Effect of Psychoeducational Training Program on Coping Skills, Spiritual Well-being, and Levels of Anxiety among Patients with Generalized Anxiety Disorder

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ABSTRACT

Context: Generalized anxiety disorder is one of the most common mental disorders that produce fear, worry, and a constant feeling of being overwhelmed. Spiritual well-being is a positive psychological factor linked to lower anxiety levels in GAD patients. One of the most important elements of having GAD is learning how to cope with persistent anxiety and physical symptoms.

Aim: Evaluate the effect of the psychoeducational training Program on coping skills, spiritual well-being, and anxiety levels among patients with Generalized Anxiety Disorder.

Methods: A quasi-experimental (pre/post-test) design was used. This study was carried out at the General Psychiatric Clinic of El Abbassia Psychiatric and Mental Health Hospital. The study involved 80 patients with generalized anxiety disorder. Data was collected over six months utilizing four tools. They were used for data collection: A Structured Interview questionnaire, a Coping Strategies Questionnaire, a Spiritual Well-being Scale, and a Beck Anxiety Scale.

Results: The present study shows that more than half of patients with generalized anxiety disorder under study were in the age of <30 years (57.5%) with a mean age of 24.5±8.33. While 28 % had satisfactory pre-program coping, this percentage increased to 52% post-program implementation. On the other hand, 63.7% of patients with generalized anxiety disorder understudy had low levels of spiritual well-being that decreased to 9% post-program. Also, more than half of 59% of patients had severe anxiety levels at pre-program; this percentage decreased to 21% post-program implementation with a statistically significant difference between coping skills, spiritual well-being, and anxiety level pre- and post-psychoeducational training. In addition, there was a highly statistically significant correlation between the total score of spiritual well-being, coping, and their total anxiety score during the pre/post-program implementation phase ($P \leq 0.001$).

***Conclusion*:** Psychoeducational training Program has a significant positive effect on improving coping skills, spiritual well-being, and levels of anxiety among patients with generalized anxiety disorder. Application of a psychoeducational nursing intervention can help patients with generalized anxiety disorder better understand the advantages of various spiritual pursuits and how to improve their spiritual well-being and coping skills.

Keywords: Psychoeducational training Program, coping skills, spiritual well-being, generalized anxiety disorder

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1. Introduction

One of the most prevalent mental disorders that causes concern, panic, and a sense of being overpowered is generalized anxiety disorder (GAD). The hallmarks of generalized anxiety disorder include persistent, excessive, and irrational worry over routine events. The multiple facets of this anxiety include family, finances, health, and the future. It is excessive, challenging to manage, and frequently accompanied by vague psychological and physical symptoms. Worrying excessively is the main symptom of GAD *(Scheeringa & Burns, 2018).*

In 2019, there were 301 million people with anxiety disorder, including 58 million children and adolescents. In other words, 1 in 8 people, or 970 million people worldwide, had a mental disorder, and anxiety was the most common of those disorders. The year 2020 witnessed a significant increase in the number of people suffering from anxiety disorders due to the COVID-19 pandemic, as preliminary estimates showed an increase in anxiety disorders by 26% in just one year *(WHO, 2020).* For a global population, the lifetime prevalence is between 5 and 25 percent *(Stein et al., 2017).*

One of the most important elements of having GAD is learning how to cope with persistent anxiety and physical symptoms. Coping has been defined as a response aimed at diminishing the physical, emotional, and psychological effects of stressful life events and daily difficulties *(Leonard & Abramovitch, 2019).*

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It is widely accepted that coping is an ongoing adaptation process. People can discriminate between coping and pre-made adaptation mechanisms like reflexes. Coping refers to changing cognitive, behavioral, and emotional efforts to manage external and internal demands considered stressful or surpassing people's resources *(Stanisławski, 2019).*

In essence, coping strategies are divided into problem-focused and emotion-focused. An emotion-focused strategy emphasizes how GAD sufferers attempt to act and think through their emotions. When patients employ a problem-focused strategy, they think they can change the scenario caused by their disorder or affect their resources to manage the situation. This strategy is important to maintain quality of life *(Pozzi et al., 2019).*

Coping strategies that are both problem- and emotion-focused can be practiced simultaneously or alternatively. Therefore, it is challenging to distinguish between them through the coping process. Adaptation or maladaptation is an outcome of the coping process. Greater emotion-oriented coping in patients with high anxiety levels may contribute to vulnerability to anxiety and be a strong predictor of anxiety symptoms *(Amjad & Bokharey., 2014).*

