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The Relationship between Emotional Intelligence and Coping Styles Against Stress Among Nurses

Taraneh Taghavi Larijani, Mohammad Reza Movaghari, Masoumeh Rostami, Negin Zamani, Fataneh Ghadirian*

***Abstract*— Emotional intelligence is commonly understood as one's ability to recognize own emotions and the emotions of others, and to use this understanding to successfully navigate important interactions. By means of emotional intelligence, thoughts will be facilitated and it could link excitement and cognitive abilities. This study is intended to investigate the relation between emotional intelligence and coping style against stress among nurses working in the hospitals of Kermanshah city in Iran. The study is cross correlation. The samples included 350 male and female nurses working in hospitals of Kermanshah city in Iran who were selected by quota. For data collection the questionnaires of demographic information, emotional intelligence, and coping styles were utilized. Data were analyzed by using SPSS version 12. The results showed that there was a meaningful statistical difference between the nurses' emotional intelligence and coping styles (P<0.001). the score of emotional intelligence in nurses with problem-focused coping style was more than the ones who uses emotional-focused and avoidance coping style. There was a meaningful statistical difference between emotional intelligence and demographic information such as age, level of education, and taking tranquilizers (P<0.001). However, there was no meaningful statistical difference between emotional intelligence and gender, work experience, location of work, marital status and shift work. The results showed that emotional intelligence could increase the application of problem-focused coping style against stress. Therefore, it is recommended to use emotional intelligence as a training priority in both academic and clinical fields in order to increase the utilizing of problem-focused coping style.**

***Index Terms*— Coping style, Emotional intelligence, Nurse.**

I. INTRODUCTION

Emotional intelligence is a recent construct that has been introduced to study social behavior. Emotional intelligence has been proposed as a new perspective in the study of emotions; in particular, this approach maintains that the intelligent use of emotions is essential to explaining both physical and psychological individual adaptation [1].

Taraneh Taghavi Larijani, Psychiatric Nursing Department, Tehran University of Medical Sciences, Tehran, Iran
Mohammad Reza Movaghari, Psychiatric Nursing Department, Tehran University of Medical Sciences, Tehran, Iran
Masoumeh Rostami, Psychiatric Nursing Department, Tehran University of Medical Sciences, Tehran, Iran
Negin Zamani, Psychiatric Nursing Department, Tehran University of Medical Sciences, Tehran, Iran
***Fataneh Ghadirian**, Psychiatric Nursing Department, Tehran University of Medical Sciences, Tehran, Iran

Emotional intelligence is commonly understood as one's ability to recognize own emotions and the emotions of others, and to use this understanding to successfully navigate important interactions [2]. Goleman the American psychologist drew attention to the fact that the emotional intelligence has a larger impact on achieving success than the intelligence quotient. According to his theories, emotional intelligence means first of all becoming aware of one's own feelings and their optimum control [3].Emotional intelligence, as defined by Goleman, is a type of social intelligence consisting of several personal and social competencies, including self-awareness, self-regulation, motivation, empathy, and social skills [4]. An individual with a higher emotional intelligence level was more adaptable to social pressures and environmental changes than was an individual with a lower emotional intelligence level [5]. It is theoretically grounded in Salovey and Mayer's (1990) concept of emotional intelligence that sees it as a subset of social intelligence concerning the capacity to: monitor one's own and other's feelings and emotions, discriminate among them, and use this information to guide one's thinking and actions. This conception of emotional intelligence therefore described it as a cognitive process of social judgment; a useful ability to measure in prospective and practicing nurses [6]. Many studies have shown that measurements of emotional intelligence tended to correlate with academic and professional success, including in the medical setting and workplace [7]. Results of a study conducted at the University of Alberta showed a higher level of stress and depression among students in the health sciences than among other graduate students. The competitive nature of the health sciences, combined with certain academic weaknesses, serves to create poorly adaptive perfectionism in students within these programs that leads to unrealistic and excessive concerns about performance [8]. Amalia Petkovic and colleagues declares that emotional intelligence could increase the sense of control on inner feelings and this could provoke the logical reactions [9].

