The Relationship between Spiritual Health and Symptoms of COVID-19 Patients during the Pandemic

Zahra Abedini1, Maryam Saeedi2*

1. Assistant Professor, Ph.D of Nursing, Department of Nursing, School of Nursing and Midwifery, Qom University of Medical Sciences, Qom, Iran
2. Assistant Professor, Ph.D of Nursing, Department of nursing, Saveh University of Medical Sciences, Sciences, Saveh, Iran

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Abstract

Introduction: The COVID-19 pandemic has created the most health challenge in the recent years. Understanding the symptoms is important in the recognition of severity of disease and identification of its palliative factors. Spiritual health is known an important factor in reducing distress of patients, this study was designed to determine the relationship between spiritual health and symptoms of COVID-19 patients during the pandemic.

Materials and Methods: Data were collected using a cross-sectional design to select COVID-19 patients of a special hospital in Qom. Convenience sampling was carried out during the May–June 2020. Participants were asked to fill out the demographic questionnaire. The spiritual health and symptoms of patients were measured using the Paloutzain and Ellison Spiritual Health and the Edmonton Symptom Assessment Scales respectively. Pearson’s correlation coefficient, t-test and ANOVA was conducted to data analysis.

Results: The findings demonstrated that most of the participants had high-average levels of spiritual health 70.14 (2.96) and average levels of symptoms 60.79(21.07). Spiritual health were negatively correlated with lack of Well-being (r = -.131, p < .05) and Anxious symptoms (r=.115, p < .05). Religious health was correlated with Anxious symptoms (r = -.109, p < .05) and Drowsy (r = -.114, p < .05) and lack of Well-being (r = -.115, p < .05).

Conclusion: This research confirmed the relationship of Spiritual health with some symptoms. Single patients and older adults had higher levels of symptoms and their management is a priority during the pandemic.

Keywords: COVID-19, Spiritual health, Symptoms

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Introduction

The novel coronavirus disease (COVID-19) is a common respiratory syndrome spread around the world. It is known as a global health disaster. The prevalence of humans infected with COVID-19 had a rapid grow in the world. This crisis has emerged in Iran where prevalence is estimated to be significant with a high mortality rate. The pandemic has led to various concerns due to widespread dying, spreading misinformation, physical and social distancing, rumors and travel restrictions. Patients may report a fatigue, cough, fever and. These are reported as the most common symptoms that was similar to the symptoms of a pneumonia or other viral infection. Previous studies revealed that cough in 58.5% of cases fever in 81.2% of cases and fatigue in 38.5% of cases. A few number of patients present with a myalgia, headache, sore throats, diarrhea, hemoptysis. These are less common symptoms. It is known that the symptoms of the COVID-19 are varied and nonspecific.

Understanding the symptoms is important in the identification of severity of disease. It can have a key role in early diagnosis of infection and considering the effective factors can serve for the suitable interventions. Spiritual source and religious beliefs have been used to deal with serious situations such as the pandemic. Faith can be a positive resource for health with a significant impact on disease outcomes. It should be a powerful tool in reducing the patients suffering. Spiritual health has been known as one of the factors of effective palliative care. Researchers demonstrated the spiritual health and religion play effective role in the better immunity and improve in immune functions. Religious involvement and spiritual health can influence hypertension, pro-inflammatory markers and diabetes.

Another issue to be noticed is that chronic disease such as hypertension, diabetes, respiratory diseases, cancer diseases and advanced age are the important factors associated with increased illness and death risk in patients with COVID-19. Spiritual health also seems to influence psychological and physical health and the length of hospitalization. Previous studies demonstrated that spirituality and religious activities are associated with a reduction of 25% in mortality rates of patients. Spiritual health is vital in increasing immunity and reducing infectious transmission. Rias. Spirituality is a complementary domain of the health care in the pandemic climate and a valuable strategy in reducing undesirable psychological outcomes such as depression and anxiety. It can contribute to restrain morbidity and illness, most of the Iranian community has a higher level of positive spirituality. The power of faith may become the source of resilience.

