# Study of Correlation between Religious Orientation and Mental Health among the Staff of Pars Special Zone using Structural Equation Modeling

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**Abstract**

**Background and Objectives:** Mental health is one of the most important components of healthy life. Culture, particularly religious orientation, is one of the factors whose role in promoting mental health is increasingly being emphasized. The aim of this study was to investigate correlation between religious orientation and mental health among the staff of Pars Special Economic Energy Zone (PSEEZ) of Asalouyeh using Structural Equation Modeling (SEM).

**Methods:** The study population of this descriptive-correlational study consisted of all staff of PSEEZ. Of this population, 388 administrative staff were selected by random, cluster, multistage sampling to be study samples. To collect data, General Health Questionnaire and Religious Orientation Questionnaire were used. To investigate correlation between the studied variables, Pearson correlation coefficient was used. To investigate correlation between religious orientation and mental health among the staff, the SEM was used.

**Results:** Religious orientation and mental health were significantly correlated according to the SEM. Beliefs and rituals, and morality collectively explained 18% of variations in mental health.

**Conclusion:** The findings demonstrated that beliefs and rituals, and morality could be significant predictors of mental health, i.e. those who adhere to religious beliefs and practices and observe religious ethics have lower levels of anxiety and depression. Such people are therefore more capable of improving their relationships and interactions and have higher levels of mental health.

**Keywords:** Religious Orientation, Beliefs and Rituals and Morality Aspects, Mental Health.

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## Introduction

Mental health is one of the most important components of a healthy life. A large number of factors are involved in appropriate or inappropriate development of mental health (1). In terms of mental health, a healthy man seeks out meaning of life, happiness, and prosperity (2). Recently, unlike a few decades ago when human was considered to be composed of three biological, psychological, and social aspects, another aspect namely mental or spiritual aspect has been Introduced. In fact, humans' actions and manners do not originate from a single aspect. Rather, all four aspects interact and, thus, determine human behavior (3). Allen argues that all levels and aspects of health should be compatible and integrated with each other to have a high level of health, (4).

Culture, particularly religious orientation, is one of the factors whose role in promoting mental health is increasingly being emphasized (5). Allport was first to scientifically divide religious orientation into two orientations: Intrinsic and extrinsic. Extrinsic religious orientation is external and instrumental and is used to satisfy individual requirements, but internal religious orientation refers to a comprehensive motivational commitment that is the ultimate purpose (6).

The experts of religion of psychology have made inconsistent arguments regarding the effects of religious beliefs on mental health (7). Some have argued that religion has no positive effect on mental health (8,9). Moreover, some studies have demonstrated that there are a significant and positive correlation between religion and mental health (10-12). Dew et al. study showed that loss of faith and religious beliefs led to lack of improvement of mental health (13). Moreover, some studies have shown that people who have higher religious orientation develop anxiety and depression less frequently (12, 14-16).

Good and Willoughby studied interaction between religion and spirituality on psychological adjustment among adolescents using a wide spectrum of the instruments. They found that adolescents who practiced religious behaviors and rituals displayed lower levels of risky behaviors (17). Kim investigated the role and effect of religion on maladjustment in children of authoritarian parents and warm and authoritative parents. Kim found the significantly protective role of religion against maladjusted behaviors even among children of authoritarian parents, such that attending religious rituals was negatively correlated with reduced externalizing disorders (aggression, hyperactivity, and isolationism) (18).

Studies conducted in Iran have demonstrated that healthy and intrinsic spirituality-based restrictions and practices are positively and significantly correlated with stressors (16,19-21). A study demonstrated that extrinsic religious orientation and mental health components were positively correlated and intrinsic religious orientation and mental health components negatively correlated among nurses, i.e. those with internal religious orientation had better mental health (22).

Although several studies have been conducted to investigate association between religion and mental health, the present study is exquisite and innovative in many ways particularly psychologically. Measuring religious orientation according to the criteria and indices of Islam which have been less frequently studied is an important point of the present study. Secondly, people who work away from family and in hard conditions to move Iran's economic cycle and have not yet been investigated were enrolled in this study. Therefore, the present study was conducted to investigate correlation between religious orientation and mental health among the staff of Pars Special Economic Energy Zone (PSEEZ) of Asalouyeh to bridge these gaps in the literature.