Spirituality is "a subjective belief system that incorporates self–awareness and reference to a transcendence dimension, provides meaning and purpose in life, and feelings of connectedness with God or the larger reality. Religion and spirituality are traditional coping methods that promote an internal locus of control in anxious situations. Religious and spiritual activities help to reframe stressful events in a way that motivates the individual intrinsically to deal with life stressors *(Bożek et al., 2020)*

Spiritual well-being (SWB) is a positive psychological factor linked to diminished anxiety in GAD patients. In addition to other aspects of spirituality, such as a sense of life's purpose or meaning, dependence on one's resources, and a sense of self-fulfillment or district-wide coherence of views and values, spirituality frequently involves a sense of transcendence. As a result, spirituality can mean various things to different people. It is directly related to spirituality and can serve as an invaluable companion. Similarly, SWB is not the same as physical and mental health, but it is probably related to these two factors *(Feng et al., 2021).*

Spiritual well-being is one of the defining cornerstones of human health, which reflects the three dimensions of emotion, behavior, and appropriate knowledge of one's relationship with oneself, others, nature, and a higher being. It creates conditions for one's development that extend beyond the physical world *(Afrashteh & Bitarfan, 2021).*

In other words, there is a critical difference between psychological and spiritual well-being because, in SWB, a person has the potential to unite with the entire universe. This union may aid the person in discovering their life's purpose. It gives one's life purpose and eventually results in self-awareness and self-compassion, which has an influence on his or her mental and psychological well-being and diminishes their levels of stress, worry, depression, and anxiety. *(Whitehead et al., 2021).*

2. Significance of the study

Anxiety is one of the most common problems people nowadays deal with. Life moves at such a fast pace and rapid changes that someone without anxiety is usually the exception rather than the norm. People experience anxiety to varying degrees; they experience feeling tense and uneasy all the time *(Khansa et al., 2020).* Controlling worry and anxiety is difficult for patients with anxiety disorders. *(Stein et al., 2017).*

In modern society, anxiety is fairly common and affects almost everyone at some time. People employ various coping mechanisms to manage their anxiety. Certain scholars contend that faith may help people in managing or reducing anxiety. A person's spiritual commitment and relationship with a Higher Power may help them experience courage, hope, joy, serenity, comfort, purpose, and forgiveness, all of which may help them feel less anxious *(Leonard & Abramovitch, 2019).*

The psychoeducational training program may help the patient with GAD to enhance coping skills and spiritual well-being by providing the patient with information related to such disorders and treatment. Ensuring an explanation of this information is essential to ensure its understanding and to deal better with the anxiety, assisting the patient in learning and applying coping strategies, and helping the patient to enhance spiritual well-being to reduce anxiety levels and promote mental health.

3. Aim of the study

Evaluate the effect of a psychoeducational training program on coping skills, spiritual well-being, and anxiety levels among patients with generalized anxiety disorder through:

- Assessing levels of anxiety among patients with generalized anxiety disorder.
- Assessing levels of coping among patients with generalized anxiety disorder.
- Assessing levels of spiritual well-being among patients with generalized anxiety disorder.
- Developing and implementing a psychoeducational training program to improve coping skills, spiritual well-being, and anxiety levels among patients with generalized anxiety disorder.
- Evaluating the effect of a psychoeducational training program on coping skills, spiritual well-being, and level of anxiety among patients with generalized anxiety disorder.

3.1. Research Hypotheses

- The psychoeducational training program will have a statistically significant positive effect on the coping skills of patients with GAD.
- The psychoeducational training program will have a statistically significant positive effect on the spiritual well-being of patients with GAD.
- The psychoeducational training program will have a statistically significant positive effect on the anxiety level of patients with GAD.

4. Subjects & Methods

4.1. Research Design

The current study employed a quasi-experimental design with a pre/post-test on one group. A quasi-experiment is an empirical study that uses no randomization to determine the causal influence of an intervention on its target population. Consequently, the design is most suitable for evaluating the effect of the psychoeducational training program (independent variable) on coping skills, spiritual well-being, and level of anxiety among patients with generalized anxiety disorder (dependent variable).

