Comparing the effectiveness of schema therapy and acceptance and commitment therapy on Sexual Satisfaction and Resilienc of married nurses

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Abstract

Background and Purpose: Among the people working in medical centers, married nurses suffer the most work pressure, Therefore, conducting psychotherapy interventions in this occupational group can be useful. Therefore, the purpose of this research was to compare the effectiveness of schema therapy and acceptance and commitment therapy on sexual satisfaction and Resilienc of married nurses.

Method: The current research is practical in terms of its purpose and in terms of method, it is a semi-experimental type with a pre-test and post-test design with a control group. The statistical population of this research included all married nurses working in hospitals in Mashhad in 1401, 45 of whom were randomly selected by convenience sampling, one group waiting for treatment and two experimental groups (15 people in each group) randomly replaced. One experimental group of 8 sessions of 90 minutes with schema therapy method and One experimental group of 8 sessions of 90 minutes with acceptance and commitment therapy method were trained, and the waiting group did not receive educational treatment. The groups completed the Larson Sexual Satisfaction Questionnaire and the Connor-Davidson Resilience Questionnaire as a pre-test and post-test. Covariance statistical test was used to analyze the data.

Findings: The results showed that the average scores of sexual satisfaction and resilience in the experimental group of schema therapy and in the experimental group of acceptance and commitment therapy were significantly different (p<0/01) and there was no significant difference in the control group.

Conclusion: The findings of this research acknowledge the importance of the use of schema therapy and acceptance and commitment therapy in increasing and improving sexual satisfaction and resilience of nurses. These two approaches can be used in order to improve the occupational health level of married nurses and provide optimal healthcare services in hospitals.

Keywords: Schema therapy, acceptance and commitment therapy, Sexual Satisfaction, Resilienc, nurses

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Introduction

Nursing is one of the important fields of health and treatment sector, which is directly related to human health. Today, the medical and nursing systems are able to continue to provide their effective services by identifying the factors that weaken and decrease the efficiency and performance of nurses and other service and treatment staff and devise measures to manage them as optimally as possible. (Al Homayun et al., 2013). Health care team members, and especially married nurses, are people who experience high levels of stress in their professional lives (Magnago et al., 2010). In the surveys conducted in the field of occupational stress over the past 30 years, the nursing profession is considered to be the first source of stress due to the insufficient number of nurses and as a result the high pressure of work (Hosseini et al., 2015). If the National Institute of Occupational Health and Safety has determined the nursing profession in the 27th position in terms of the acceptance of professional stress by examining the occupational stress of 130 professions (Rostami et al., 2014). According to the reports of the Nursing System Organization, 75% of nurses suffer from some degree of depression and physical and mental illnesses (Meturipour et al., 2012).

When nurses enter the field of married life, they enter this relationship with special expectations and expectations that they have in their minds beforehand; But when they realize that the reality is something else, they gradually experience some kind of frustration or annoyance and eventually become bored with their marital relationship (Behzadpo, Vakili and Sohrabi, 2015). burnt Marriage is a set of emotional, physical and mental fatigue symptoms that have significant consequences for the lives of nurses. The phenomenon of burnt Marriage is a kind of physical, emotional and psychological exhaustion and exhaustion that is caused by the mismatch between expectations and reality in married life (Babaei et al., 2016). burnt Marriage is gradual and rarely happens suddenly. In fact, love and intimacy gradually turn off and decay. In the worst case, burnt Marriage means the total collapse of marital relations (Majared, 2017). In this regard, various psychological structures are effective in nurses who experience burnt Marriage (Babaei et al., 2016). burnt Marriage is related to different dimensions of health, and in the physical dimension, it is

associated with low general health, weak immune system and cardiovascular problems (Behzadpo, Vakili and Sohrabi, 2015).

