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The Relationship between Religious-Spiritual Well-Being and Stress, Anxiety, and Depression in University Students

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Abstract

Background and Objectives: The aim of the present study was to determine the relationship between dimensions of religious and spiritual wellbeing, stress, anxiety, and depression in students of Qom University of Medical Sciences and as well as to access the predictability of stress, anxiety, and depression from the levels of religious-spiritual dimension in students.

Methods: In this descriptive and analytical study, 138 students in Qom University of Medical Sciences were selected via random sampling method. Theycompleted the MI RSWB- 48, Depression, anxiety, and stress scale (DASS-21). Data were analyzed by SPSS Ver.16 ,utilizing descriptive statistics and the statistical tests of Independent t-test, ANOVA, Pearson correlation coefficient and regression analysis.

Results: Religious-spiritual wellbeing was correlated with depression, anxiety and stress ($p<0.05$). The results of multiple liner regression showed that hope predicted stress, anxiety, and depression after controlling demographic variables. In addition, general religiosity was associated with depression.

Conclusion: The findings indicated that immanent hope and general religiosity were, respectively, the most important religious-spiritual components which may affect psychological distress in students.

Keywords: Anxiety, Depression, Religious-Spiritual Wellbeing, Stress, University Students

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Introduction

As new technologies and industries are introduced and their relevant problems emerge, there appears an outstanding increase in the frequency of mental diseases and disorders similar to physical problems. Since the mental health of students is of paramount importance, students' emotional and psychological problems are deemed very significant. The increasing rate of referrals to student consultation departments in universities are an indication of the fact that an increasing number of students are suffering from social, educational, and mental problems (1). Anxiety and depression are two important factors which endanger individuals' mental health. The prevalence of depression has been reported to be from about 2.3% to 3.7% of total population, so that almost 6% of individuals get depressed at least once in their lifetime. Being among the most prevalent mental disorders at all age ranges, anxiety disorders are regarded as the significant factors in provocation of some socio-cultural and familial problems (2). At present, more attention is being paid to religious-spiritual component of health. This has caused a recent announcement by the WHO to the effect that human beings are bio-psycho-social and spiritual creatures (3). Spirituality and religion are new paradigms in order to account for future challenges, so that a religious-spiritual model is able to be responsible for fulfillment of individuals'

transcendental requirements. Spirituality and religiosity are building blocks in the lives of many human beings, and the degree by which individuals are committed to their religious teachings is a strong indicator of their mental health (4). There is a borderline between spirituality and religiosity. While spirituality includes a personal relationship with a transcendental entity and undying power, religiosity is a representation of spirituality in the context of private religion that takes in all social and personal customs and practices (5). Religious beliefs trust in the Almighty God, and believe in a source of reality and that an absolute superpower can strengthen individuals' power to endure difficulties, thereby improving their physical and mental health, preventing from physical and mental diseases, and increasing ones' hope for the future (6, 7).

The relationship between health and spirituality has been the focus of attention by some researches. In their study, Sorajjakool et al. concluded that spirituality plays a key role in depression. They also reported that depression levels are lower in spiritual persons (8). Good et al. examined the degree by which people are spiritual through their presence in religious places and by asking them about their belief in the Almighty God or a transcendental entity. The results showed that there is a positive and significant relationship between religiosity and compatibility in youngsters, disregarding their spirituality levels (9). According to Desrosiers, spirituality and religiosity include regular spiritual experiences, remission, and generosity, and religious encounter with lower depression degrees (10). Moreover, a direct, powerful relationship was reported to have existed between religious attitudes, satisfaction with life, and indices of physical health. In another research, it was found that effective relationship with the Almighty God is a factor of a reduction in stress, anxiety, and depression levels, thus improving one's mental health (11-13). Studies conducted in Iran indicated that there is a positive and significant relationship between vigorous religious functions and practices based on internal spirituality, on the one hand, and physical health, mental health, and stress management strategies, on the other. (14-17).