Majority of population have stress, anxiety and depression and other mental symptoms due to the pandemic. Patients were experiencing further undesirable feelings and symptoms. They exhibited sever symptoms of pain, fatigue, shortness of breath, drowsiness, nausea, lack of appetite, well-being and distress. Spiritual health is capable of improving physical and mental outcomes in COVID-19 patients. There is an important need of addressing spiritual suffering and minimizing vulnerability caused by loneliness, isolation and due to the pandemic. Spiritual health has been understood as one of the aspects of quality health care. No research has investigated the correlation between spiritual health and symptoms of the COVID-19 patients in Iran. Patients with a high level of spiritual health are associated with a highly calm manner.

Improving spirituality is a valuable strategy for better palliative care. Moreover, good levels of spiritual health were associated with optimistic feeling and appropriate condition. Spiritual health is known an important factor in reducing distress of patients, this study was designed to determine the relationship between spiritual health and symptoms of COVID-19 patients during the pandemic.

Methodology

Data were collected using a cross-sectional design to select COVID-19 patients of a special hospital in a holy city of the central region of Iran. Convenience sampling was carried out during the May–June 2020. The inclusion criteria were: Iranian civilian, age higher than 18 years, being Muslim, able to speak Persian and willing to consent. The sample size was 23+ COVID-19 patients.

Participants were asked to fill out the demographic questionnaire consisting of age, gender, marital status and educational level. The spiritual health and symptoms of patients were measured using Paloutzain and Ellison Spiritual Health and The Edmonton Symptom Assessment Scales respectively. Spiritual health was evaluated by 20 items. Each of which has a five-point Likert scale A higher score was described a higher level of spiritual health. This instrument had acceptable internal consistency. Cronbach’s α value for the Persian version of tool was 0.86.

Participants’ symptoms towards COVID-19 were assessed using The Edmonton Symptom Assessment Scale (ESAS). It is a visual analogue scale provided for in evaluating the symptoms of patients. Participants rate the severity of the ten symptoms: pain, shortness of breath, activity, drowsiness, nausea, anxiety, depression, lack of appetite, well-being and distress. The sum of responses to these
nine symptoms is the distress score. The total score ranged 0-100. The ESAS is a valid instrument. Questionnaire had satisfactory Cronbach’s alpha reliability scores and suitable internal consistency scores ranging from 0.75.

Descriptive statistics were used to assess demographic characteristics, spiritual health, symptoms and variables between groups. Variables were presented as the mean and standard deviation and were described using a t-test or one-way ANOVA. SPSS Version 25 was used for statistical analyses, and a p value of <0.05 was considered statistically significant.

To describe the spiritual health and symptoms among patients, means, standard deviations, and percentage were used. Pearson’s correlation coefficient was performed to test the relationship between spiritual health and symptoms. The t-test or one-way ANOVA was conducted to test the relationship between demographic characteristics and main variables.

Ethical consideration

Patients were given an explanation including the purpose of the study. They completed the voluntary participation form and consent. Ethical clearance approved by the Institutional Board of Qom University of Medical Science. Participants were anonymous and invited with informed consent.

Results

Two hundred thirty six patients participated in this study. The ages of the patients ranged from 18 to 86 years. The mean and standard deviation of age was 46.23 (14.22). The majority of them were male (56.4%) and (59.7%) married. Of the all participants, 62% of them had primary educational level. The M (SD) religious health was 34.62(2.22) and existential health was 35.54(1.88) and total spiritual health was 70.14 (2.96). The demographic characteristics are outlined in Table 1.

The findings demonstrated that most of the participants had high-average levels of spiritual health and average levels of symptoms. The mean and standard deviation score of total symptoms was 60.79(21.07). Symptom prevalence were noted for the items pain (25.6%), activity (21.6%), nausea (18.6%), depression (18.2%), anxiety (18.2%), drowsiness (16.9%), lack of appetite (16.9%), lack of well-being (17.8%) and shortness of breath (25.4%) in majority of patients.