One of the changes that is related to the severity of nurses' burnout is resilience, resilience is the ability of a person to maintain mental life in dangerous conditions (Rejiyan and Guderzi, 2015). In fact, resilience is a phenomenon that is a natural adaptive response of a human being and despite facing serious threats, it empowers him to achieve success and overcome threats (Heidrian, Zahrakar and Mohsenzadeh, 2016). Resilience is an important concept in the process of adaptation and adaptation methods in patients to diseases. Resilience is the ability and skill of a person to adapt positively to chronic stress or difficult conditions to a chronic disease. In other words, successful adaptation to challenging conditions in life is called resilience (Habibi et al., 2016). Resilience is the ability to adapt the level of control according to environmental conditions. As a result of this adaptive flexibility, people with a high level of resilience are more likely to experience positive emotions in their lives and have higher self-confidence, and compared to people with a low level of resilience, they have better psychological adaptation (Vertak, 2015).

One of the emotional issues that can lead to conflict in nurses' marital relationships is the type and quality of sexual relationships and, as a result, sexual satisfaction. From a lexical point of view, the word sexual satisfaction refers to a person's pleasant feeling of the type of sexual relations. It should be noted that high levels of sexual satisfaction lead to an increase in the quality of married life, which leads to a decrease in marital instability during life (Miller et al., 2019). Sexual satisfaction as the degree of satisfaction or happiness of each person from sexual intercourse (Miller et al., 2020) is influenced by various factors such as job stress, couple relationship conflicts, level of education and culture, economic problems, moral and sexual orders, problems and the physical and mental illnesses of the parties (Peta, 2017). The complexity of the concept of marital satisfaction and many different influencing factors have created a challenging field. It is difficult to adapt to another person who belongs to another culture and family background; While life cycle changes also add to this complexity. On the other hand, there is also the assumption that the effects that each person brings from their initial environment into their married life may play a role in their satisfaction or lack of satisfaction (Adelkhah et al., 2017).

One of the relatively new interventions in the field of psychological problems as well as family traumas is schema therapy approach. In general, by reviewing studies such as Khoshnoud, Shirkavand, Ashuri and Arab (2015), Kalot and Padilla (2014); Tapia et al. (2018); In addition to social, economic and legal factors, it can be found that in examining family injuries, attention to individual and psychological causes, including sexual satisfaction and resilience, can cause different attitudes in the family environment.

In the intervention of schema therapy, it is tried to create a new therapeutic model by applying the principles and methods of cognitive and behavioral therapy and components from other theories such as attachment, object relations, structuralism and psychoanalysis and their integrated and

coherent integration with each other. to present The goal of treatment is for patients to use more adaptive coping styles instead of maladaptive coping styles so that they can satisfy their basic emotional needs. In this approach, schemas are considered to be structures, frameworks, or patterns of cognitive content, which serve as an underlying cognitive plan that guides information interpretation and problem solving (Rafaeli, Bernstein, Yang, 2014). Schema therapy deals with the deepest level of cognition and targets the initial maladaptive schemas and by using cognitive, experiential (emotional), behavioral and interpersonal strategies, it helps patients to overcome the said schemas. The primary goal of this psychotherapy model is to create psychological awareness and increase conscious control over schemas, and its ultimate goal is to improve schemas and coping styles (Yang et al., 2003 / translated by Hassan Hamidpour and Zahra Indoz, 2011). The results of Hosni's research (2015) showed that the schema therapy method is effective on the marital satisfaction of couples. The results of Taghiyar's research (2015) showed that teaching the schema therapy approach has reduced women's marital frustration. Iraqi (2015) showed in a research that schema therapy increases intimacy, desire and commitment as well as the overall love score. Also, schema therapy has increased marital satisfaction. Calot et al. (2013), in a research, showed that the initial incompatible schemas according to the cognitive hierarchical models of social isolation affected the levels of layers of thoughts and reciprocally these levels of thoughts play a role in the continuity of schemas. Dmitrescu and Russo (2012) showed that the levels of early maladaptive schemas were able to predict the levels of marital satisfaction. In their findings, researchers have shown the effectiveness of schema therapy in increasing the quality and satisfaction of life and improving initial maladaptive schemas (Morrison, 2000; Jillian, Philip, Mahli, and Scales, 2003; Haffert, Worsland, and Sexton, 2002; Giessenblow et al., 2006). Confirmed.

