

The Relationship between Religious Attitudes and Psychological Well-being of Nurses Working in Health Centers in Qom University of Medical Sciences in 2014

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Abstract

Background and Objectives: Nurses are the most important group who provide health system services. They may face with various stresses related to their job that may cause physiological problems. Many factors can influence their psychological health. With this in mind, the current study aimed to examine the relationship between religious attitude with psychological well-being in nurses working in Qom University of Medical Sciences.

Methods: The data were collected by means of three questionnaires: demographic, psychological wellbeing, and religious attitude questionnaires. The religious attitude was assessed by Clark and Stark's religious attitude questionnaire. And the psychological well-being was measured by psychological well-being questionnaire introduced by Ryff and Keyes for adults in this study.

Results: Religious attitude and psychological well-being were at medium level in 53/6% of the subjects (n=127). Correlational Pearson test showed that total score of religious attitude had significantly positive relationships with psychological well-being ($r=+0/30$, $p<0/01$).

Conclusion: Based on the results of the study, it can be concluded that religious attitude can have a positive influence on psychological well-being.

Keywords: Religious Attitude, Psychological Wellbeing, Nurses, Wellbeing

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Introduction

The employees working in hospitals are the most important providers of health system service, and of course, this activity has exposed their continuous work to psychological, physical health and mental problems. Therefore, taking measures to enhance the status of mental health in nurses is significantly important. Mental health is the underlying principle of overall human health in addition to his physical health. It means the successful implementation of mental performance which

results in constructive activities, communication with other people and ability to adapt to learning changes and self-confidence (1). Following these theories and positive psychology movement which emphasize the existence of positive characteristics and development of individual capabilities, a group of psychologists have utilized the psychological well-being except for the mental health term because they believe that this term brings the positive characteristics and development of

individual capabilities, a group of psychologists have utilized the psychological well-being except for the mental health term because they believe that this term brings the positive dimensions to mind (2). Psychological well-being refers to the physical health and the perception and feeling which a person has about his health (psychological health) (3). The psychological well-being is among the normal concepts and structures of positive psychology (4). According to this group, lack of disease is not sufficient for the sense of health, but the sense of life satisfaction, adequate development, efficient interaction with the world, positive energy and creation, favorable link and relationship with the community and a positive development are among the characteristics in healthy individuals (5). In this regard, models are developed -such as Jahoda's model, Diener's subjective well-being model, and Ryff's six-factor model of psychological well-being- which have focused on individual abilities except for emphasizing the illness and weakness in defining and describing mental health (6). Ryff and Keyes Well-being and positive mental health or psychological well-being of Keys (1995) presented the well-being psychological model or positive mental health model. Based on Ryff's model, the psychological well-being is composed of 6 factors: self-acceptance, positive relations with others, self-determination, purpose in life, personal growth and environmental mastery. According to the reason for attention to mental health, the physical, psychological and social health are essential for human growth and development, especially in today's growing population where the people are under the unfavorable and stressful conditions of life more than the past (7). The religious-spiritual aspects and reliance on God and performing the religious practices and beliefs are among the methods by which the Islamic system employees make their mental conditions stable and fresh. Proximity to God and attention to spirituality of working life lead to peace, satisfaction and mental health (8). Religion is among the most effective factors in human history. Spirituality has a significant relationship with mental health and people with religious orientation are more reasonable in

cognition .They can better adapt themselves to environmental circumstances and have higher mental health (9).

According to recent studies on the psychology of religion, there is an evidence of relationship between the mental health and psychological well-being and religion. Some of the studies by Park, Cohen and Herb (1990) have concluded that religion can play a moderating role in influencing the stressful situations (10).

In fact, religion is the privileged aspect of human and there is no nation who has been able to live without religion during human history. Religion can be helpful for mental health as a unifying principle and massive force (11). In fact, human religious beliefs give him a sense of control and increase his mental health (12).

Early in 1970s an empirical analytical program was developed about the spiritual happiness which proved effective in encouraging a large group of sociologists and psychologists to scientifically study this vital aspect, having revised the definition of mental health and proposed issues such as well-being, happiness and spirituality (13).

Ellison (1983) defines the spiritual well-being as personal satisfaction and refers to a person's relationship with a superior power and a sense of purpose in life. Explaining the concept of well-being, he also emphasizes that spiritual well-being is not the spiritual health; however, it is caused by a basic condition of spiritual health. Spiritual well-being often appears through an inner peace, compassion for others, respect for life, a satisfactory philosophy of life, supportive relationships with others, realistic orientation towards loss and deprivation, and valuable and practical moral self-concept (14, 15).

"Religion" is a gift for man, which has equipped him with a philosophy of life and given enlightenment to his mind. Therefore, the depth of human life has been intertwined with religious beliefs (16).

Turning away from traditional religious beliefs paves the way for getting involved in internal and mental conflicts, feeling of emptiness, purposelessness, and hopelessness in the face of deprivation, adversities and mental stress (17).