4.2. Study setting

The present research study was conducted at the general psychiatric clinic affiliated with the Egyptian Ministry of Health, located within the premises of the El Abbassia Psychiatric and Mental Health Hospital. The general psychiatric clinic is one of the outpatient clinics. It works Saturday, Monday, and Wednesday from 9 am to 2 pm weekly. It provides services for about 1000-1500 patients per year suffering from various types of disorders such as depression, anxiety disorder, and eating disorders.

4.3. Subjects

The study enlisted a purposive sample of 80 patients with anxiety disorder who consented to participate for six consecutive months. The selection of the study participants was based on the inclusion and exclusion criteria established for the study, and the sample size was calculated using the following equation:

$$Sample\ Size = \frac{\frac{z^2 \times p(1-p)}{e^2}}{1+(\frac{z^2 \times p(1-p)}{e^2 N})}$$

Inclusion criteria

- Both genders
- Able to write and read.
- At the time of the study, they had a generalized anxiety disorder diagnosis for at least six months.
- Unaffected by any other persistent medical conditions or psychiatric illnesses.

Exclusion Criteria

- Habituation on comorbid substance use
- Psychotic disorders were discovered in the participants with GAD.
- People with serious general medical conditions like HIV/AIDS, cancer, hepatitis, cardiac disease, or severe brain injuries.

4.4. Tools of data collection

4.4.1. Structured Interview Questionnaire

The researcher developed an interview questionnaire to collect data regarding the socio-demographic characteristics of the patients with anxiety disorder as gender, age, marital status, educational level, occupational status, income, and residence.

4.4.2. The Coping Strategies Questionnaire

It was developed by *Kausar and Munir (2004).* It consists of 62 items. This tool assesses three types of coping among patients with generalized anxiety disorder. First is active, practical coping, which refers to a tendency to understand life problems and work toward their solution. Active-practical coping includes strategies that intend to find a practical solution to the problem, e.g., ‘‘seeking professional help to solve the problem’’ and composed of 18 items. Second is the active distracting coping strategies that allow the individual to distract himself from life stressors by using recreational activities and seeking social support. Strategies such as ‘‘started socializing and meeting with people’’, and ‘‘going out with friends’’ were included in active-distractive coping and composed of 30 items. The third strategy is the avoidance coping strategy refers to a refusal to accept the problem and showing withdrawal behavior to avoid the problem, e.g., drinking and smoking. Avoidance-focused coping comprises strategies such as "trying to forget what had happened', and "started avoiding others” and composed of 14 items.

Each item of the scale is based on three points (used all the time - used some time – not used). The score was designed to be (1) for not used, (2) for used sometimes, and (3) for used all the time. Subjects with a total score of positive response in each domain reaching 60% or more were considered to have satisfactory coping, and those with less than 60% were considered unsatisfactory coping.

4.4.3. Spiritual Well-being Scale (SWB)

The Spiritual Well-being Scale (SWB) was developed by *Ellison (1983)* and aimed to be a general indicator of perceived well-being. It was used to assess individual and congregational spiritual well-being. The SWB provides a subscale for religious and existential well-being and an overall measure of the perception of an individual's spiritual quality of life. The scale is composed of 20 items. Ten items assess religious well-being, and the other 10 assess existential well-being.

The existential well-being subscale assesses an individual's sense of life purpose and overall life satisfaction as “find much satisfaction in private prayer with God, believe that God is impersonal and not interested in my daily situations. Moreover, "I feel unsettled about my future".

The religious well-being subscale proves a self-assessment of an individual's relationship with God. Approximately half of the questions are negatively worded to limit possible biased responses SWB such as “God is concerned about my problems, relationship with God helps me not to feel lonely and feel that life is full of conflict and unhappiness.”

Scoring system

The scales are rated from 1 (strongly disagree) to 6 (strongly agree). The total scores can range from 1 to 120.

- Low (1–<40).
- Moderate (41–<80).
- High (81–120).

4.4.4. Beck Anxiety Scale (BAI)

It was designed by *Beck (1988).* It consisted of a 21-item questionnaire to assess the severity of anxiety disorder. The items reflect symptoms of anxiety, including numbness or tingling, feeling hot, legs trembling, ability to relax, fear of the worst happening, dizziness or lightheadedness, pounding or racing heart, unsteadiness, feeling terrified, feeling nervous, feeling of choking, hands trembling, feeling shaky, fear of losing control, difficulty breathing, fear of dying, feeling scared, indigestion or abdominal discomfort, faintness, face flushing, and sweating. Each item allows the patient four choices, from no symptoms to severe symptoms. The items are scored on a four-point Likert scale ranging from 1 = "not at all" to 4 = "severely.