One of the treatments that is widely used today is acceptance and commitment therapy, ACT is one of the treatments of the third wave of behavioral therapy introduced by Hayes and colleagues in the 1980s. ACT is based on the philosophical theory of functional contextualism and derived from a clinical program called the communication framework theory, which discusses the development of human thinking and cognition (Fang, 2015). In this treatment, it is assumed that people find many of their feelings, emotions or inner thoughts annoying and constantly try to change or get rid of these inner experiences. These attempts to control are not ineffective and paradoxically cause the intensification of feelings, emotions and thoughts that the person initially tried to avoid (Hayes, Masuda, Pist, Loma, Guerrero, 2004). According to this theory, trying to avoid or control the type or frequency of internal events is associated with increased distress, while accepting and wanting to have internal experiences is associated with psychological well-being (Hayes & Pistorello, Levine, 2012). Instead of changing cognitions and challenging them, the act tries to increase a person's psychological connection with his thoughts and feelings, that is, instead of being abnormal, painful thoughts and feelings are considered rich experiences of a meaningful life (Roditi and Robinson, 2011). This therapy takes its name from its core message, accept what is outside of your personal control and commit to action that enriches your life. Act has six central

processes that lead to psychological flexibility. Psychological flexibility means the ability to choose an action that is more suitable among different options and not to perform an action that is only to avoid disturbing thoughts, feelings, memories or desires (Hayes and Pistorello, Levine, 2012). These six processes are acceptance, disassociation (separation from thoughts), self as context, connection with the present, specification of values, and commitment to perform valuable behaviors (Hayes, Vilat, Pistorello, 2013). The effectiveness of therapy based on acceptance and commitment on sexual satisfaction and resilience of nurses has been investigated and confirmed by some researchers, including Khanjani, Dinavi, Asmari and Rajabi (2018).

Based on this, according to the studies conducted and the theories presented in this research, the effectiveness of schema therapy and acceptance and commitment therapy on sexual satisfaction and resilience of married nurses was noticed, so the researcher is looking for an answer to the question whether there is a difference between the effectiveness of schema therapy Is there a difference between acceptance and commitment therapy on sexual satisfaction and resilience of married nurses?

Method

The current research is practical in terms of its purpose and in terms of method, it is a semi-experimental type with a pre-test and post-test design with a control group. The statistical population of this research included all married nurses working in hospitals in Mashhad in 1401, 45 of whom were randomly selected by convenience sampling, one group waiting for treatment and two experimental groups (15 people in each group) randomly replaced. One experimental group of 8 sessions of 90 minutes with schema therapy method and One experimental group of 8 sessions of 90 minutes with acceptance and commitment therapy method were trained, and the waiting group did not receive educational treatment. The groups completed the Larson Sexual Satisfaction Questionnaire and the Connor-Davidson Resilience Questionnaire as a pre-test and post-test. Covariance statistical test was used to analyze the data.

Research tool

Larson Sexual Satisfaction Questionnaire

The sexual satisfaction questionnaire was created by Larson, Anderson, Holman and Nieman, 1998 and has 25 items (12 positive items: 1, 2, 3, 10, 12, 13, 16, 17, 19, 21, 22 and 23) and (13 negative articles: 4, 5, 7, 8, 9, 11, 14, 15, 18, 20, 24 and 25). The items of this questionnaire are scored based on a 5-point Likert scale (never = 1, rarely = 2, sometimes = 3, most of the time = 4, and always = 5), the minimum and maximum score of this questionnaire is 25 and 125, respectively. Bahrami, Yaqoubzadeh, Sharifnia, Soleimani, and Haqdoost (2016) reported the Cronbach's alpha reliability coefficient of this tool to be 0.74: four factors: willingness to have sexual relations, sexual attitude, quality of sexual life, and sexual adaptation; Hudson, Harrison

and Kruscup (2015) Cronbach's alpha reliability coefficients of 0.91 and retest 0.93; And Rezaian, Masoumi and Hosseinian (2017) reported Cronbach's alpha reliability coefficient of 0.90.

