

ACKNOWLEDGEMENT

This paper has been performed with introduction letter No. 1197 bestowed by Islamic Azad University of Arak. Hereby, the authors show their sincere appreciation toward all participants in this research and managers and personnel of the hospitals in Arak.

REFERENCES

1. Saghi, M. and A. Rajai, 2009. Relation between adolescent perception families with adjustment. Thought and Behavior in Clinical Psychology, 10: 71-82.
2. Rigby, K., 2007. Consequences of Bullying. Bullying in Schools: And What to Do about It. :48.
3. Graham, S., A. Bellmore and J. Juvonen, 2003. Peer victimization in middle school: When self-and peer views diverge Journal of Applied School Psychology, 19(2): 117-37.
4. Lev-Wiesel, R., O. Nuttman-Shwartz and R. Sternberg, 2006. Peer rejection during adolescence: Psychological long-term effects-A brief report. Journal of Loss and Trauma, 11(2): 131-42.
5. Arjmandi rad, S. and H. Delgoshad, 2013. The effects of maternal positive parenting group education on improving social adjustment of children with conduct disorder. 6th International Congress of Child and Adolescent Psychiatry; Tabriz University of Medical Scinces.
6. Sharifi, P., 2005. Primary study of Gardner multiple theory in the base of educational subjects and students adjustment. Journal of Educational Introduction, 11: 1129.
7. Ahangar, R., K. Parvan, F.A. Hosseini, F. Abdollahzadeh, E. Seyedrasooli and M. Ghojazadeh, 2009. Stressors and coping methods of patients on hemodialysis in Tabriz Imam Reza teaching hospital in Razi Journal of Medical Sciences. [Research]. 20(111): 1-11.
8. Kawagoe, J., L.C. Chaves Fonseca FLA, R. Filipini, M. de Toledo Blake and S. de Oliveira Camillo, 2012. The Difficulties of Social Adaptation of Patients with HIV/AIDS., 2011. Revista Brasileira de Crescimento e Desenvolvimento Humano., 22(1).
9. Jafarimanesh, H., 2011. Comparison of doctors, nurses and patients perspective about the nursing advocacy role in hospitals affiliated to Shahid Beheshti University of Medical Sciences and Health Service in 2011 [Dissertation]. Tehran: Shahid Beheshti University of Medical Sciences,
10. Hellwig, S.D., M. Yam and M. DiGiulio, 2003. Nurse case managers' perceptions of advocacy: A phenomenological inquiry. Professional Case Management. 8(2): 53-63.
11. Safavi, M., S.M. Mousavi Lotfi and R. Lotfi, 2010. Correlation between Emotional Intelligence and Socio-emotional Adjustment in Pre-university Girl Students in Tehran in 2008. Pajoohandeh Journal. [Original], 14(5): 255-61.

12. Dildar, S., S. Bashir, Shoaib, M. Sultan, T. and Y. Saeed, 2012. Chains Do Not Hold a Marriage Together: Emotional Intelligence and Marital Adjustment (A Case of Gujrat District, Pakistan). Middle-East Journal of Scientific Research, 11(7): 982-987.
13. Pistorio, M., M. Veroux, D. Corona, N. Sinagra, A. Giaquinta, D. Zerbo, Giacchi, F. Gagliano, M. Tallarita, T. Veroux, P. and C. De Pasquale., 2013:Editors. The study of personality in renal transplant patients: possible predictor of an adequate social adaptation? Transplantation proceedings; Elsevier.
14. Omidvari, S., 2010. Spiritual health, its nature and the instruments used. In: Abstracts of the10th Consecutive Annual Meeting of the Iranian Psychiatric Association. Iranian Journal of Psychiatry and Clinical Psychology. [Original Research], 16(3): 267-397.
15. Allahbakhshian, M., M. Jaffarpour, S. Parvizy and H. Haghani, 2010. A Survey on relationship between spiritual wellbeing and quality of life in multiple sclerosis patients. Zahedan Journal of Research in Medical Sciences. [Research]., 12(3): 29-33.
16. Craven, R.F., C.J. Hirnle and S. Jensen, 2003. Fundamentals of nursing: Human health and function: Lippincott Williams and Wilkins.
17. Hebe, M.S., H. El-Shair and M.I. Gehan, 2013. Assessment of Violence among Primary School: Children at Cairo Governorate. Middle-East Journal of Scientific Research, 16(2): 179-190.
18. Boivin, M.J., A.L. Kirby, L.K. Underwood and H. Silva, 1999. Spiritual well-being scale. Measures of Religiosity, 382-5.
19. Mazhar, H.B., Q.K. Mahmood, F. and M.B, Akram, 2014. The Assessment of the Role of Probation Officers in Social Rehabilitation of Low Risk Offenders in Lahore-Pakistan. Middle-East Journal of Scientific Research, 21(10): 1764-1770.
20. Rezaei, M., N. Seyedfatemi and F. Hosseini, 2009. Spiritual Well-being in Cancer Patients who Undergo Chemotherapy. Hayat. [Research], 14(4): 33-9.
21. Ashktorab, T., S. Pashaeypoor, M. Rassouli and H Alavi-Majd, 2013. The Effectiveness of Evidence Based Practice Education in Nursing Students Based on Rogers's Diffusion of Innovation Model. Middle-East Journal of Scientific Research, 16(5): 684-691.
22. Memon, G.R., M.F. Joubish and M.A. Khurram, 2010. Impact of Parental Socio-Economic Status on Students' Educational Achievements at Secondary Schools of District Malir, Karachi Middle-East Journal of Scientific Research, 6(6): 678-687.
23. Karami, A., 1998. Normalization of adjustment inventory for high school students. Tehran: Sina Psychological Institute Publication.
24. Janbozorgi, M., 1999. Psychologists study the effectiveness of short-term "avoidance training" with and without religious orientation to deal with anxiety and stress. Tehran: Tarbiat Modares University.
25. Livneh, H., S. Lott and R. Antonak, 2004. Patterns of psychosocial adaptation to chronic illness and disability: a cluster analytic approach. Psychology, Health & Medicine, 9(4): 411-30.
26. Baljani, E., J. Khashabi, E /Amanpour and N.Azimi,2011.Relationship between Spiritual Well-being, Religion and Hope among Patients with Cancer. Hayat. [Research]. 17(3): 27-37.
27. Logan, S.M., M. Pelletier-Hibbert and M. Hodgins, 2006. Stressors and coping of in-hospital haemodialysis patients aged 65 years and over. Journal of Advanced Nursing, 56(4): 382-91.
28. Zahed, A., S. Rajabi and M. Omidi, 2012. A comparison of social, emotional and educational adjustment and self-regulated learning in students with and without learning disabilities. Journal of Learning Disabilities, 1(2): 43-62.
29. Ahankob Nejad, M., H. Shokrkon and M. Shahni Yeilagh, 1995. Comparative social and emotional adjustment of elementary school students in Ahwaz. Journal of Educational Science martyr Chamran University, 1(2): 70-89.
30. Azin, A. and S. Mosavi, 2009. Evaluation of the role of school determinants on social adjustment of Fereidoonshahr city high school students. 2. [Research]. 2011; 22(1): 183-200.