4.5. Procedures

The tools used in this study were judged for face and content validity by three professors in psychiatric and mental health nursing at Ain Shams University to ensure their accuracy, comprehensiveness, relevance, and clarity, indicating content validity. The reliability of tools was assessed by measuring their internal consistency using the Cronbach Alpha Coefficient test. It was proved to be high as the coping Strategies Questionnaire shows a reliability of 0.89, the Spiritual Well-being Scale shows a reliability of 0.81, and the Beck Anxiety Scale shows a reliability of 0.84.

The study was executed in multiple stages, comprising the preparatory phase, pilot study, and fieldwork. In the preparatory phase, the investigators scrutinized pertinent literature and formulated the data collection instruments. The study received official authorization from the Faculty of Nursing at Ain Shams University and the Director of El Abbassia Psychiatric and Mental Health Hospital.

Ethical considerations: Before initiating the study, the Scientific Research and Ethical Committee of the Faculty of Nursing at Ain Shams University granted permission to conduct research. The patients who agreed to participate were informed beforehand about the study's purpose and objectives, and written consent was obtained. The confidentiality and privacy of the collected data were ensured, and the data was utilized exclusively for research purposes. The researcher guaranteed that the subjects' information would remain anonymous and confidential. The patients were notified that they could withdraw from the study at anytime. Consequently, the researcher was authorized to enter the hospital and execute the study on the 80 patients who participated in this research.

The pilot study was conducted to guarantee the clarity of the questions, the relevance and validity of the data collection tools, and to assess the feasibility of the research process. Before the main trial, a pilot study with eight patients, representing 10% of the total sample, was conducted. The pilot study outcomes did not necessitate any changes to the instruments, and all participants in the pilot sample were incorporated into the main study sample.

Fieldwork: The psychoeducational training program was carried out for six consecutive months, which involved pre-program assessment, program implementation, and post-program evaluation. The program started in January 2023 and was completed by the end of June 2023.

Initially, the researchers assessed the needs of patients with a generalized anxiety disorder (pre-test) from the beginning of the first week to the end of the third week of January 2023. Based on the assessment findings, the psychoeducational training program was developed by the researchers and validated by a specialized psychiatrist and professor of psychiatric/mental health nurse before its application to GAD patients to ensure the patient's safety from medical and nursing aspects during the period from the beginning of the fourth week of January to the end the first week of February 2023.

From the second week of February 2023 to the first week of June 2023, the researchers visited the designated location three days/per week to implement the psychoeducational training program. The participating patients were divided into ten subgroups, each consisting of 8. The groups were scheduled to meet on Saturday, Monday, and Wednesday every week from 9 am to 2 pm. Each patient group received 13 sessions (Four theoretical sessions equal ***5*** hours, and eight practical sessions equal 13 hours). Each theoretical session lasted one to one and a half hours, while the practical sessions lasted at least one hour and a half.

While applying the psychoeducational training program, the researchers employed various training approaches and supportive media. It included lectures, discussions, brainstorming, real-life situations, demonstrations, and supportive illustrative handouts.

Contents of the psychoeducational training program:

Session 1 was a theoretical session that took 60 minutes. The session's objective was to assist the patient in recognizing general information about generalized anxiety disorder, including meaning, symptoms, causes, diagnostic investigation, and treatment models.

Session 2 was a theoretical session that lasted 80 minutes. The session's objective was to assist the patient in describing what is intended by coping skills and spiritual well-being.

Session 3 was a theoretical session that took 80 minutes. The session's objective was to assist a patient in recognizing the importance of spiritual awareness of self-forgiveness, compassion, appreciation, and daily life acceptance.

Session 4 was a theoretical session that consumed 80 minutes. The session's objective was to assist the members in recognizing the meaning of problem-focused and emotional-focused coping skills.

Session 5 was practical. It lasted 90 minutes. The session's objective was to help the participants demonstrate coping skills in real situations by providing training on certain coping skills, such as problem-focused coping, emotion-focused coping, religious coping, meaning-making, and social support.

During Session 6, which was practical and lasted 90 minutes, the primary goal was to assist the patient in demonstrating the deep breathing technique.