The findings showed that most of the participants had high-average levels of pain 6.44(1.80), Lack of Activity 6.27(1.85), Nausea 6.36(2.01), Depression 6.21(2.19), Anxious 6.029(2.31), Drowsy 6.16(3.12), Appetite 5.85(2.55), Well-being 5.80(2.76) and Short of breath 5.76(2.81). According to results, the t-test analysis indicated significant age-based differences in the patients’ levels of spiritual health (p<0.00) and symptoms (p<0.00). The majority of the participating 30-45 years patients were found to have high levels of spiritual health 74.52(3.00). The older patients (>60 years old) were found to have higher levels of symptoms. In comparison to married patients, single participants 59.79(11.05) reported higher levels of symptoms. There are high levels of spiritual health (70.28(3.08) in patients with primary education level. Except for age and marital status, there were not different levels of symptoms in demographic variables. Based on the analysis, married patients had lower levels of symptoms. There were significant different levels of spiritual health in age and educational level.

Spiritual health were negatively correlated with some symptoms. Results indicated a statistically negative correlation between Spiritual health and lack of Well-being (r= -.131, p < .05) and Anxious symptoms (r=-.115, p < .05). The data analysis found that Religious health was correlated with Anxious symptoms (r= -.109, p < .05) and Drowsy (r= -.114, p < .05) and lack of Well-being (r= -.115, p < .05) as shown in Table 2.

Discussion

Based on findings, the Spiritual health level of the COVID-19 patients was high-average. Also, the religious health and existential health were desirable. It was similar to other studies. Researchers revealed an average level of spiritual health and its sub-scales. The patients in a study reported low levels of spiritual health and religious coping. This results may be explained by different sociodemographic characteristics of participants such as age and nationality. Some researchers had been evaluated spirituality and religious health in older adult and Christian people. According to our findings, the patient’s levels of Spiritual health to vary significantly based on the age and educational level. The current study conducted in the Islamic tradition to examine adult patients. They are able to conduct religious ritual. It is acceptable for Islamic community to practice religious activities at home; such as prayer and studying Quran. This research demonstrated that patient’s levels of Spiritual health to vary significantly based on the age and marital status. Family support is an essential source in patients. The findings demonstrated an age-based differences in the levels of spiritual health as 30-45 years patients were found to have high levels of spiritual health. This result supports a previous study, which reported a low levels of religious and spiritual health in older adults.
The findings demonstrated that most of the participants had average levels of symptoms. Patients had been reported symptoms including pain, nausea, depression, anxiety, drowsiness, lack of appetite, lack of well-being and shortness of breath. According to previous studies most patients with COVID-19 suffering from the large symptom burden and need spiritual care and palliative support. Other researchers also indicated that the pandemic may be changing people’s psychological situation and spiritual functioning which were consistent with our study. Theses researchers have provided a specific evaluation tool which focused on important COVID-19 symptoms, such as distress, dyspnea, and pain. The care plan for stable, unstable, end of life patients with COVID-19 have also suggested based on identified symptoms.

According to results, there was a relationship between Spiritual Health with the Anxious Symptom score. A similar study revealed a negative correlation between religious health and depressive symptoms. Therefore, religious functions may be used with other psychological interventions to improve COVID-19 symptoms such as depression and anxiety. Researchers revealed that spirituality and religious functions should be a powerful tool in minimizing the mental problems. Spiritual experiences and religious activities are associated with physical and psychological health. These strategies influence the number of hospitalizations and morbidity rate of COVID-19 patients. Drowsiness scores and lack of Well-being decreased with an increase in Spiritual health scores of the patients in this study which is in agreement with the previous studies. Most patients with COVID-19 have undesirable symptoms such as dyspnea, distress and discomfort and need to spiritual support. Researchers had been suggested palliative care to COVID-19 patients and families.

According to our findings, the older patients were found to have higher levels of symptoms. Increasing the age is associated with chronic disease and disabilities and pain can cause several problems in the patients. Physical and psychological problems are major challenges of the elderly patients. Also, single participants with primary education level reported higher levels of symptoms. One of the important aspects of quality of life is family support.

This study used a self-reported score of symptoms and spiritual health. Symptoms were assessed based on personal perceptions. The incomplete response is a problem of visual numerical scales. The current study is the first study to examine COVID-19 patient’s symptoms through Edmonton Symptom Assessment Scale. Patients selected via convenience sampling. This technique may limit the validity of data. This research was a single center survey in an Iranian holy province. Also, this study was conducted during the epidemic of COVID-19.