Folkman and Lazarus have declared that coping refers to the cognitive and behavioral efforts of individuals to manage their internal and external demands which are appraised as taxing or exceeding the resources of the individual [10]. According to Folkman and Lazarus, coping strategies can be divided into the following eight styles: confrontive coping, distancing, self-control, seeking social support, accepting responsibility, escape-avoidance, planful problem-solving and positive reappraisal [11]. According to Endler and Parker (1999), coping styles can be categorized into three general types. Problem focused coping is task-oriented and involves strategies aimed at taking action to modify the situation or generating alternative solutions.

Emotion-focused coping is person-oriented and is directed at regulation emotions cued by the stressor; this style of coping may comprise affective responses such as outbursts or fantasizing reactions. Last, avoidance coping responses are either task-oriented (e.g. distracting oneself with another task) or person-oriented (e.g. social diversion, such as seeking out others), and are generally directed at distancing oneself from the stressful situation [12].In the work setting, positive coping can generate positive emotions and behaviors which lead to a state of communicative well-being, a professional and personal development, and more personal experiences and resources that increase competence [13]. Based on the study of Stecker (2004) nursing students undergo more stress than students studding in other health-related department. Studies show that there is already a certain level of stress in nurses' academic training, that is during the undergraduate program and, more specifically, when students initiate supervised training at hospitals [14]. The high level of stress may result in psychological distress, physical complaints, behavioral problems, and decrease in the academic achievements of nursing students. In order to support students' well-being, the use of methods to increase their adaptation to the university and their academic achievements is recommended [15].

Considering that as the protector of public health, nurses play a key role in the country's healthcare system, analyzing the relation of these two variables has a remarkable effect on empowerment of nurses. There for this study aimed to investigate the relationship between emotional intelligence and coping styles of nurses at hospitals in the city of Kermanshah in Iran. If the relation between these two variables is confirmed, it could be announced as an intellectual paradigm in dealing with stressors.

II. MATERIALS AND METHODS

This study is descriptive and correlational. The study population is consisted of all nurses working in hospitals in Kermanshah city in Iran. The samples of this study were 350 male and female nurses who work at the hospitals of Kermanshah city. Quota and simple sampling were utilized. This means that after determining the total number of nurses who work in the hospitals of Kermanshah city and also in accordance with sample size the quota of each center were determined, then each of nurses who wish to participate in the study, were selected by simple sampling (Table no. 1).Questionnaires were filled by the participants. Inclusion criteria were having at least a bachelor's degree in nursing and working as a nurse at hospital. The exclusion criteria were also the unwillingness of nurses to participate in the study and incomplete questionnaires. After explaining the purpose of study, the confidentiality of participants' personal data, being optional for participating or not participating, and obtaining informed consent, three questionnaires of demographic data, emotional intelligence and coping styles against stress, were given to the participants.

Demographic questionnaire: this questionnaire was consisted of 8 questions that gathered the personal and occupational information about the participants such as age, gender, level of education, job experience, location of work, marital status, Taking tranquilizers, and shift work.

Emotional intelligence questionnaire of Shiring: this questionnaire was consisted of 23 questions with 5 score Likert scale (from always to never). Some questions are scored and interpreted positively, while others are scored and interpreted negatively. Jerabak (1996) announced the reliability of this questionnaire %94 with the splitting method and %91 with Cronbach's alpha. The reliability of this questionnaire was reported %75 to %85 by Dehshiri (2004), Khanzadeh (2006), Ghanbari and colleagues (2006), and Miri (2007) [16]. Also Safarinia and Selgi (2011) said that the Cronbach's alpha of the entire test is %84 and for each component is %79 to %86 [17]. By means of Cronbach's alfa, the internal consistency of the test has been reported to be %85 [18]. In this study the reliability of the questionnaire reported 0.79 with Cronbach's alfa [19].

The questionnaire of coping styles against stress: this questionnaire was designed by Endler and Parker, in order for coping styles to be analyzed in stressful conditions. This questionnaire includes 48 questions with 5 score Likert scale (never=1 to very much=5), that each 16 questions analyzed one the coping style (problem-focused, emotional focused, and avoidance). For computing the score of each subscale, the score of all phrases for that subscale are accounted. The dominant style of each person is determined according to his or her scores in each dimension of coping styles. The validity of this scale has been reported to be 0.83. In addition, the validity of problem-focused subscale, emotional-focused subscale, and avoidance subscale was reported 0.85, 0.55, and 0.83 by Ghoreyshi Rad (2010) [20]. According to the studies carried out by Endler and Parker and the studies that has been done in Iran, this test has a high power to analyze coping style in stressful conditions [21]. The data have been analyzed by SPSS 12, descriptive tests (frequency, average, variance, standard deviation), and Inferential tests (parametric and non-parametric such as ANOVA, Tukey test, Kruskal-Wallis, Mann-Whitney, and independent T).