In session 7, which was practical and lasted 90 minutes, the primary aim was to demonstrate the progressive muscle relaxation technique to the patient.

During session 8, which was practical and lasted 90 minutes, the focus was on helping patients apply guided imagery techniques.

Session 9 was practical. It consumed 90 minutes. The primary aim of the session was to assist patients in implementing a time management plan by setting short- and long-term goals, determining the value of their time, keeping a time log, analyzing their time usage, and developing a plan to reduce time-wasting activities.

During session 10, which was practical and lasted 90 minutes, the focus was on helping patients develop cognitive restructuring skills to overcome thought disorders. This involved training caregivers in skills such as self-monitoring and idea termination

In session 11, which was also practical and lasted 90 minutes, the goal was to help participants design an individual plan to manage negative thoughts and emotions. This practice included creating a list of automatic negative emotions, practicing mindfulness, focusing on positive thinking, releasing negative thoughts and emotions, and replacing them with positive emotions.

During session 12, which was practical and lasted 90 minutes, the primary objective was to assist the participant in demonstrating problem-solving skills to manage difficult patient behaviors. This practice involved defining the problem, analyzing it, developing potential solutions, selecting the best approach, implementing it, and evaluating its effectiveness.

In Session 13, which was also practical and lasted 60 minutes, the closure session involved summarizing the program's sessions and ending the intervention sessions. Post-test was done from the beginning of the second week of June to the end of the fourth week of June 2023.

4.6. Data analysis

The data from the study were entered into two computer software programs, namely Microsoft Excel and Statistical Package for Social Science (SPSS) version 23.0. Statistical tests, such as chi-square, were utilized to measure the difference between observed and expected frequencies of outcomes for a set of events or variables. Correlation coefficients were also used to determine the strength of a linear relationship between two variables. The data obtained from the study were summarized using descriptive statistics, which involved presenting frequencies and percentages for categorical data and means and standard deviations (SD) for continuous variables. The level of significance was determined at $p \leq 0.05$.

5. Results

Table 1 reveals that 57.5% of patients with generalized anxiety disorder aged <30 years with a mean age of 24.5±8.33, male and married, constituting 67.5%, 73.75%. Regarding their level of education, it was found that nearly half, 47.5%, had a high level of education, and 85% of them were working. 72.5% of patients with generalized anxiety disorder understudy had insufficient outcomes. Concerning the residents, the majority of the studied sample, 88.75%, live in urban areas.

Table 2 compares patients' coping skills pre and post-implementation of the psychoeducational training program **,** with highly statistically significant differences found between pre/post-program implementation regarding all coping skills ($P < 0.001$).

Figure 1 illustrates the percentage distribution of total coping skills; 28% of patients with generalized anxiety disorder understudy had satisfactory coping levels pre-program, this percentage increased to 52% post-program implementation, and 66 % of them had an unsatisfactory level of coping at pre-program versus 14 % post-program.

Table 3 compares the spiritual well-being of the studied patients pre-and post-implementation of the training program with highly statistically significant differences found between pre/post-program implementation regarding two types of spiritual well-being ($P < 0.001$).

Figure 2 clarifies the percentage distribution of total studied patients' spiritual well-being pre-and post-implementation of the training program. Low spiritual well-being was present in 63.7% of individuals with generalized anxiety disorder in the pre-program. Moreover, this percentage decreased to 9% post-program implementation. 23.7% had a moderate level of spiritual well-being pre-program versus 21.39% post-program, and only 12.5% had a high level of spiritual well-being pre-program; this percentage increased to 67.5% post-program.

Table 4 illustrates the comparison of studied patients' according to anxiety levels pre- and post-program, as more than half (59%) of patients with generalized anxiety disorder had severe levels of anxiety pre-program; this percentage decreased significantly to 21% post-program implementation. Also, nearly one-third (31%) had moderate anxiety pre-program versus 28% post-program, but only 10% had mild anxiety pre-program; this percentage increased significantly to 51% post-program implementation.

Table 5 denotes a highly statistically significant positive correlation between different coping types and their total anxiety score during the pre/post-program implementation phase ($P \leq 0.001$).

Table 6 denotes highly statistically significant positive correlations between the two types of spiritual well-being and their total anxiety score during pre/post-program implementation.

Table (1): Frequency and percentage distribution for demographic characteristics of the studied patients with generalized anxiety disorder (n=80).