Among the studies conducted in this field, Ghodrati and Khormayi (2010) examined the relationship between religiosity and mental health in 419 adolescents aged from 16 to 19 years in Isfahan and Tehran. The results showed that there is a significant negative correlation between the components of religious commitment, religious beliefs and religious emotions and components of general health (physical complaints, anxiety, depression and social dysfunction) (18). Zoroufi (2009) conducted a study aiming at investigating the relationship between the religious orientation and mental health among students in Islamic Azad University of Shabestar. He concluded that there is a correlation between mental health and the tendency towards religious practices (19). Sharifi et al (2005) examined the relationship between religious attitude and general health and patience in 400 undergraduate students in Islamic Azad University of Ahvaz. They concluded that there is a significant relationship between religious attitude and public health and patience (20).

In this regard, Koenig et al investigated the effect of religious activities on improving the depression in patients with heart failure. The results indicated that those who participated in religious activities had recovered from depression and had higher mental health (21).

Ferguson (1993) has concluded in his studies that the spiritual-religious experiences will often lead to the shift in individual moral values . Therefore, this shift will increase the distance from materialism and lead to assistance, friendship, positive attitude to life and finally individual mental health (22).

Hackney and Sanders (2003) have also investigated the correlation between spirituality and mental health and found that people with stronger religious-spiritual beliefs gain higher scores on tests of mental and physical health (23).

In a research entitled "spirituality, religion, and clinical outcomes in patients recovering from an Acute Myocardial Infarction", Blumenthal et al (2007) investigated 503 patients suffering from heart failure and depression with insufficient social support. This study indicates that there is a significant

relationship between spirituality and religious activities such as praying. The rate of depression has an inverse relationship with religious activities (24).

Given the importance of psychological well-being of people, especially nurses who play an important role in the health and well-being of others, the current researchers decided to examine the relationship between religious attitudes and psychological well-being among nurses in Qom University of Medical Sciences in order to determine the relationship between religious attitudes and psychological well-being in practicing nurses.

Methods

The current research is of across-the sectional, correlative type. The population in this study consists of all nurses working in health centers of Qom University of Medical Sciences. Sampling was done by applying the formula for determining the sample size for cross-sectional studies (descriptive and analytical) and correlation type and its compatibility with the sampling table, after which the sample size was estimated to be 250. N was measured for quantitative data and two hypothesized scopes in order to estimate the required sample size in each group at the confidence level of 95% and test power of 80%. Sampling was done by cluster sampling in this study, so that all public hospitals of Qom Province were identified including Shahid Beheshti, Kamkar, Nekoei, Izadi, Alzahra and Hazrat Masoumeh hospitals. After preparing the program of monthly shifts in wards of these hospitals, a sample was selected from the list of nurses in each shift through a table of random numbers. The inclusion criteria of research are as follows: The physical and mental health of nurses, being employed in health and administrative sectors and public hospitals of the city, having at least one year of experience, holding at least an associate's degree, full-time and permanent employment in the hospital.

Research Instruments

A demographic questionnaire and two more questionnaires were utilized to investigate the religious attitude and psychological well-being.

The religious attitude is assessed by Clark and Stark's religious attitude questionnaire. This questionnaire has quite a long history and contains 26 articles and 4 belief, experience, consequence, and ritual dimensions. Its external validity has been obtained to be 61% by Pearson correlation coefficient and its total reliability has been approved by Split-half to be 75% and by Cronbach's alpha to be 78%. Its validity is estimated by measuring the correlation. This questionnaire has the following dimensions: belief, experience, consequence, and ritual dimensions.

The psychological well-being is measured by psychological well-being questionnaire introduced by Ryff and Keyes for adults in this study. The subjects should respond to questions on a 6-point Likert scale (1: strongly disagree to 6: strongly agree). The internal consistency of the whole test is reported to be 50%. The psychological well-being is a multi-component concept which includes 1- self-acceptance: positive self-attitude and acceptance of various aspects such as good and bad characteristics and positive feeling about the past life; 2- Positive relations with others: Sense of satisfaction with relationship with others and understanding the importance of these dependencies; 3- Self-determination: The sense of independence and affecting the external events and active role in behavior; 4- Controlling the environment: The sense of dominating the environment, controlling the external activities and taking the advantage of surrounding opportunities; 5- Purposive life: To have purpose in life and believe that his present and past life is significant; 6- Personal growth: The sense of continued growth and achievement of new experiences as a creature who has potential talents.

Data analysis

The data analysis of this research is set in two parts: a) descriptive, b) inferential.

The methods for measuring the correlation between variables are utilized to analyze the obtained data of this research. Pearson's r correlation and Spearman correlation tests are utilized to investigate the correlation between the variables.

Research limitations

1- Some research participants could not complete all two questionnaires during the shift work, thus they were allowed to complete the questionnaires during two desired days at their convenience or at home.

2- The results cannot be generalized to non-Muslims.

Ethical considerations

The following ethical considerations are taken into consideration:

1-Obtaining the permission from Qom University of Medical Sciences and the head of healthcare centers.

2-Not forcing the participants to respond to questionnaires.

3-Self-introduction to studied units.

4-Explaining the stages of intervention to volunteers.

5-The confidentiality of collected data in order to comply with ethical laws and principles.

