Original Article

The relationship between dimensions of religiosity/spirituality with mental health and hope for future between staff of public hospitals in Shiraz

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ABSTRACT

Introduction: Due to the impacts of spirituality and its dimensions on psychological structures in the workplace and their ability to influence organizational performances have received a great attention in recent years. Thus, this study investigated the relationship between dimensions of spirituality with mental health and hope for future. **Materials and Methods:** This is a correlational study with a statistical population, including public Hospital's personnel of Shiraz done in autumn 1389. To collect the research data, three different types of questionnaires were used: (1) Hope for the future (4 items), (2) mental health (12 items), and (3) components of religiosity/spirituality at (31 items and based on 5 components). Data were analyzed using Pearson's correlation and Hierarchical regression analysis. **Findings:** Research findings show that there are significant correlations between existential well-being and hope for the future, motivation, devotion and coping and hope for the future, and mental health and hope for the future. Furthermore, all components of religiosity/spirituality have had significant correlations with mental health. Hierarchical regression analysis showed that in the first step motivation, devotion and coping with a variance of 5%, in the second step motivation, devotion and coping with mental health with a variance of 6.4%, in the third step motivation, devotion and coping with mental health and existential well-being with a variance of 9.1% and in the fourth step, the combining of motivation, devotion and coping and existential well-being with a variance of 8.9% with hope for the future have meaningful multiple relationships. **Conclusion:** Findings indicated that motivation, devotion and coping with existential well-being, respectively, were the most important dimensions of religiosity-spirituality that together with mental health affect hope for future. It is necessary that the dimension of motivation, devotion and coping, existential well-being and personnel mental health should be strengthened to increase the staff's hope for future.

Key words: Hope for the future, mental health, religion, spirituality, staff

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Access this article online	
Quick Response Code:	Website: www.jehp.net
	DOI: 10.4103/2277-9531.127600

INTRODUCTION

Hospital staffs are the most important group of health care providers. As a result of their continuous hard work, they are frequently faced with physical and psychological health problems. If these problems linger on, disappointment and boredom will settle, which in turn will lower the quality of health care services. Health care quality is highly dependent on clinical and professional ethical principles, which are under the influence of religious beliefs. An influential factor helping preservation of psychological stability is to believe in and to rely on God; closeness to God and performing religious duties brings about peace. Spirituality is a human dimension that

This article may be cited as: Nadi MA, Ghahremani N. The relationship between dimensions of religiosity/spirituality with mental health and hope for future between staff of public hospitals in Shiraz. J Edu Health Promot 2014;3:20.

combines our existence with concepts such as human nature, sacred mental experience, tendency to know more, elevation toward Good, and finding a meaning to life. It has also been defined as a number of values, attitudes, and hopes related to the superior existence and thus guiding us throughout life.[1]

The relationship between the mental health and spirituality has received much attention recently. Research shows spirituality is highly influential in physical and mental health preservation. Many researchers have concluded that spirituality has an immense effect on mental health.[2,3]

According to WHO definition, health is total physical, mental, and social existential well-being, and mental health is the ability to establish harmonious communication with others, modify surroundings, and resolve conflicts.[4] Behaviors such as reliance on God, praying, and going on pilgrimage can promote solace and mental health through peace and developing hope and positive thinking. Religious beliefs increase resistance against calamities, and thus help preserve physical and mental health, prevent infliction of diseases, and finally promote hopefulness.[5-9]

According to the cognitive-emotional-religious theory, man cannot comprehend the meaning of life without religious beliefs. This theory discusses religious beliefs and God, existence, and man, and proposes that these beliefs can be applied to treat psychological problems.[10] From a clinical viewpoint, lack of appraisal of religious spiritual dimensions sets obstacles in the way of (1) acknowledging significance of these dimensions for health and (2) learning about the mechanisms involved.[11] Islam as an ideology presents an impeccable and health-preserving lifestyle; its orders cover a wide range of life aspects, including personal and social ethics, interpersonal relations, and physical and mental health.[11] Some studies indicate a correlation between reliance on God and high self-esteem,[12] lower levels of depression, more mature social behavior,[13,14] and better mental predisposition.[15]