Variables	No.	%
Gender		
Male	54	67.5
Female	26	32.5
Age		
<30	46	57.5
30 - <40	14	17.5
40+	20	25
Mean ±SD	24.5±8.33	
Marital status		
Single	7	8.75
Married	59	73.75
Widowed	6	7.5
Divorced	8	10
Level of education		
Cannot read and write	9	11.25
Read and write	15	18.75
Middle Education	18	22.5
High education	38	47.5
Occupational status		
Not working	12	15
Working	68	85
Income		
Sufficient	22	27.5
Insufficient	58	72.5
Resident		
Urban	71	88.75
Rural	9	11.25

Table (2): Comparison of studied patients' coping skills pre- and post-program (n= 80).

Coping skills	Pre		Post		X^2	P value
	No.	%	No.	%		
Active, practical coping						
Used	27	33.7	61	76.3	42.6	0.001
Not used	53	66.3	19	23.7		
Active distracting coping						
Used	31	38.7	66	82.5	33.2	10.00
Not used	49	61.3	14	17.5		
Avoidance coping						
Used	63	78.8	12	15	37.4	0.001
Not used	17	21.2	68	85		

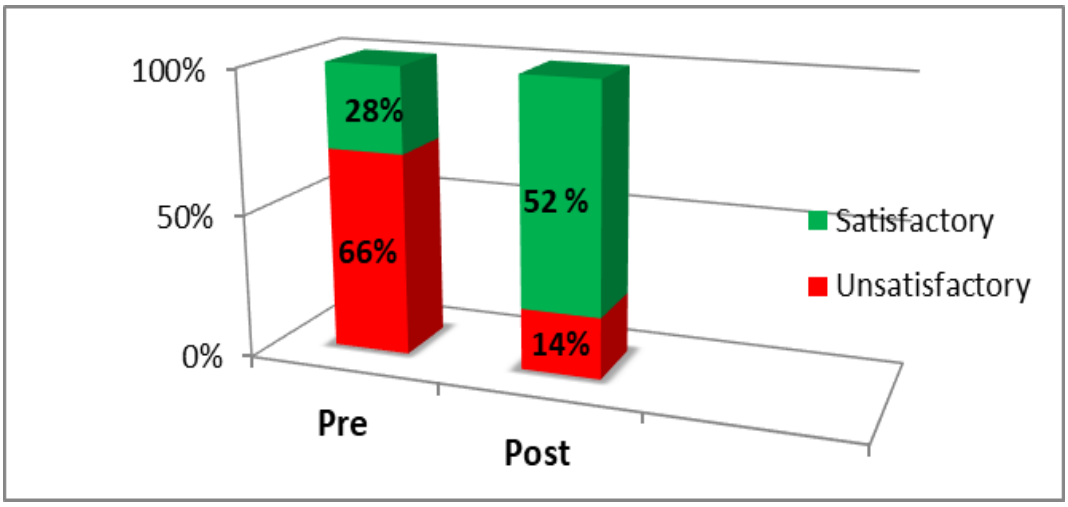

Figure (1): Percentage distribution of the studied patients with generalized anxiety disorder regarding their total coping skills (n= 80).

Table (3): Comparison of studied patients' spiritual well-being pre- and post-program (n= 80).

Spirituality well-being types	Pre		Post		X^2	P value
	N	%	N	%		
Religious well-being						
Low	52	65	16	20		
Moderate	16	20	10	12.5	**36.3**	**0.001**
High	12	15	54	67.5		
Existential well-being						
Low	48	60	9	11.2		
Moderate	24	30	12	15	**28.7**	**0.001**
High	8	10	59	73.7		