III. FINDINGS

350 persons participated in this study, 252 of whom were female, 201 of whom were between 20-30 years of age, 324 of whom had bachelor's degree, 137 of whom has at least 5 years of job experience, 183 of whom were married, and 290 of whom had rotation shift work.

Table 1. Absolute and relative frequency of participants based on the hospitals and place of work

Hospital	Number of participants	Percent
Imam Khomeini	38	10.85
Imam Reza	155	44.3
Imam Ali	35	10
Taleghani	41	11.72
Farabi	24	6.85
Mohammad Kermanshahi	50	14.28
Motazedi	7	2
Total	350	100

The average of emotional intelligence for nurses was 107.8057±11.62804 with variation range of 33-165. 77.71 percent of nurses had a good emotional intelligence. Considering the fact that, the emotional intelligence of all nurses were above 66, the weak category was removed from the tables (Table number 2).

Table 2. Absolute and relative frequency of emotional intelligence among participants

Emotional Intelligence	Number of participants	Percent
Middle (67-99)	74	21.15
Good (100-133)	272	77.71
Excellent (134-165)	4	1.14
Total	350	100
Average	107.8057	
Standard Deviation	11.62804	

The results of ANOVA showed that there is a significant statistical difference between the score of emotional intelligence and coping styles of participants (P<0.001) (Table number 3).

Table 3. Absolute and relative frequency of emotional intelligence based on the coping styles

Coping styles / Emotional intelligence	Problem-focused	Emotional-focused	Avoidance	Mixed
Middle	17 (9)	24 (37.5)	24 (38.7)	9 (25.7)
Good	168 (88.9)	40 (62.5)	38 (61.3)	26 (74.3)
Excellent	4 (2.1)	0 (0)	0 (0)	0 (0)
Total	189 (100)	64 (100)	62 (100)	35 (100)
Average	111.77	101.23	104.29	104.63
Standard deviation	10.969	10.046	10.67	6.946
Test's Results	One Way ANOVA, $F=16.60$, $df_1=3$, $df_2=346$ P<0.001			

According to this result, Tukey test was utilized in order to make comparison between the averages of each group. The results revealed that there is a significant statistical deference between the score of emotional intelligence and problem-focused coping style, emotional-focused coping style and avoidance coping style (P<0.001). Also there is a significant statistical deference between the emotional intelligence and problem-focused coping style and between emotional intelligence and mixture of different coping style (P<0.002). But there is no significant statistical deference between emotional intelligence and emotional-focused coping style and avoidance coping style (P=0.387), also between emotional-focused coping style and mixed coping style (P=0.441), between avoidance coping style and mixed coping style (P=0.999). In addition, it was determined that the emotional intelligence is higher in the participants who use problem-focused coping style than among participants who use emotional-focused coping style, avoidance coping style, and mixed coping style (Table number 4).

Table 4. Comparison of Emotional Intelligence in terms of coping styles with stress

Style	Number	Average	S.D.	Test's result
Problem focused Emotional focused	189 64	111.77 101.23	10.969 10.046	Tukey HSD P<0.001 Meaningful
Problem-focused Avoidance	189 62	111.77 104.29	10.969 12.618	Tukey HSD P<0.001 Meaningful
Problem-focused Mixed	189 35	111.77 104.63	10.969 6.946	Tukey HSD P=0.002 Meaningful
Emotional-focused Avoidance	64 62	101.23 104.29	10.046 12.618	Tukey HSD P=0.387 Not Meaningful
Emotional-focused Mixed	64 35	101.23 104.63	10.046 6.946	Tukey HSD P=0.441 Not Meaningful
Avoidance Mixed	62 35	104.29 104.63	12.618 6.946	Tukey HSD P=0.999 Not Meaningful