Connor and Davidson resilience questionnaire

Resilience questionnaire was prepared by Connor and Davidson (2003) to measure the ability to deal with pressure and threat, which was adapted by Mohammadi (2004) for use in Iran. This questionnaire has 15 five-choice items whose options It has been graded from 0 to 4. In this way, the completely incorrect option has a score of 0, the option is rarely correct, the score is 1, the option is sometimes correct, the score is 2, the option is often correct, the score is 3, and the option is Always correct, a score of 4 is given, and the sum of the scores of the 26 items constitutes the total score of the scale. A preliminary study on the psychometric properties of this scale in the normal population and patients showed that this instrument has internal consistency, retest reliability, convergent validity and The results of exploratory factor analysis showed that this scale is a multi-dimensional tool and the existence of five factors of competence/personal strength, trust in personal instincts/tolerance of negative emotions, positive acceptance of change/safe relationships, control and spirituality for this scale. has confirmed (Connor and Davidson, 2003). In the research conducted by Samani, Jokar and Sahragerd (18), the reliability of this scale with the help of the coefficient Cronbach's alpha is equal to 0.78. Using Cronbach's alpha coefficient, Mohammadi found the reliability coefficient of the scale to be 0.89 and the validity of the scale by the correlation method of each item with the total score of the coefficients category between 0.41 and 0.64. Validity by factor analysis was equal to 0.87. In addition to the initial standardization, the reliability of the resilience questionnaire was re-standardized by Kordmirza (20). Researcher Kordmirza (20) in his research reported the alpha coefficient of the whole test equal to 0.90. The reliability of the resilience questionnaire was investigated by Cronbach's alpha and the reliability coefficient was reported as 0.91. In the present study, the Cronbach's alpha coefficient of the research variables was as follows: in resilience (0.89), for emotion-oriented coping strategies (0.78) and problem-oriented coping strategies (0.69), responsible life (0.70). , pleasant life (0.74), meaningful life (0.73) and overall happiness alpha coefficient was 0.89.

Summary of schema therapy sessions

In the first session, after getting to know each other and establishing a good relationship, the importance and goal of schema therapy was formulated to express the client's problems in the form of schema therapy approach. In the second session, the objective evidence confirming and rejecting the schemas was examined based on the current and past life evidence, and there was a discussion about the aspect of the existing schema with a healthy schema. In the third session, cognitive techniques such as the schema validity test, a new definition of evidence confirming the existing schema, and the evaluation of the advantages and disadvantages of coping styles were taught. In the fourth session, the concept of a healthy adult was strengthened in the patient's mind, their unsatisfied emotional needs were identified, and strategies to release blocked emotions were taught.

In the fifth session, healthy communication and imaginary conversation were taught. In the sixth session, experimental techniques such as mental imaging of problematic situations and confronting the most problematic ones were taught. In the seventh session, relationship therapy, relationship with important people in life and practicing healthy behaviors were taught through playing roles and doing tasks related to new behavioral patterns, and in the eighth session, the advantages and disadvantages of healthy and unhealthy behaviors were examined and solutions to overcome Barriers to behavior change were taught.