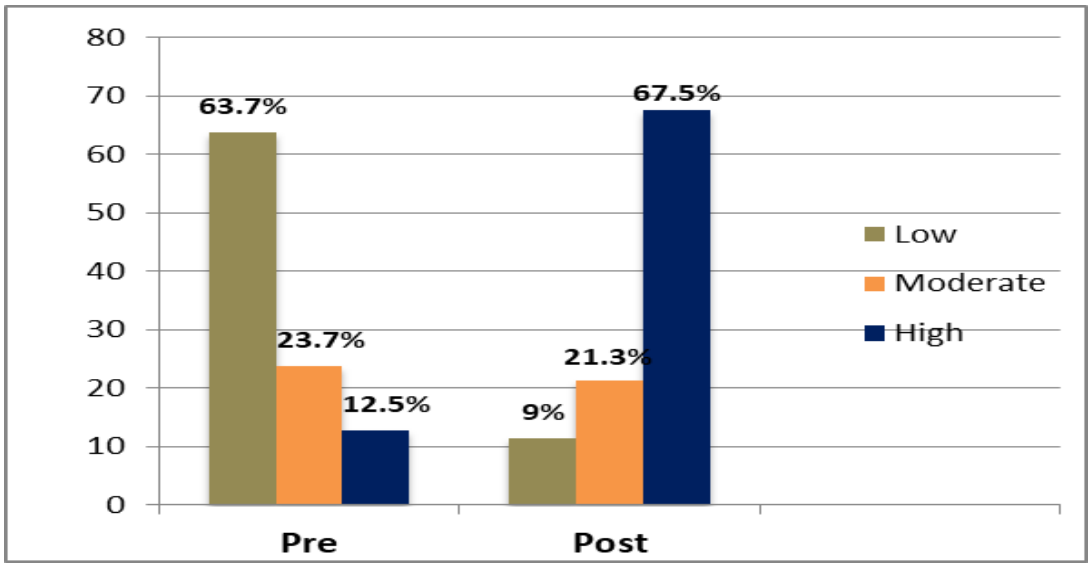

Figure (2): Percentage distribution and the studied patients with generalized anxiety disorder regarding their total spiritual well-being (n= 80).

Table (4): Comparison of studied patients' level of anxiety pre- and post-program (n= 80).

Level of anxiety	Pre		Post		X^2	P value
	N	%	N	%		
Mild	8	10	40	51	34.6	0.001
Moderate	24	31	23	28	46.7	0.001
Sever	48	59	17	21	44.2	0.001

Table (5): Correlations between total anxiety levels and coping skills among patients with generalized anxiety disorder (n=80).

Coping skills	Total Levels of anxiety			
	Pre		Post	
	r	P-value	r	P-value
Active, practical coping	0.424	<0.001	0.744	<0.001
Active distracting coping	0.493	<0.001	0.752	<0.001
Total coping	0.498	<0.001	0.782	<0.001

Table (6) Correlations between total anxiety levels and spiritual well-being among patients with a generalized anxiety disorder (n=80).

Spiritual Well-being	Total Levels of anxiety			
	Pre		Post	
	r	P-value	r	P-value
Religious well-being	0.419	<0.001	0.833	<0.001
Existential well-being	0.514	<0.001	0.680	<0.001
Total spiritual well-being	0.486	<0.001	0.772	<0.001

6. Discussion

Religion and spirituality are traditional means of coping, as they promote an internal locus of control in stressful situations; religious and spiritual activities help reframe stressful events in a way that motivates the individual intrinsically to deal with life stressors and decrease anxiety. Spirituality can also motivate a person to use effective coping strategies *(Bożek et al., 2020).* This study aims to evaluate the effect of a psychoeducational training program on coping skills, spiritual well-being, and anxiety levels among patients with generalized anxiety disorder.

The present study shows that more than two-thirds of patients with generalized anxiety disorder were male and married. Nearly half had a high level of education, and most of the studied sample lived in urban areas. These results contradict a study conducted by *Abdel-Hamid et al. (2022),* who studied the relationship between levels of anxiety, self-compassion, and spiritual well-being among patients with generalized anxiety disorder and clarified that more than half of patients with generalized anxiety disorder understudy were male and married patients. Also, more than one-third of patients with GAD had a high level of education.

Regarding the level of coping among patients with generalized anxiety disorder, the present study finds that two-thirds of patients had unsatisfactory levels of coping at pre-program, and this result decreased after program implementation with a statistically significant difference between all types of coping pre- and post-psychoeducational training program implementation. This result may be due to the psychoeducational training program assisting the patient in recognizing the meaning and method of application of problem-focused and emotionally focused coping skills. Also, it helped them to demonstrate coping skills in real situations by providing training on certain coping skills. These findings support the first research hypothesis.

This result is consistent with the study conducted by *Edraki et al. (2019),* who studied "The effect of coping skills training on depression, anxiety, stress, and self-efficacy in adolescents: A randomized controlled trial." They clarified that the psychoeducational skill training program improves coping strategies and decreases the level of stress, depression, and anxiety.