IV. DISCUSSION

In this study 77.71 percent of participants got a good score for emotional intelligence. This finding is similar to the studies of Delpasand and colleagues (2011), Molayi and colleagues (2012), and FahimDowin and colleagues (2007) [16,22, 23]. Also it is similar to the results of Kim and Han (2015). In that study, the emotional intelligence of nursing students was reported 5 (between 1 to 7) [24]. But there is a difference between the findings of present study and the findings of Rushdi Mohamed and Ramzi Yousef (2014). In their study the relation between emotional intelligence and the styles of conflict management were analyzed among nursing managers. They said that a good majority of nursing managers have middle range emotional intelligence [25]. Probably it is due to the fact that lack of proper training plans in organizations could decrease the ability of emotional intelligence utilization. Their study was about nursing managers, but the present study was done about all nurses. This issue could be resolved by organizing the classes, workshops and training seminars.

The results showed that 189 (%54) participants use problem-focused coping style, 64 persons use emotional-focused coping style and 62 persons use avoidance coping style. In addition, 35 participants got a same score for two styles in a same time which was categorized in other group which it is called; mixed coping style. That is quite evident that problem-focused coping style is more prevalent than other styles among participants. Other styles such as emotional-focused coping style and avoidance coping style stand at second and third positions. These findings are similar to the study of Shikai (2007). Shikai declared that most of the nursing students use problem-focused coping style. But there is another critical difference. Shikai said that second position goes to avoidance coping style and the third position goes to

emotional-focused coping style [40]. Maybe it is because of the differences in research community and cultural aspects. Montes-Berge and Augusto reported that a great majority of nursing students tend to apply problem-focused coping style [27]. Moreover, Ni and colleagues (2010) reported the average of active coping styles (problem-focused coping style) among nursing students are more than other styles [28]. In a study, Chon and Fong reported that the nursing students in Hong Kong use active coping style. It means that they do physical activities in order to decrease their tension. After this style, other students prefer to concentrate on optimistic thoughts, then utilizing problem-focused coping style, and the rest of the students use avoidance coping style [29]. The result of their study is different from present study. It is due to some differences such as the aims of research, nursing experiences, and different kinds of stress. In their study the main source of stress was clinical stress during internship. The main causes of stress during internship are physical activity and sense of fear about lack of clinical skills and causing physical harm to the patients. But in present study the participants have been chosen from nurses with clinical experience that is responsible for dealing with stress. But in another study which have been carried out by Khodayari Fard, Shokouhi, and GhobariBonab (2009), most of the students used problem-focused coping style. This alignment can be due to cultural similarities and the participation of final-year students with high clinical experiences [30].

This study showed that there is a meaningful relation between the average score of emotional intelligence and coping styles among the nurses ($P<0.001$). Moreover, the score of emotional intelligence was higher among the nurses who utilize problem-focused coping style than the ones utilizing emotional-focused coping style, avoidance coping style or mixed coping style. In fact, these findings reveal that the nurses who have high score in emotional intelligence, tend to use problem-focused coping style against stress and tension.These findings are similar to the study of Molayi and colleagues (2012). In accordance with their study, there is a correlation between the emotional intelligence of nursing students and coping styles [16]. Also in other study, Bastian (2005) reported that there is a relation between emotional intelligence, problem solving skill, and the ability of coping [31]. In addition, Rogers and colleagues (2006) said that emotional intelligence is one of the moderator factors in coping styles [32]. Rogers and colleagues showed that there is a significant and direct relation between emotional intelligence and active cognitive and behavioral coping style. Norbakhsh, Besharat, and Zarei (2010) said that there is a direct and meaningful relation between emotional intelligence and active coping styles, but there is a (Ineffective) significant and reverse relation between emotional intelligence and emotional-focused coping styles [33]. Based on the study of Kim and Han (2015), there is a positive relation between problem-focused coping style and emotional intelligence [24]. Furthermore, Mohammad khani and Bashgharah (2008) declared that there is a meaningful and direct relation between emotional intelligence and effective coping styles [34].