According to negative effects of anxiety and depression in all aspects of life and education, it seems indispensable to investigate such factors and make attempts to diminish their impacts. Thus far, most studies have only addressed the relationship between religiosity and spirituality and physical and mental health in a general manner, thus neglecting the impacts different aspects of religiosity and spirituality have on physical and mental health. In addition, although there have been some studies carried out on the relationship between mental health and spirituality in Christian and Jewish communities, research in Iran's Islamic culture is still in its first stages. Whereas this relationship is well emanated in such terminologies as trust, resorting, and submission, its value has not yet been placed within the framework of scientific articles. The present article was planned and carried out in order to evaluate and determine the relationship between different aspects of religious-spiritual wellbeing, on the one hand, and students' stress and depression levels, on the other hand.

Methods

This cross-sectional study was conducted in 2015. The population of this study included students at Qom University of Medical Sciences, 150 of whom were selected for the purpose of the study using random sampling method.

The inclusion criteria were as follows (a) being a student at the time of the study, and (b) willingness of student to take part in the research. At first, the researcher entered the research setting after obtaining the necessary permits from the university and faculty directors. Afterwards, the constructed questionnaires were handed out to the students in order be completed according to the sampling method. Having been ensured of the fact that their information would be kept completely confidential, students replied to questionnaire items of their own free will.

In addition to demographic characteristics, the instruments used in this research included: Multidimensional Inventory for Religious-Spiritual Wellbeing-48, which includes 48 items and 6 themes designed to evaluate religious-spiritual wellbeing with regard to health. The first version of this inventory was constructed by Ante Ghiner in 2005, whose final version was introduced in 2007 and later published in 2010 after the required modifications and reviews were made (18). Questionnaire's subscales included: Forgiveness, immanent hope, experiences of sense and meaning, general religiosity, connectedness, and transcendent hope. Likert framework was adopted in replying to items, and it had a general score. Its scoring procedure is based on the score totally gained by each participant in the inventory and its individual aspects thereof. The inventory items are arranged in a six-point Likert scale from strongly disagree to strongly agree. Sixteen items out of the total 48 items are inversely scored. Reliability and validity of Persian version of the questionnaire have been established by Mahmoud Alilou et al. (19).

Depression, Anxiety, and Stress Scale-21, which is a 21-item self-report questionnaire regarding anxiety, depression, and stress designed by Lovibond in 1997. Each item had a four-point Likert scale between zero and three: 0=never, 1=little, 2=average, 3=too much (20). Reliability and validity of Persian version of the questionnaire have been affirmed by Ebadi et al. (21).

Data were analyzed using SPSS,Ver. 16, via descriptive statistical tests, Pearson correlation statistical test, and multiple linear regression analysis. In all tests, the significance level was regarded to be below 0.05.

Result

The mean age of participants was 21.37, and its standard deviation was 2.99. The participants' age range was between 18 and 41 years. 88.4% of them were single, and 14.5% were residing in the dormitory.

The mean score of depression of the participants was 5.77, their mean score of anxiety was 4.76, and students' stress score was 6.91. The mean score of religious-spiritual wellbeing was 24.85 in female students and 24.41 in male students, being 24.63 in general. The Means and standard deviations of religious-spiritual wellbeing and their subscales are presented in the Table 1.

Table 1: mean of scores related to religious-spiritual wellbeing and stress, anxiety, and depression in students

Variable	Mean±SD	Range
General religiosity	5.17±0.64	6-36
Forgiveness	2.96±0.85	2-8
Hope Immanent	4.40±0.75	2-8
Connectedness	4.63±0.61	5-12
Hope Transcendent	2.70±0.67	5-37
Experiences of Sense and Meaning	4.63±0.64	4-16
Total score	5.88±2.15	3-12
Stress	6.91±4.92	0-21
Anxiety	4.76±4.21	0-21
Depression	5.77±4.86	0-21

Table 2 shows the relationship between stress, anxiety, and depression and religious-spiritual wellbeing. As is seen in table 2, there is a significantly inverse correlation between religious-spiritual wellbeing, on the one hand, and stress, anxiety, and depression, on the other.