Summary of acceptance and commitment therapy sessions

Session 1: welcoming and introducing the group members to the therapist and to each other; Expressing people's feelings before coming to the meeting, the reason for coming to this meeting and what they expect from the treatment meetings; expressing previous similar experiences; Stating the rules that must be observed in the group, including: coming on time - not being absent (punctuality in doing homework, etc.); stating the principle of confidentiality and mutual respect among group members; stating the subject of the research and its goals, and stating that on The goals should be thought about; general presentation of educational materials about commitment and acceptance and the results of the pre-test implementation. Session 2: Explaining and stating the principle why the need for psychological interventions is felt? Creating hope and expectation of treatment in reducing these pressures; stating the principle of acceptance and Recognizing feelings and thoughts about problems, giving awareness in this field to accept thoughts as thoughts, feelings as feelings and memories as memories only; presentation of homework in the field of self-acceptance and feelings caused by illness. Session 3: Examining homework The previous session: talking about the feelings and thoughts of the members of the teaching group, so that the members accept them without judging whether their thoughts and feelings are good or bad; teaching and recognizing emotions and their difference from thoughts and feelings, presenting the task of how much self And how much do we accept our feelings and others' feelings? Session 4: Examining assignments, presenting mindfulness techniques and focusing on breathing; Presenting the technique of being in the moment and stopping thinking; Re-emphasizing the principle of acceptance in recognizing feelings and thoughts, emphasizing recognizing feelings and thoughts with a different perspective, assignments: annoying life events) to look at it in a different way and not see addiction as the end of the work and think of it only as a disease. More. Session 5: Examining assignments; Educating and creating awareness about the difference between acceptance and submission and the awareness to accept what we cannot change; Recognizing the issue of judgment and encouraging members not to judge their feelings; Presenting this technique to be aware of the existence of their feelings by being aware at every moment, just witnessing them but not judging them; Provide mindfulness homework along with non-judgmental acceptance. Session 6: self-presentation and a short survey of the educational process, asking the group members to express their feelings and emotions regarding the assignments of the previous session, teaching and presenting the principle of commitment and its necessity in the process of education

and treatment: (Education of commitment to action means next from choosing the valuable and right path regarding reaching peace or accepting any event in life, let's act on it and commit ourselves to doing it); Providing selective attention technique for more relaxation regarding the influx of negative spontaneous thoughts; New mindfulness practice along with body scan. Session 7: providing feedback and looking for unresolved issues in group members; Identifying behavioral plans regarding accepted matters and creating a commitment to act on them, creating the ability to choose action among different options; In a way that is more convenient, not more practical. Session 8: Examining the assignments, summarizing the contents; Obtaining commitment from members.

Analysis of data

In this research, the raw data of the questionnaires were analyzed using SPSS software after being collected at two descriptive and inferential levels. First, at the descriptive level, the descriptive indices of the variables such as mean, standard deviation of the research were calculated, and then at the inferential stage, the research hypotheses were examined with multivariate and univariate covariance analysis tests.

findings

The mean and standard deviation of the variables of sexual satisfaction and resilience of married nurses in the two groups of schema therapy training and therapy based on acceptance and commitment and the control group, separately for pre-test and post-test, are shown in table (1).

Table (1): mean and standard deviation of variables of sexual satisfaction and resilience of married nurses

Variable	group	Average		Standard deviation	
		pre-exam	post-test	pre-exam	post-test
Sexual Satisfaction	ACT	74/90	86/95	9/36	6/78
	schema therapy	75/21	87/35	9/45	7/18
	Control	73/29	75/47	9/48	9/12
Resilienc	ACT	68/05	100/85	14/43	16/01
	schema therapy	65/60	85/96	12/65	13/86
	Control	67/68	68/66	14/12	14/87

As can be seen in Table 1, there have been changes in the pre-test and post-test scores in the variables of sexual satisfaction and resilience of married nurses in both groups of schema therapy and therapy based on acceptance and commitment. In schema therapy and therapy based on acceptance and commitment, the average and standard deviation of sexual satisfaction and resilience scores in the post-test compared to the pre-test increased significantly.