Kendler *et al*.[16] studied a number of spiritual/religious themes and identified those factors which had a significant inverse relationship with lack of mental health. Hill *et al*. found that true religious belief acts as a motivational drive and is closely related to physical and mental health.[17] Koenig *et al*. and Smith *et al*. also showed that health is a causal result of the relationship between higher levels of spirituality and reliance on God and trust in God enables people to tolerate hardships of life much better since they believe in God and entrust their lives into his hands.[18-20] Also, James states that the foundation of religions, that is based on spiritual relation with God, meaningfulness of the whole universe, and meaningfulness of life is the essence of spirituality.[21]

Modern analyses have reported that there is a significant positive relationship between religious duties and concerns and health and life time.[22,23] Koenig *et al*. also found that spiritual/religious beliefs are important predictors of youth depression.[18] Bahrami and Tashak[24] reported a significant positive relationship between religious orientation and mental health promotion and decrease in psychological disorders. The study done by Omran-Nasab[25] also indicated that there was a significant correlation between religious beliefs and mental health. Cohen, Yoon, and Johnston in a study on 168 patients with various physical disorders showed that there is generally a positive relationship between positive spiritual tolerance and mental health and a negative relationship between negative spiritual tolerance and mental health, but there was no relationship between more personal religious duties such as praying and mental health.[26] Cohen and Hall also studied 1,000 aged people and found that there was a relationship between some religious beliefs (fear of God, fear of death, and belief in life after death) and feeling of well-being and it is more significant in Protestants than in Catholics and Jews.[27] Krause also suggested that the relationship between calamities of life and depression symptoms in aged people reduces when they believe God knows better when to respond to their prayers.[28] Keyes and Reitzes[29] emphasize the importance of the impact of religious identity on dignity and depression symptoms in retired workers. Mazidi and Ostovar[30] concluded that both Islam and Christianity affect mental health of Iranian youth positively.

The findings of Jang *et al*., Hills *et al*., and Doolittle *et al*.[2,3,31] showed that spirituality is beneficial to physical and mental health. Some researcher found a close relationship between religiousness and elevation of soul and health.[32,33] In other words, positive tendencies such as feeling of happiness, joyousness, and hope for future are related to spirituality.[23,34,35]

The favorable effect of positive constructs such as optimism and hope for future on physical and mental health has been confirmed by various studies.[36] Snyder's theory of hope made researcher devote a lot of research to the relationship between hope and health.[37,38] Snyder believes hope is not a passive drive emerging only in dark moments of life, but a cognitive process through which one activity pursues goals. He states that hope is (1) a goal-determining process through which people (2) build up strategies to achieve goals and (3) are motivated enough to apply those strategies. These three components are known as goals, pathway thinking, and agency thinking.[39] Thus, those staffs who are hopeful develops enough motivation to initiate and perform hard tasks, and emphasizing their capabilities, move toward their grand goals. Snyder also believes there is a positive relationship between positive emotions and purposefulness in life.[40] Other studies have also indicated the relationship between hope and positive emotions is a positive relationship, and it has a negative relation with depression, anxiety, and negative emotions in general.[40]

Similarly, Hezarjaribi *et al*.,[41] believe that there is a maximum significant relationship between hope for future and joyousness, and with the increase of the feeling of joy, hope for future is also enhanced. Many researchers such as

Bandloo *et al*. believe important factors, including personality traits, cognitive components, and religious attitudes pave the way for feeling of joyousness.[30] They have also reported a direct relationship between genetic, personality, cognitive, and religious factors, and anxiety on one hand and joyousness and hope for future on the other.[40] In other words, religious attitudes and practices definitely help people find a meaning to life. Once hospital staff finds a meaningful life, hope for God's support, receive social and religious support, and feel belonging to a holy and graceful existence, they can survive hardships and calamities of life and maintain their mental health successfully; these people can work more fruitfully and provide better services.[3]

Thus, considering how crucial the job is, and also regarding the lack of a research on spiritual variables in Iran, this study was designed to answer this research question: Is there a relationship between religious/spiritual dimensions of one's character and his/her mental health and his/her hope for future?

MATERIALS AND METHODS

This was a correlational study. The statistical population included all state hospital's staffs in Shiraz-who were selected randomly using the sample size formula for correlational studies and matched with Cohen's table of sample size.[42] Out of the 250 selected participants, 212 questionnaires were returned (85.2%). Females (156 people) formed 73.6% and males (56 people) formed 26.4% of the sample size. In six hospitals in the study, 95 staff (44.8%) were single, 112 staff (52.8%) were married, and 5 (2.4%) did not report their marital status. Regarding the educational level, 1 (0.5%) had not finished high school, 12 (5.7%) had high school diplomas, 19 (0.9%) had associate degrees, 160 (75.5%) had bachelor degrees, and 13 (6.1%) abstained from reporting. Ethical considerations were observed by reassuring subjects that their personal information would be regarded strictly confidential and by offering them to feel free to or not to answer the questionnaires.