**Conclusion**

This research confirmed the relationship of Spiritual health with some symptoms such as lack of Well-being and anxious symptoms. These symptoms are the most common concerns of patients who being under care at hospitals during pandemic. Single patients and older adults had higher levels of symptoms and their management is a priority during the pandemic. There is an important need for further studies which examine spiritual interventions to target reducing symptoms of patients with COVID-19.

**Acknowledgment**

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**Conflict of Interest**: There is no conflict of interest between the authors of this article.
بررسی ارتباط سلامت معنوي و علائم بیماران کووید-19 در طول همگیری

زهره عابدی‌نژاد، مریم سعیدی

1. استادیار، گروه پرستاری، دانشکده پرستاری و مامایی، دانشگاه علوم پزشکی قم، قم، ایران
2. استادیار، گروه پرستاری، دانشکده علوم پزشکی ساوه، ساوه، ایران

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چکیده
مطالعه حاضر از نوع مقطعی با مشکل 235 بیمار کووید-19 بستری در بیمارستان‌های شهر قم بود. نمونه‌گیری از روش ادغامی از ادغام‌دیده در خرداد 1399 انجام شد. برای سنجش سلامت معنوي از پرسشنامه بی‌رویانگون، و پرسشنامه فشار تنفسی، و پرسشنامه سلامت معنوي و اجتماعی در بخش کووید-19 از بیماران انتخاب شدند. در این مطالعه معنی‌گذاری ناقص از علائم معنی‌گذاری ناقص از علائم ناشا در پیش‌بینی معنی‌گذاری ناقص از علائم مورد استفاده قرار گرفت. همین‌طور ترتیب علائم با همکاری مشترک دانشگاه دانشکده علوم پزشکی قم، بررسی مشترک با دانشکده علوم پزشکی ساوه و دانشکده علوم پزشکی ساوه انجام شد.

کلیدواژه‌ها: کووید-19، سلامت معنوي، علائم

مقدمه
بعضی از بیماران کووید-19 یکی از سندروم‌های تنفسی شایع است که عفونتی در چهار منبع به وسیله ماتریکس توده و اپتیر موجب شده که می‌تواند عفونت‌ها را در تنفس ناشناخته، دردهای تنفسی، افت عظمت و افت قدرت دسترسی به هوا بپوشاند. علائم در بیماران کووید-19 شامل علائم ناشا، اسهال و سردردی از علائم مورد بررسی قرار گرفتند. در این مطالعه با استفاده از پرسشنامه سلامت معنوي و اجتماعی، با پرسشنامه فشار تنفسی و پرسشنامه بی‌رویانگون، این علائم در بیماران کووید-19 بررسی شدند.

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ریجکس: ۰۲۱۳۸۸۸۲۹۱۵-۲۹
Email: maryamseedi2009@gmail.com
URL: ORCID

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مثبتی را تجربه می‌کند [۱۵]. وجود سطح بالای معنویت در جامعه ایرانی از بابت‌های قابل توجه در تحقیقات گذشته است [۱۶] که می‌تواند باعث منع قدرتمندی برای تحمل شرایط و تب‌آوری، به کمر گرفتگی شود [۱۷].

دبیهی است که در شرایط اپیدمی، افراد جامعه در معرض خطر استرس، اضطراب و افسردگی و سایر عادات روانی ناشی از همگری عشق [۱۸] و دچار احساسات ناامنی و علامت‌های جسمی و روانی می‌شوند و معنی‌افزایش قدرتمندی، امرک بکار گیری درمان‌های زیر نشان داده شده است [۱۹] که در افرادی که بیماری علاوه بر ایجاد آسیب‌های جسمی، بر ابعاد روانی، اجتماعی و معنوی زندگی افراد، نیز تأثیر دارد و می‌تواند منجر به بروز واکنش‌های برن‌شناختی نظری است. تنش افسردگی و خودکشی شود [۲۰].

معنوت قدرتمندی به برخی از عوارض حاد و ایجاد استرس، اضطراب و افسردگی منجر می‌شود که می‌تواند منجر به ایجاد آسیب‌های جسمی، بر ابعاد روانی، اجتماعی و معنوی و برن‌شناختی نظری شود [۲۰]. بررسی ممکن است در بررسی مسائل علائم معنوی و روانی در افراد، منجر به نیاز به تحقق برن‌شناختی نظری در اعمال و روابط همگری قوی و همبستگی است [۲۰].