Table (2): Comparison of post-test - pre-test scores of sexual satisfaction and resilience in three groups of schema therapy and therapy based on acceptance and commitment and control

Source	Dependent variable	SS	DF	MS	F	P
group	Sexual Satisfaction	2824/48	2	1412/24	285/70	0/001
Error	Resilienc	9540/83	2	4770/415	104/50	0/001
Total	Sexual Satisfaction	1526/44	42	36/343		
group	Resilienc	6797/52	42	161/84		
Error	Sexual Satisfaction	8806/35	45			
Total	Resilienc	13225/22	45			

According to the results of Table 2, after adjusting the pre-test scores, the difference between the groups is significant at the alpha level of 0.001; Therefore, the research hypothesis based on the effectiveness of schema therapy and acceptance and commitment therapy on sexual satisfaction and resilience of married nurses and the difference between groups in the post-test is confirmed. Tukey's post hoc test was used to accurately check the mean of the groups. According to the results of Tukey's test, the average difference between the pre-test and post-test scores of sexual satisfaction in the schema therapy group was lower than the control group, and the average difference between the scores of the treatment group based on acceptance and commitment was lower than the control group ($p> 0.001$). In other words, schema therapy group and therapy based on acceptance and commitment have been more effective on sexual satisfaction than the control group. However, there was no significant difference between the average pre-test and post-test scores of the schema therapy group and the therapy based on acceptance and commitment. Also, based on the results of Tukey's post hoc test, it can be said that there is no significant difference between the

effectiveness of schema therapy and therapy based on acceptance and commitment in increasing resilience.

Discussion

The purpose of this research was to compare the effectiveness of schema therapy and acceptance and commitment therapy on sexual satisfaction and resilience of married nurses. The results showed that the average scores of sexual satisfaction and resilience in the experimental group of schema therapy and in the experimental group of acceptance and commitment therapy had a significant difference ($p<0.01$) and there was no significant difference in the control group. The findings of this research with the researches of Mohammadi, Sepehari Shamlou and Asghari Ebrahim Abad (2018); Sangani and Dasht Gargi (2017); Yousefi (2012), Shakhemgar (2016); Aghaei, Hatamipour and Ashuri (2017); Panahifar, Yousefi and Armani (2014); Dikhat and Arntz (2012) and Khanjani, Dinavi, Asmari and Rajabi (2018) are aligned. The results of the findings show that schema therapy causes changes in cognitive and experimental, emotional and behavioral fields. This approach has been effective by challenging incompatible schemas and ineffective responses and replacing them with appropriate and healthier thoughts and responses. By improving some basic and destructive components such as emotions and negative thoughts, schema therapy seems to be able to improve psychological health in general and thus mental health in people. Schema therapy techniques help the patient to improve schemas by emotional reorganization, self-evaluation of new learning, interpersonal emotion regulation, and self-relaxation. These schemas operate at the deepest level of cognition, usually outside the level of awareness (Titoff et al., 2015). In further explanation of these findings, it can be said that the schema therapy approach is an approach consisting of cognitive, behavioral, interpersonal, attachment and experimental approaches in the form of an integrated therapeutic model that uses four main cognitive, behavioral, relational and experimental techniques in people in addition to the following Questioning incompatible schemas, which is the main cause of the formation of ineffective and irrational thoughts, emotionally drains buried negative emotions and emotions, such as anger caused by not satisfying the needs of spontaneity and secure attachment to others in childhood, which can lead to peace and reduce anxiety. Low negative rumination results in fewer experiences of physical arousal, which can be a beneficial determinant of health. In fact, the ability of schema therapy is to break behavioral patterns and this strategy helps clients to plan and implement behavioral tasks to replace compatible behavioral patterns instead of maladaptive and ineffective coping responses, which can improve motivation. improve social and communication skills, which also reduces the feeling of social and psychological loneliness. In the process of schema therapy, a person learns how to choose the people around him and how to express his needs in the best way, then other people will respond to their emotions in a correct way, as a result of all these paths leads to a decrease in the feeling of loneliness rather than increasing social relations in terms of the density of people. Therefore, it can be said that by having an efficient model based on the basic schemas of the caste divorce rate, the effectiveness of treatment and intervention in marital disputes has

increased and the risk of divorce, which unfortunately is increasing today, has been reduced, when couples from The primary incompatible negative schemas are informed, their insight increases and they become more predictable for each other, and they may also perceive different, conflicting and ultimately minimize marital discord.