## Methods

The study population of this descriptive-correlational study consisted of all staff of PSEEZ. Of this population, 388 administrative staff aged 24-45 years were selected by random, cluster, multistage sampling to be study samples. The inclusion criteria were being at work in PSEEZ of Asalouyeh during the study and volunteering to participate in the study. First, the officials of the zone provided formal permission to conduct this study in the PSEEZ and then the researcher entered the zone to distribute questionnaires among the participants. To observe ethical considerations, the researcher clearly explained to the participants that participation in the study would be voluntary and they would not be required to write down their names and addresses so that they could conveniently answer questions. In addition, it was emphasized that data would be analyzed together. To gather the data, two questionnaires were used:

A. General Health Questionnaire: Goldberg developed this questionnaire to diagnose mild psychiatric disorders. In this study, 28-item version of this questionnaire was used that consists of four subscales: Physical symptoms, anxiety, social dysfunction, and depression. The items are rated by four-point Likert scale and scored 0 to 3. In addition to scores for subscales, there is a total score for the entire questionnaire (23). Chan reported the alpha coefficients of physical symptoms, anxiety, social dysfunction, and depression to be 0.68, 0.71, 0.59, and 0.75, respectively (24). Taghavi reported this questionnaire's validity to be acceptable and its reliability to be 0.70, 0.93, and 0.90 according to test-retest, split-half, and internal consistency, respectively (25). In the present

study, the Cronbach's alpha coefficient of this questionnaire was derived 0.9.

B. Religious Orientation Questionnaire: This questionnaire was developed in a study conducted by Azarbaijani in the Research Institute of Hawzeh and University. The theoretical basis to develop this questionnaire was derived from authoritative Islamic sources. The final version of this questionnaire has 70 items. The mean value of its content validity according to the comments of experts in seminaries was derived 0.77. The questionnaire consists of two subscales: Beliefs and rituals, and morality. The reliability of beliefs and rituals, and morality subscales, and the entire questionnaire was derived 0.94 and 0.79, and 0.93, respectively, according to Cronbach's alpha coefficient (5). In the present study, the reliability of beliefs and rituals, and morality subscales was derived 0.84 and 0.77, respectively, and that of the entire questionnaire derived 0.89. To analyze data, LISREL software was used. To investigate the research questions, descriptive statistics and path analysis were used.

## Result

To investigate correlation between the studied variables, Pearson correlation coefficient was used, and as shown in Table 1, mental health subscales were positively and significantly correlated with religious orientation with coefficients of 0.18-0.73. Because high scores for general health questionnaire represent lower levels of mental health, negative correlation between mental health subscales and religious orientation indicates that scores for mental health decreased with increase in scores for mental health subscales, which reflected that people with higher levels of religious orientation had higher levels of mental health. The aim of this study was to investigate correlation between religious orientation and mental health using structural equation modeling (SEM). Accordingly, the SEM was used to predict mental health as latent dependent variable based on religious orientation as latent independent variable (Figure 1).

In this model, mental health was defined using four manifest variables: Physical symptoms, anxiety, social dysfunction, and depression. Religious orientation was defined based on two clear variables: beliefs and rituals, and morality. Chi-square value (37.82) with df of 8 was statistically significant (Sig=0.01). As the statistical significance of the chi-square value could be due to the large sample size of the study (n=388), goodness-of-fit of the model was investigated by other indices. Root-mean-square error (RMSE) (0.098) indicated that the model had an acceptable goodness-of-fit. Moreover, AGFI and GFI confirmed that the model had an acceptable goodness-of-fit, which was in agreement with the used empirical data. According to the findings, error value was derived 0.34 for physical symptoms, 0.28 for anxiety, 0.62 for social dysfunction, and 0.52 for depression. In addition, error value was derived 0.15 for beliefs and rituals and 0.48 for morality. Factor loading of mental health was derived 0.81 with physical symptoms, 0.85 with anxiety, 0.61 with social dysfunction, and 0.69 with depression all of which are acceptable according to t values that were higher than 1.96. Moreover, the factor loading of religious orientation was derived 0.92 with beliefs and rituals and 0.72 with morality which are not rejected according to t values that were higher than 1.96. Besides that, because all factor loadings are greater than 0.3, correlations between the latent variables and the observed variables are significant. Causal coefficient of religious orientation on mental health was 0.42.

Table 1. Mean, standard deviation, and correlation coefficient between the subscales of mental health and religious orientation

| Variable | M | SD | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|---|---|
| Physical symptoms | 5.38 | 4.32 | 1 | | | | | |
| Anxiety | 6.11 | 4.69 | 0.73** | 1 | | | | |
| Social function | 6.45 | 3.29 | 0.43** | 0.51** | 1 | | | |
| Depression | 2.60 | 3.90 | 0.54** | 0.54** | 0.54** | 1 | | |
| Beliefs and rituals | 31.01 | 9.11 | -0.27** | -0.26** | -0.33** | -0.42** | 1 | |
| Morality | 26.22 | 7.66 | -0.18** | -0.23** | -0.28** | -0.32** | -0.66** | 1 |