6-Assuring the participants to make the research results available upon desiring..

7-Thanking the authorities and participants before and after the study.

Results

The results show that 31.64 of research samples were in 25-29 age group. The minimum age was 23 and the maximum age was 50 years. In addition, the results show that 70.1% of the study subjects were female and that 85.7% of the samples have a bachelor's degree. Furthermore, 63.15% of the study subjects were married.

Pearson correlation test about the correlation between the religious attitude and psychological well-being indicates that there is a statistically significant correlation between these two variables $r=+0.30$ ($P<0.0001$). Despite the fact that this values in not high, it is considered a statistically significant correlation at the level of 0.0001.

Spearman correlation test about the correlation between the religious attitude and psychological well-being indicates that there is a statistical significant correlation between these two variables $r=+0.21$ ($P<0.01$). Despite the fact that this values is not high, it is considered a statistically significant correlation at the level of 0.01.

Correlation between the life attitude and sub-scales of psychological well-being by Pearson correlation test

	Self-acceptance	Positive relationships with others	Self determination	Environmental mastery	Purpose in life	Personal growth
Religious attitude	r=0.25	r=0.09	r=0.09	r=0.19	r=0.15	r=0.34
	P<0.001	P=0.155	P<0.146	P<0.001	P<0.023	P<0.001

Pearson correlation test about the correlation between the religious attitude and subscales of psychological well-being indicates that there is a statistically significant positive correlation between the religious attitude and four dimensions, namely, self-acceptance, environmental mastery, purpose in life and personal growth at the level of 0.01, but there is no statistically significant positive correlation between the self-determination sub-scale and positive relationships with others with religious attitude.

Discussion

This study aimed to investigate the relationship between religious attitude and approach to life and psychological well-being of nurses in Qom University of Medical Sciences. As the results in tables 1 to 5 show, the mean and standard deviation of subjects' age were 31.1±6.14 years; and the minimum and maximum ages were, 23 and 50 years, respectively. Regarding gender, 166 subjects (93.1%) were female and 71 subjects (29.9%) were male. In terms of education, 12 of them (5%) had an associate's degree, 203 (85.7%) had a bachelor's degree, and 22 (9.3%) had a master's degree.

With regard to marital status, 85 (36.85%) were single and 152 (63.15%) were married.

In relation to "the religious attitudes of nurses in Qom University of Medical Sciences", the results showed that the mean and standard deviation of total score of religious attitude were 97.11±11.92. The range of religious attitude questionnaire scores was from 0 to 104. In this study, based on a quarter of data obtained, the scores lower than 71 was considered weak, 71-87 moderate, and higher than 87 strong. The highest frequency of the religious attitude was at moderate level (n=127 people, 53.6%).

In relation to "the psychological well-being of nurses in Qom University of Medical Sciences", the results showed that the mean and standard deviation of total score of the psychological

well-being were 4.9±61.27. The range of psychological questionnaire scores was 18-108. In this study, based on a quarter of data obtained, the scores 18-65 was considered to be weak, 66-78 moderate, and 79-108 strong. The highest frequency of the psychological well-being was at moderate level (n=127 people, 53.6%).

Maine hypothesis: To test the second hypothesis "There is a significant correlation between the religious attitude and psychological well-being", Pearson correlation test is also utilized twice: First for investigating the correlation between the total scores of religious attitude and psychological well-being, and second for investigating the correlation between the total score of religious attitude and six sub-scales of psychological well-being.

Pearson correlation test indicates that there is a significant positive correlation between these two variables (P<0.0001 and r=+0.30). Despite the fact that this value is not high, it is considered a statistically significant correlation at the level of 0.01. Furthermore, Spearman correlation test indicates that there is a statistically significant correlation between the levels of religious attitudes and psychological well-being. (P<0.01 and r=+0.21), therefore, the second hypothesis is verified.

The results of the study by Zoroufi, on the relationship between the religious orientation and mental health among students in Islamic Azad University of Shabestar, were in line with the results of this research (19). The results of this study are also consistent with the findings by King et al (21), Ferguson (22) and Blumenthal et al (24).

Hockney and Sanders, who examined the relationship between spirituality and mental health, found that people who have strong spiritual-religious beliefs acquire higher scores on tests of mental and physical health (23), which confirm the results of the present study. The studies by Sharifi et al who concluded that

there is a significant relationship between religious attitude and public health and patience (20), and Ghodrati and Khormayi who examined the relationship between religiosity and mental health in 419 adolescents aged from 16 to 19 years old in Isfahan and Tehran, are also in line with those of the present study (18

Conclusion

On the basis of findings of this study, it can be concluded that there is a positive correlation between the religious and psychological well-being; and these variable can be considered the predictors of psychological well-being.

Based on the findings in this research, it is hoped that they will promote the level of mental health in nurses and retention of nurses with higher mental health. According to the research findings, the following recommendations are offered:

1-Strengthening the nurses' religious beliefs to promote their psychological well-being by implementing the appropriate cultural programs.

2-Selecting and employing the nurses with higher religious attitude.

Conflict of interest

The authors declare no conflict of interest.

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