In explaining the effect of acceptance and commitment therapy on sexual satisfaction and resilience, it should be mentioned that acceptance and commitment therapy has strategies that can affect various dimensions of human life and give a new direction to his life. For example, two important aspects of treatment are acceptance and commitment to contact with the present and oneself as a background, which increases the individual's self-awareness and current needs, and this awareness helps the continuation of self-care behaviors in patients. The more a person pays attention to himself in the present time and is more in touch with himself, the more accurate he will be in assessing his physical condition and needs in the present time. Self-care is associated with improved physical condition (White and Miller, 2007). On the other hand, examining, evaluating and selecting values are among the important parts of acceptance and commitment therapy. In this approach, a person is encouraged to find a direction for his life by finding values that come from the depth of his being, not just from social standards or others, and by resorting to these values, he gets the necessary motivation to act. Also, setting goals in line with these values and committing to move towards them will give a person a sense of meaning in life. This search for meaning is related to increasing the level of hope (Hedayati and Khazaei, 2014) and hope is also related to quality of life and resilience (Stevens and Makaran, 2018; Sheikhul-Islami and Ramezani, 2018; Madhi and Najafi, 2017) and It has a significant correlation with all aspects of patients' quality of life (Yadav, 2010).

Limitations: due to the corona situation, the opportunity to examine the long-term effects of the research was not provided. Among other limitations were the small number of subjects and their evaluation tools. Therefore, it is better to be cautious in generalizing the results.

Conflict of interest: The authors hereby declare that this work is the result of an independent research and does not have any conflict of interest with other organizations and persons.

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References

1. Addlakha R, Price J, Heidari S. Disability and sexuality: claiming sexual and reproductive rights. Reprod Health Matters. 2017;25(50):4-9. doi:10.1080/09688080.201 7.1336375 pmid: 28784058.
2. Al-Homayan AM, Shamsudin FM, Subramaniam C, Islam R. Effects of job stress and organizational support on the relationship between job demand resources and nurses' job performance in Saudi public hospitals. Aust JBasic & Appl Sci. 2013; 7(10): 7-19.