**P<0.01

Chi-square = 37.82    df =8   P-value =0.000      RMSEA= 0.098      GFI=0.94      AGFI=0.83
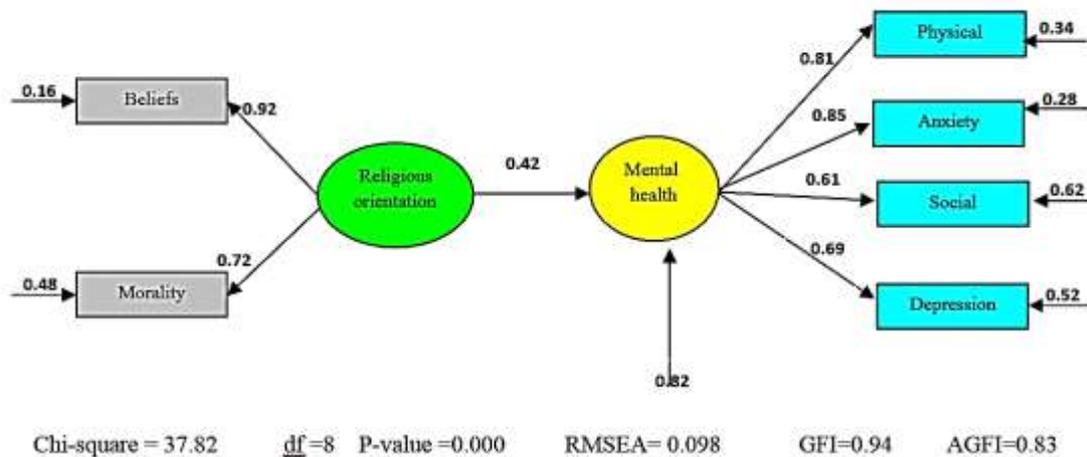
Figure 1. Structural equation modeling of religious orientation with mental health

This correlation is significant and represents the size of variation in mental health per unit of variation in religious orientation. Error value of mental health (0.82) indicated that the conducted estimation was sufficiently accurate and religious orientation was able to explain 18% of variations in mental health.

## Discussion

The present study was conducted to investigate correlation between religious orientation and mental health among staff using the SEM. Primary modeling of correlations among the variables was conducted according to the theoretical concepts and previous studies. This study demonstrated that beliefs and rituals, and morality could predict mental health significantly. More clearly, religious orientation components could explain 18% of variations in mental health. To date, many studies, consistent with the current study, have confirmed correlation of beliefs and rituals, and morality with the whole or some of the components of mental health (12-22).

Idler study demonstrated that depression was significantly lower in people who attended religious ceremonies or practiced religious rites individually than in other people (26). Moreover, Sanders et al. study indicated that intrinsic religious and spiritual maturity significantly predicted mental health and positive mental function (27). Papazisis et al. found a positive, significant correlation of

religious beliefs with high self-esteem and negative correlation of religious beliefs with stress (28).

Regarding religion positive effect on mental health, Webber argues that religion makes human life and death meaningful; religion develops hope and increases optimism; religion gives religious people some sense of control and efficiency that has a divine root and can compensate for declined personal control; and religion prescribes a healthier lifestyle for people that positively affects mental health (20). Moreover, Jung argues that all religions, even primitive ones, alongside their rituals and ceremonies are some types of psychotherapy that improve human mental and physical suffering (5).

To explain this finding, the positive role of culture and status of religion in Islamic community can be addressed. This finding reflects that with increase in the levels of beliefs, rituals, and morality, people can behave appropriately under different circumstances and do not deviate from balanced route and therefore have higher levels of general and mental health. Accordingly, people display patience and behave according to divine and revealed teachings to deal with unpleasant social, economic, and physical conditions. By comparison, when people neglect religious issues, they are more likely to develop mental disorders because people's personalities, attitudes, and behaviors may change in different

social conditions, which causes certain abnormalities at different levels and aspects that put mental health at risk.

Not volunteering to fill out the questionnaires because of the personal nature of the analyzed information was one of the limitations of this study. In addition, the design of the study (correlational) caused certain limitations regarding generalization of the findings, interpretation, and etiological evidence among the studied variables that should be taken into account. According to the findings of this study, psychologists and therapists can be recommended to use enhancement of religious beliefs to promote staff's mental health including daily recital of Quran, loving Ahl al-Bayt, fasting, attending Muharram mourning ceremonies, feeling joyful and happy during the holidays and birthdays of Apostles of God, attending mosques and prayer (beliefs and rituals), patience and persistence to achieve higher purposes, paying no attention to forbidden jobs, although they have high income, sacrifice for the sake of God, honesty and integrity, respect for parents, and no ridicule or contempt of others (morality).

## Conclusion

The findings of this study, consistent with many other similar studies in other cultures, highlighted the role of religion as an effective and protective factor in life. People who have reached cordial religious belief and surety have low levels of anxiety and depression. Therefore, such people are greatly capable of improving their relationships and interactions and have higher levels of mental health. Moreover, given the correlation of rituals and morality with mental health, congregation religious rituals should be conducted in a more majestic manner at workplaces. Besides that, the officials of different divisions should facilitate staff's attending religious rituals. Moreover, certain plans should be developed to promote staff's morality. Meanwhile, it is recommended to offer practical patterns of Islamic ethics.

## Conflict of interest

The authors declare no conflict of interest.

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