V. CONCLUSION

According to the results of this study, a good majority of participants got a good score in emotional intelligence and the ones, who had a higher score in emotional intelligence, tend to use problem-focus coping style more than other coping styles. In accordance to these findings and how importance of a role, emotional intelligence plays in order to protect nurses against occupational stresses and mental disorders, emotional intelligence could be regarded as one of the priorities in training plans in both academic and clinical fields. In addition, it is recommended to organize some workshops about emotional intelligence and coping styles as on the job training plan and design these courses in nursing education programs. There are some advantages to these plans. For instance, they could increase the ability of nursing students and the efficiency and effectiveness of nursing care. In addition, these plans can increase the satisfaction of patients and their families and also could strengthen the level of community health. It is widely recommended to do further studies in other hospitals with greater number of participants to analyze the relation of emotional intelligence and coping styles with stress among the nurses. Chiefly due to the fact that, by comparing the results with previous studies and future studies, other conclusions could be achieved that can be generalized to the entire population of nurses in the country.

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REFERENCES

[1]. Agnoli S, Pittarello A, Hysenbelli D, Rubaltelli E. Give, but Give until It Hurts": The Modulatory Role of Trait Emotional Intelligence on the Motivation to Help.PLoS ONE10. 2015 June; 10(6): e0130704.

[2]. Reed S, Kassis K, Nagel R, Verbeck N, Mahan JD, Shell R. Does emotional intelligence predict breaking bad news skills in pediatric interns? A pilot study. Med Educ Online 2015 August; 20: 242-45.

[3]. Sygit-Kowalkowska E, Sygit K, Sygit M. Emotional intelligence vs. health behavior in selected groups in late adulthood. Ann Agric Environ Med. 2015; 22(2): 338–343.

[4]. Nelson MH, Fierke KK, Sucher BJ, Janke KK. Including Emotional Intelligence in Pharmacy Curricula to Help Achieve CAPE Outcomes. American Journal of Pharmaceutical Education 2015 May; 79 (4) Article 48.

[5]. Wong Y, Lin J. S, Chang Y. J. Body satisfaction, emotional intelligence, and the development of disturbed eating: a survey of Taiwanese students. Asia Pac J ClinNutr 2014;23(4):651-659.

[6]. Snowden A, Stenhouse R, Young J, Carver H, Carver F, Brown N. The relationship between emotional intelligence, previous caring experience and mindfulness in student nurses and midwives: a cross sectional analysis. Nurse Education Today 2015; 35: 152-158.

[7]. Guseh SH, Chen XP, Johnson NR. Can enriching emotional intelligence improve medical students' proactivity and adaptability during OB/GYN clerkships? International Journal of Medical Education. 2015; 6: 208-212.

[8]. Johnson DR. Emotional intelligence as a crucial component to medical education. International Journal of Medical Education. 2015; 6:179-183.

[9]. Petrovici A, Dobrescu T. The Role of Emotional Intelligence in Building Interpersonal Communication Skills. Procedia-Social and Behavioral Sciences. 2014; 116:1405-10.

[10]. Kronenberg LM., Goossens PJJ, Busschbach JV, Achterberg TV, Brink WVD. Coping styles in substance use disorder (SUD) patients with and without co-occurring attention deficit/hyperactivity disorder (ADHD) or autism spectrum disorder (ASD). BMC Psychiatry (2015) 15:159.

[11]. Ren J,Jiang X, Yao J,Li X,Liu X, Pang M, et al. Depression,Social Support,and Coping Styles among Pregnant Women after the Lushan EarthquakeinYa'an,China.PLoSONE. 2015 August; 10(8):e0135809.

[12]. Lavoie JAA. Eye of the beholder: Perceived Stress, Coping Style, and Coping Effectiveness Among Discharged Psychiatric Patients. Archives of Psychiatric Nursing. 2013; 27: 185-190.

[13]. Ding Y, Yang Y,Yang X,Zhang T,Qiu X,He X, et al. The Mediating Role of Coping Style in the Relationship between Psychological Capital and Burnout among Chinese Nurses. PLoSONE. 2015 April; 10(4): e0122128.

[14]. Pereira FGF,Caldini LN, Miranda MDC, Caetano JA. Assessment of stress in the inclusion of nursing students in hospital practice. Invest EducEnferm. 2014; 32(3): 430-437.

[15]. Demir S, Demir SG, Bulut H, Hisar F. Effect of Mentoring Program on Ways of Coping with Stress and Locus of Control for Nursing Students. Asian Nursing Research. 2014; 8: 254-260.