3. Alireza Sangani, zahra Dasht Bozorgi , (2018). The Effectiveness of Schema Therapy on General Health, Ruminating and Social Loneliness of Divorce Women, Journal of Psychological Achievements, 25(2), 201- 216.
4. Babaei GR, Nazary A, Mosenzadeh F. Comparison of psychological well-being and marital burnout and their dimensions among employed and unemployed woman. [Persian]. J Women Soc. 2016;7(25):163-80.
5. Behzadpoor S, Vakili M, Sohrabi F. The Effect of resilience training on increasing psychological well-being of infertile women. [Persian]. Sci J Ilam Univ Med Sci. 2015;23(5):131-42.
6. Ditommaso, E., Brannen, C., & Best, L. A. (2004). Measurement and validity characteristics of the short version of the social and emotional loneliness scale for adults. Educational and Psychological Measurement, 64 (1), 99- 119.
7. Habibi M, Salmani K, Amani O, Rafezi Z, Mahani SSN. The comparison of spiritual experience and resilience between women with breast cancer and healthy women. J Res Behav Sci. 2016;14(1):50-5.
8. Hayes SC, Strosahl KD. A Practical Guide to Acceptance and Commitment Therapy. Springer Science & Business Media; 2014.
9. Heydarian A, Zahrakar K, Mohsenzadeh F. The effectiveness of mindfulness training on resilience and reduced rumination in female patients breast cancer: A randomized trial. Iran Breast Cancer J. 2016;9(2):52-9.
10. Hosseini Z, Aghamollai T, Moeini B, Hazavehei SMM, Moghimbeigi A. The effect of health education program on female nursses stress. J Health Syst Res. 2015; 11(1):43-52. (Persian).
11. Khaanjani.S., Donyavi.V., Asmari.Y. , Rajabi.M, The effectiveness of group training Acceptance and Commitment therapy on Moral Distress and Resiliency in Nurses, Nurse and Physician Within War, 2017; 5(16): 50-58.
12. Khoshnood, G. A., Shirkavand, N., Ashoori, J., & Arab, S. Z. (2015).Effect of Schema Therapy of on the Happiness and Mental Health of pationts with TYPE II Diabets. Journal of Diabetes Nursing, 3 (1), 8-18. [Persian].
13. Matourypour P, Ghaedi Heydari F, Bagheri I, Mmarian R. The effect of progressive muscle relaxation on the occupational stress of nurses in critical care units. Hakim Jorjani J. 2012; (1): 9-15. (Persian).
14. Miller AM, Kismodi E, Cottingham J, Gruskin S. Sexual rights as human rights: a guide to authoritative sources and principles for applying human rights to sexuality and sexual health. Reprod Health Matters. 2020;23(46):16- 30. doi: 10.1016/j.rhm.2015.11.007 pmid: 26718993.
15. Mojarrad A. Comparison of the effectiveness of Boweni's systemic counseling and the solution-based approach to reducing the risk of divorce, disturbance and marital

incompatibility in maladaptive women. Master's thesis. [Persian]: Mohaghegh Ardabili University; 2017.
16. Panahifar, S. Yousefi, N., & Amani, A. (2014). The Effectiveness of Schema-Based Couple Therapy on Early Maladaptive Schemata Adjustment and the Increase of Divorce Applicants Adaptability. Kuwait Chapter of the Arabian Journal of Business and Management Review, 3 (9)، 339.[Persian].
17. Peta C. Disability is not asexuality: the childbearing experiences and aspirations of women with disability in Zimbabwe. Reprod Health Matters. 2017;25(50):10-9. doi:10.1080/09688080.2017.1331684 pmid: 28784066.
18. Rahim Aghaei، F. ، Hatamipour، K. ،& Ashoori، J. (2017). The Effect of Group Schema Therapy on Depression Symptoms and Nurses' Quality of Life. Nursing Education Journal. 6 (3)، 17-22.[Persian]
19. Rajeyan M, Godarzi N. Relationship between social support and resilience among patients with cancer. J Soc Work Res. 2015;1(3):37-74.
20. Rostami H, Rahmani A. Correlation between nurses' occupational stress and professional communications between nurses and physicians. J Edu and Ethics in Nur. 2014; 3(3):31-38. (Persian).
21. Shokhmgar, Z. (2016). Effectiveness of Schema Therapy on reducing mental health problems due to crossover relationships in couples. Nasim Health, 5,1 (17)و 1-7.[Persian].
22. Tapia, G., Perez-Dandieu, B., Lenoir, H., Othily, E., Gray, M., & Delile, J.M. (2018). Treating addiction with schema therapy and EMDR in women with co-occurring SUD and PTSD: A pilot study. Journal of Substance Use, 23 (2), 199-205.
23. Vartak J. The Role of Hope and Social Support on Resilience in Cancer patients. India J Mental Health. 2015;2(1):35- 42. doi:10.30877/IJMH.2.1.2015.35-42.
24. Young JE، Klosko JS، Weishaar ME. Schema Therapy: A practioner Guide. 1sted. New York: Guilford press; 2003.14. Young، J. E. ،&Brown، G. Young Schema Questionnaire: Special Edition. New York: Schema Therapy Institute. 2001.