Table 2: correlation between components of religious-spiritual wellbeing and stress, anxiety, and depression in students

Variable	Stress	Anxiety	Depression
General religiosity	-0.18*	-0.32**	-0.35**
Forgiveness	-0.21*	-0.15	-0.16
Hope Immanent	-0.32*	-0.32**	-0.34**
Connectedness	-0.01	-0.06	-0.12
Hope Transcendent	-0.22*	-0.10	-0.11
Experiences of Sense and Meaning	-0.17	-0.18*	-0.22*
Total score	-0.40**	-0.32**	-0.35**

Multiple linear regression analysis was employed in order to predict and explain students' stress, anxiety, and depression levels based on different components of religious-spiritual wellbeing.

From among the variables entered into the regression model, i.e., the components of religious-spiritual wellbeing and variables of demographics, the variable of immanent hope had a significant impact on stress, depression, and anxiety. Degree of immanent hope had the highest significant effect on independent variables with the highest beta value. In addition, general religiosity is a significant predictor of depression (Table 3).

Table 3: multiple regression for components of religious-spiritual wellbeing in prediction of stress, anxiety, and depression

Dependent variable	Independent variable	B	Standard error	Beta coefficient	T	P-value
Stress	General religiosity	-2.09	1.11	-0.22	-1.87	0.06
	Forgiveness	-0.25	0.67	-0.04	-0.38	0.70
	Hope Immanent	-2.73	0.98	-0.34	-2.77	0.007
	Connectedness	2.17	1.31	0.22	1.66	0.10
	Hope Transcendent	-1.14	1.02	-0.14	-1.12	0.26
	Experiences of Sense and Meaning	-1.15	1.08	-0.12	-1.05	0.29
Anxiety	General religiosity	-1.80	1.93	-0.23	-1.92	0.05
	Forgiveness	-0.25	0.61	-0.05	-0.42	0.67
	Hope Immanent	-1.83	0.82	-0.28	-2.23	0.02
	Connectedness	1.68	1.11	0.20	1.51	0.13
	Hope Transcendent	-0.24	0.87	-0.03	-0.28	0.77
	Experiences of Sense and Meaning	-0.52	0.91	-0.06	-0.57	0.56
Depression	General religiosity	-2.50	1.06	-0.29	-2.35	0.01
	Forgiveness	-0.29	0.68	-0.05	-0.43	0.66
	Hope Immanent	-2.44	0.97	-0.33	-2.51	0.01
	Connectedness	2.16	1.25	0.23	1.71	0.09
	Hope Transcendent	-0.54	0.91	-0.07	-0.54	0.78
	Experiences of Sense and Meaning	0.26	1.12	0.02	0.23	0.81

Discussion

The results of this study showed that there is a significant relationship between religious-spiritual wellbeing, on the one hand, and stress, anxiety, and depression, on the other. In this study, participants with high religious-spiritual wellbeing degrees reported lower levels of stress, anxiety, and depression. People with a pleasant and emotional relationship with the Almighty God possess, despite several problems, a special type of peace of mind and are able to make positive relationships with others. The investigation of religiosity in increasing human capacities has always been a major concern of positivist psychological approaches. Spirituality and religion serve as a shield against human problems and difficulties, causing a reduction in individuals' mental disorders and an improvement in their mental health (22). In general, a review of studies in recent decades indicates that religious-spiritual wellbeing has been influential in improvement of individuals' mental and physical health and reduction of disorders as well. Papazisis et al. (2013) studied the relationship between religious-spiritual beliefs and self-respect, anxiety, and depression in 123 nursing students. They reported a strong positive relationship between religious-spiritual beliefs and high self-respect, and a negative one between such beliefs and stress (23). In their study on a larger sample (2,811 participants), Idler et al. concluded that depression levels were significantly lower in those people who attended religious services or made private worship (24). Sanders et al. (2015) investigated the relationship between religious beliefs and depression, anxiety, and self-confidence in 898 students. The results showed that internal religion, spiritual maturity, and self-sublimation are significant predictors of mental health and positive mental performance (25). In another study conducted on the personnel of a hospital in Shiraz,Iran, all religious-spiritual components were found to have a significant correlation with mental health (26). Dalman specified that the relationship between spirituality and depression is significant, meaning that those with high spirituality levels emanated lower depression symptoms.