[16]. Mollaei E, Asayesh H, Qorbani M, Sabzi Z. The relationship between emotional intelligence and coping strategies of Golestan medical science university students. Pejouhandeh. 2012;17(3):127-33 (Persian).

[17]. SafariniaM,Solgi Z, Tavakoli S. Investigating validity and reliability of Social Intelligence Questionnaire Among university students in Kermanshah. Social Psychology Research Quarterly. 2011; 1(3): 9-10 (Persian).

[18]. Solgi Z. The relationship between emotional intelligence, mental health and academic achievement of Kermanshah University of Payam Noor.2008, project PNU of Kermanshah (Persian).

[19]. Naghizadeh H, Tavakkoli M, Miri M, Akbarzadeh H. Relationship between emotional intelligence and job stress among managers and employees of teaching hospitals affiliated to Tabriz University of Medical Sciences and Health Care. Journal of Birjand University of Medical Sciences.2010; 16(4): 57-64(Persian).

[20]. Ghoreyshi Rad F. Validation of Endler& Parker coping scale of stressful situations. Behavioral Sciences.2010; 4(1): 1-7(Persian).

[21]. Shokri O, Taghilou S, Geravand F, Paeizi M, Moulaei M, Abdelahpour M et al. Factor structure and psychometric properties of the farsi version of the coping inventory for stressful situations (CISS). Advances in cognitive science fall.2008; 10(3): 22-33 (Persian).

[22]. Delpasand M, Nasiripoor1 A A, Raiisi2 P, Shahabi M. Relationship between emotional intelligence and occupational burnout among nurses in Critical Care Units. Critical Care Nursing.2011; 4(2): 79-86(Persian).

[23]. FahimDowin H. Amirtash AM. Karimi Y. Hadavi F. The Relation between emotional intelligence and confilict management strategies in educational and executive managers of physical education colleges in Iran and developing model. Harkat Journal. 2007; 32:201-216. (Persian).

[24]. Kim MR, Han SJ. Nursing students' emotional intelligences and coping strategies. Advanced Science and Technology Letters. Healthcare and Nursing. 2015; 88:53-56.

[25]. Rushdy Mohamed F, Ramzy Yousef H. Emotional Intelligence and Conflict Management Styles among Nurse Managers at Assiut University Hospitals. Journal of Education and Practice.2014; 5(5): 160-165.

[26]. Shikai,N.Uji,M.Chen,Z.Hiramura, H.Tanaka,N. Shono, M & Kitamura, T. The role of coping styles and self-efficacy in the development of dysphoric mood among nursing students. Journal of psychopathology behavior assessment.2007; 29 (4):241-248.

[27]. Montes-Berge B & Augusto J, M. Exploring the relationship between perceived emotional intelligence, coping, social support and mental health in nursing students. Journal of Psychiatric and Mental Health Nursing.2007; 14: 163–171.

[28]. Ni C, Liu X, Hua Q, Lv A, Wang B, Yan Y. Relationship between coping, self-esteem, individual factors and mental health among Chinese nursing students: a matched case-control study. Nurse Educ Today.2010; 30 (4):338-343.

[29]. Chan, C, So, W. & Fong, D. Hong Kong Baccalaureate Nursing Students' Stress and Their Coping Strategies in Clinical Practice. Journal of professional nursing: official journal of the American Association of Colleges of Nursing.2009; 25(5), 307-313.

[30]. Khodayarifard M, Shokoohi-Yekta M, Ghobari-Bonab B. Relationship between stressors, stress symptoms, and coping strategies in college students. Psychological research. 2009; 22: 27-44 (Persian).

[31]. Bastian VA, Burns NR, Nettelbeck T. Emotional intelligence predicts life skills, but not as well as personality and cognitive abilities. PersIndivid Dif.2005;39 (6):1135-1145.

[32]. Rogers P, Qualter P, Phelps G, Gardner K. Belief in the paranormal, coping and emotional intelligence. PersIndividDif .2006; 41(6):1089-1105.

[33]. Noorbakhsh SN, Besharat MA, Zarei J. Emotional intelligence and coping styles with stress. Procedia: SocBehavSci .2010;5:818-822.

[34]. Mohammadkhani SH, Bashgharah R. Emotional intelligence and coping styles as predictors of general health. Research in Psychological Health. 2008; 2(1): 37-47(Persian).