According to the current study, nearly two-thirds of patients with generalized anxiety disorder had low spiritual well-being at the start of the pre-program. This percentage decreased to nearly one-tenth during post-psychoeducational training program implementation, with statistically significant differences between the two study phases for both types of well-being. These results may be due to the psychoeducational training program including spiritual content such as spiritual awareness of self-forgiveness, compassion, appreciation, and daily life acceptance; this improves spiritual well-being. These findings support the second research hypothesis.

These results align with the study conducted by *Moodi et al. (2020),* who studied "The effectiveness of spiritual therapy on depression and anxiety" and clarified that spiritual therapy is an effective solution for reducing depression, anxiety, and stress and improving spiritual well-being.

The current study's findings show that nearly one-third of patients with generalized anxiety disorder had moderate anxiety levels at pre-program, and more than half had severe anxiety. However, severe and moderate anxiety levels decreased after a psychoeducational training program. These results were statistically significant, possibly due to the psychoeducational training program providing the patient with essential information about generalized anxiety disorder, helping the patient demonstrate coping skills in real situations. Also, it provided training on certain coping skills and helped the patient demonstrate relaxation techniques that helped reduce the anxiety level. These findings support the third research hypothesis.

These results were supported by *Roberts et al. (2021),* who studied the "Brief psychological interventions for anxiety and depression in a secondary care adult mental health service" and found that psychological interventions help reduce anxiety and low mood symptoms and improve the patient's well-being and functioning. Also, this result agreed with the study conducted by *Bandealy et al. (2021),* who studied "Mind-body interventions for anxiety disorders a review of the evidence base for mental health practitioners" and found that mind-body interventions for anxiety disorders play an important role in anxiety level and improve the studied patients' mental health.

Concerning the correlation between levels of anxiety and coping skills among patients with generalized anxiety disorder, the present study presents a highly statistically significant positive correlation between the total coping skills and total anxiety score during the pre/post-program implementation phase. This result could be because coping is critical to mental health and psychological well-being; coping strategies are valid approaches to moderate anxiety/depression symptoms and psychopathology in general.

These results align with the study conducted by *Pozzi et al. (2019),* who studied "Coping strategies in a sample of anxious patients: Factorial analysis and associations with psychopathology" and found that coping strategies can decrease anxiety and improve mental health. Also, this result agrees with the study conducted by *Hae-Won et al. (2007),* who studied "Stress coping strategies and cognitive characteristics of somatic symptom perception in patients with generalized anxiety disorder" and found the same results.

Concerning the correlation between anxiety and spiritual well-being among patients with generalized anxiety disorder, the present study presents a highly statistically significant positive correlation between the two types of spiritual well-being and total anxiety score during the pre/post-program implementation phase. This result could be due to spiritual well-being significantly affecting anxiety and recovery from all mental illnesses. Spiritual well-being has a significant impact on indices of mental health. The degree of psychological disturbance, worry, and stress can be decreased by determining the spiritual requirements of patients and using the proper care techniques. Also, spiritual

well-being is a driving source of faith in self, meaning, fulfillment in life, and personal stability. It can enhance psychological well-being and reduce the level of stress and anxiety.

These results are consistent with the study conducted by *Najafi et al. (2022),* who studied the relationship between patients with chronic diseases and spiritual health with stress, anxiety, and depression. They stated that spiritual health scores affected the mean scores of stress, anxiety, and depression and also agreed with *Amjad et al. (2021);* they looked into how the degree of spiritual well-being affected the severity of anxiety in patients with generalized anxiety disorder and other general medical conditions.

7. Conclusion

The psychoeducational training program significantly improves coping skills, spiritual well-being, and anxiety levels among patients with GAD.

8. Recommendations

The present study recommended that:

Creating and putting into use nursing intervention programs that focus on assertive techniques and cutting-edge self-compassion training methods can help patients with generalized anxiety disorder have higher levels of self-compassion.

Implement a nursing intervention program to help patients with generalized anxiety disorder better understand the advantages of various spiritual pursuits and how to improve their spiritual well-being and coping skills.

Educational programs on relaxation techniques should be done to reduce anxiety levels and enhance psychological well-being among patients with generalized anxiety disorder.

Psychoeducational nursing intervention programs should be created to reduce the negative effects of generalized anxiety disorder and teach the patients how to navigate it to reduce anxiety levels and improve self-compassion and spiritual well-being.

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