The findings of this study showed a significant relationship between the component immanent hope and stress, anxiety, and depression. It means that the component immanent hope is an important predictor of students' stress, anxiety, and depression levels. Hopefulness is an outcome of human mental health, and a belief and relationship with a supreme power. It is safe to assert that the cause of worshipping the Almighty God and submission to His will is a fundamental relationship so that the Holy Quran regards those who possess indices of health and worshiping as hopeful (27). In this respect, Van Geste et al. showed that hopefulness has a

significant relationship with mental health and perceived quality of life (28). In New Zealand, Krägeloh showed that reduction of hopefulness, optimism, and meaning in life was a powerful predictor of medical students' mental problems (29).

The major limitation of this study is its cross-sectional nature. Further longitudinal studies are thus required to gain higher clarifications. Another limitation of this study is the sample under investigation, which included young students of only one university in the country. Therefore, more studies are necessary to be carried out in order to generalize the results of this study to more general populations.

Conclusion

According to the results of this study, immanent hope and general religiosity were respectively the most important religious-spiritual components which may affect psychological distress in students. With regard to the relationship between religious-spiritual wellbeing and all three variables of stress, anxiety, and depression, it is necessary to focus on programs which are capable of improving religious-spiritual health, particularly hopefulness among the youth.

Conflict of interest

The authors declare no conflict of interest.

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References

1.Moallemi S, Bakhshani NM, Raghibi M. On the relationship between mental health, spiritual intelligence and dysfunctional attitudes in students of Systan and Baluchestan University, Southeast of Iran. J Fundamentals Ment Health. 2011;12(4):702-9. [Persian]

2.Adham D, Amiri M, Dadkhah B, Mohammadi MA, Mozaffari N, Sattari Z, et al. Investigation of mental health in students of Ardabil University of Medical Sciences. J Ardabil Univ Med Sci. 2007;8(3):229-34.

3. Somers JM, Goldner EM, Waraich P, Hsu L. Prevalence and incidence studies of anxiety disorders: a systematic review of the literature. Can J Psychiatry. 2006;51(2):100-13.

4. Pargament KI, Ano GG, Wachholtz AB. The religious dimension of coping: Advances in theory, research, and practice. In: Paloutzian R, Park C, editors. Handbook of the psychology of religion and spirituality. New York: Guilford; 2005. p. 479–95.

5. Ghodrati Mirkuhi M. Relationships between the Religiousness and mental health among adolescent. J Behav Sci. 2011;2(5):115-31.

6. Mohr WK. Spiritual issues in psychiatric care. Perspect Psychiatr Care. 2006 Aug;42(3):174-83.

7. Taheri kharameh Z, Asayesh H, Zamanian H, Shoouri bidgoli A, Mirgheisari A, Sharififard F. Spiritual Well-being and religious coping strategies among hemodialysis patients. Iran J Psychiatr Nurs. 2013;1(1):48-54.

8. Sorajjakool S, Aja V, Chilson B, Ramírez-Johnson J, Earll A. Disconnection, Depression, and Spirituality: A Study of the Role of Spirituality and Meaning in the Lives of Individuals with Severe Depression. Pastoral Psychol. 2008;56(5):521-32.

9. Good M, Willoughby T. The Role of Spirituality versus Religiosity in Adolescent Psychosocial Adjustment. J Youth Adolesc. 2006;35(1):39–53.

10. Desrosiers A, Miller L. Relational spirituality and depression in adolescent girls. J Clin Psychol. 2007 Oct;63(10):1021-37.

11. Beck R. Communion and complaint: attachment, object-relations, and triangular love perspective on relationship with God. J Psychol Theol. 2006;34(1):43-53.