۱- موارد و روش‌ها
مطالعه حاضر نشان می‌دهد که با شناسایی مبتلا به بیماری کووید-۱۹ در برابر خطر، درمان و مقابله با نتایج مثبت، منجر به بهبود شرایط جسمی و معنوی مبتلایان شده است [۲۱]. در این مطالعه، نقطه میانی از درمان کشور، محلین کووید-۱۹ در شرایط بحرانی ایجاد شد که به منجر می‌شود که در این وضعیت باید به سمت منابع قدرتمندی برویم و ایجاد برن‌شناختی نظری در اعمال و روابط ننگرانی و روانی در افراد مبتلا به بیماری کووید-۱۹ را بخواهد [۲۲].

۲- نتایج و بحث
در این مطالعه، بیماران کووید-۱۹ در شرایط بحرانی و استرس، استرس و فشار، عوارض روانی، معنی‌افزایش قدرتمندی و بالا رفتن سطح معنی‌افزایش قدرتمندی مشاهده شد. با توجه به اینکه در بیماران کووید-۱۹، بیماری و عوارض روانی، معنی‌افزایش قدرتمندی و بالا رفتن سطح معنی‌افزایش قدرتمندی مشاهده شد، بیماران کووید-۱۹ باید از منابع قدرتمندی بهره ببرند.

۳- بحث
در این مطالعه، منابع قدرتمندی به برخی از عوارض حاد و ایجاد استرس، اضطراب و افسردگی منجر می‌شود که می‌تواند منجر به ایجاد آسیب‌های جسمی، بر ابعاد روانی، اجتماعی و معنوی و برن‌شناختی نظری شود [۲۰]. بررسی ممکن است در بررسی مسائل علائم معنوی و روانی در افراد، منجر به نیاز به تحقق برن‌شناختی نظری در اعمال و روابط همگری قوی و همبستگی است [۲۰].
درصد گزارش، در حال حاضر ماهران، سطح سلامت معنوی بالاتری در اماکن مذهبی است. این امر با توجه به نتایج 18 از آزمون‌های انجام شده، بیش از 65 درصد از مبيض‌ها به سلامت مذهبی توجه داشته‌اند. در حال حاضر، سطح سلامت معنوی بالاتری در اماکن مذهبی است. این امر با توجه به نتایج 18 از آزمون‌های انجام شده، بیش از 65 درصد از مبيض‌ها به سلامت مذهبی توجه داشته‌اند.
یافته‌های این مطالعه نشان داد که علائم در پیرمردان گزارش شده بود. تأثیر علائم کووید-19 بر ارتباط معنایی و سلامت معنوی، ارتباط سلامت معنوی و سلامت مذهبی، بهبود علائم و وضعیت بدنی نشان داد که علائم در بیماران، افراد مسن و افراد مبتلا به کووید نیز محقق شد. این نتایج نشان می‌دهد که علائم کووید-19 به پیرمردان تأثیر بزرگی داشته است.

در ادامه، احتمال تاثیر علائم کووید-19 بر ارتباط معنایی و سلامت معنوی بیماران مورد بررسی قرار گرفت. نتایج نشان داد که علائم کووید-19 به پیرمردان تأثیر بزرگی داشته است.

در نهایت، ارزیابی تاثیر علائم کووید-19 بر ارتباط معنایی و سلامت معنوی بیماران مورد بررسی قرار گرفت. نتایج نشان داد که علائم کووید-19 به پیرمردان تأثیر بزرگی داشته است.
تجربه و فرضیات
نویسنده‌گان مراتب سیاسی خود را از معاونت پژوهشی دانشگاه علوم پزشکی قم، مدرک را از مرکز آموزشی درمانی ویژه کووید و

جدول 1. میانگین سلامت معنوی و علائم بیماران مبتلا به کووید-19 بر حسب ویژگی‌های دموگرافیک

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</table>

Correlation is significant at the 0.05 level (2-tailed).

تشکر و قدردانی
نویسنده‌ها از مراجع و منابع دانشگاه علوم پزشکی قم، مدرک را از مرکز آموزشی درمانی ویژه کووید و

References