12. Laurin K, Kay AC, Mosovitch DA. On the belief in God: Towards an understanding of the emotional substrates of compensatory control. J Exp Soc Psychol. 2008;6(2):1559-62

13. Gall T, Charbonneau C, Clarke NH, Grant K, Joesph A, Shouldice L. Understanding the Nature and Role of Spirituality in Relation to Coping and Health. Canadian Psychol. 2005;46(2):88-104.

14. Ebrahimi A. The relationship between depression and religions attitude and performances in adults. Res med sci. 2003;8(1):94-6. [Persian]

15. Gafari A, Sadri J, Fathi Aghdam GH. The relationship between Family function and religiosity and mental health among male and female students. Couns Res Dev. 2007;6(22):107. [Persian]

16. Cheraghi M. The relationship between multidimensional of the religiousness and mental health among student. J Educ psychol. 2006;2(2):1-22. [Persian]

17. Ghobari bonab B, Motavalipoor A, Hakimi Rad E, Habibi Asgarabadi M. Relationship between Anxiety and Depression and Magnitude of Spirituality in

Students of the University of Tehran. J Appl Psychol. 2009;3(10):110-23.
18. Unterrainer HF, Ladenhauf KH, Moazedi ML, Wallner-Liebmann SJ, Fink A. Dimensions of Religious/Spiritual Well-Being and their relation to Personality and Psychological Well-Being. Pers Individ Dif. 2010;49(3):192-7.
19. Mahmood Alilu M, Zarean M, Beyrami M, Hashemi T, Elhami Asl M, Aayat Mehr F. Psychometric properties of Farsi version of Multidimensional Inventory for Religious-Spiritual Well-Being. Contemp Psychol. 2011;6(1):23-36. [Persian]
20. Goldberg DP, Gater R, Sartorius N, Ustun TB, Piccinelli M, Gureje O, et al. The validity of two versions of the GHQ in the WHO study of mental illness in general health care. Psychol Med. 1997 Jan;27(1):191-7.
21. Naeinian M, Nikazin A. Validity and reliability of the 21-item Depression, anxiety, stress scale (DASS-21) in Iranian studends. Payesh J. 2002;1(3):39-46. [Persian]
22. Safee Rad I, Karimi L, Shomoossi N, Ahmadi Tahor M. The relationship between spiritual wellbeing and mental health of university students. J Sabzevar Univ Med Sci. 2011;17(4):274-80. [Persian]
23. Papazisis G, Nicolaou P, Tsiga E, Christoforou T, Sapountzi-Krepia D. Religious and spiritual beliefs, self-esteem, anxiety, and depression among nursing students. Nurs Health Sci. 2014;16(2):232-8.
24. Idler Ellen L. Religious Involvement and the Health of the Elderly: Some Hypotheses and an Initial Test. Soc Forces. 1987;66(1):226-38.
25. Sanders PW, Allen GE, Fischer L, Richards PS, Morgan DT, Potts RW. Intrinsic religiousness and spirituality as predictors of mental health and positive psychological functioning in Latter-day Saint adolescents and young adults. J Relig Health. 2015;54(3):871-87.
26. Ghahremani N, Nadi M. Relationship between Religious/Spiritual Components, Mental Health and Hope for the Future in Hospital Staff of Shiraz Public Hospitals. Iran J Nurs. 2012;25(79):1-11. [Persian]
27. Vahedi S, Ghanizadeh S. Path analysis model of the relationship between intrinsic religious motivation, prayers, spiritual well-being and quality of life and psychological well-being of students. J Research Psychol Health. 2009;9(2):25-42. [Persian]
28. Van Gestel-Timmermans H, Van Den Bogaard J, Brouwers E, Herth K, Van Nieuwenhuizen C. Hope as a determinant of mental health recovery: a psychometric evaluation of the Herth Hope Index-Dutch version. Scand J Caring Sci. 2010;24 Suppl 1:67-74.
29. Krägeloh CU, Henning MA, Billington R, Hawken SJ. The relationship between quality of life and spirituality, religiousness, and personal beliefs of medical students. Acad Psychiatry. 2015;39(1):85-9.