Data collection was done through using three questionnaires:

1. Mental health questionnaire: the 12-item Goldberg and William's mental health questionnaire was one of the tools used in this study. The 4-point Likert scale (0 = always to 3 = Never) was applied. The total score was 36. The highest score indicated the lowest level of mental health. Goldberg *et al*.,[43] have reported that the reliability of their test is 0.78 and Pearson correlation coefficient for 3 factors, and the total score is 0.57 if $P < 0.000$. Ebadi *et al*.,[44] applying the tool on a research sample of 18-25-year old Iranians, reported an internal consistency of 0.81 for the tool. They also confirmed the validity of the tool using variance analysis and Known-groups method of validity. The cut point was calculated to be 3.5 with a sensitivity rate of 0.87% and specifity of 60%.
2. Hope for future questionnaire: The questionnaire developed by Snyder *et al*.[37-45] was applied. It includes 12 statements and is self-administered. Three statements measure agency thinking; four statements measure pathway thinking; and four statements are distractors. Thus, the questionnaire covers two subscales, namely pathway and motivation; to respond to each statement, subjects rate them from 1 (definitely false) to 4 (definitely true). It should be mentioned that the questionnaire has been reported by Golazari[2007] to enjoy a validity rate of 0.89%. Moreover, the hope scale is highly correlated with other psychometric tools, for instance, its correlation with Scheier and Carver's test, which assesses optimism, is between 50% and 60%. Also the scores of the test are negatively correlated with depression inventory scores (−0.41 and −0.51). Content validity of the test has also been confirmed by clinical experts.[46]
3. Scale of dimensions of religiosity: this is a scale developed by Haber, Jacob and Spangler, which was localized for conducting research in Iran through translation and modification of the items by Islamic scholars.

The scale includes 31 items focusing on five religions spiritual components: (a) Existential well-being (six items), (b) motivation, devotion, and coping (nine items), (c) spiritual transcendence (seven items), (d) religious support (six items), and (e) religious attitudes and practices (three items).

This questionnaire was first translated to Farsi by Nadi and Sajjadian[46] in 2010 and its face and content validity have been confirmed. Thirty subjects were asked to check vague items on the questionnaire. Afterwards, 10 psychometrics experts judged the extent of congruity of the items and the components. Upon their approval, the final version was administered to the subjects of the study Cronbach's alpha coefficient confirmed the reliability of the components of the questionnaire ($r = 0.73, 0.76, 0.70, 0.71, 0.75$, respectively).

The Likert 7-point Scale included responses ranging from 1 = definitely wrong to 7 = definitely right. High scores represented strong religious belief. Maximum and minimum scores of the test were 217 and 31, respectively. The advantage of the scale is that has no bias towards any religion. The time allocated for responding to the questionnaire was 15-20 min.

To analyze the data, Pearson correlation's test and hierarchic regression test were employed on the statistical package for social science version 18.

FINDINGS

Findings shown in Table 1 indicate that hope for future has the highest correlation with existential well-being ($r = 0.275$) and the lowest correlation with mental health ($r = 0.171$). Furthermore, it is significantly correlated with motivation, devotion, and coping ($r = 0.263$, $P < 0.01$).

However, no significant correlation existed between hope for future and religious support, spiritual transcendence, and religious attitudes and practices. Furthermore, mental health appeared to have a high correlation with religious support ($r = 0.427$)

and religious attitudes and practices ($r = 0.179$) but had the lowest with hope for future ($r = 0.171$).

As it is seen in Table 2, from among study variables, the best predictive variables for hope for future in staff are (1) motivation devotion, and coping, (2) mental health, (3) existential well-being. Based on the results of multiple regression analysis, there was a significant relationship between hope for future and (1) mental health, (2) existential well-being, and (3) motivation, devotion, and coping, Based on the same results, motivation devotion, and coping by itself accounts for 5% of the variance. With mental health combined, this reaches 6.4%, and when the third variable, existential well-being, is included, it increases by 9%. But in phase four, with inclusion of motivation, devotion, and coping together with existential well-being variance is 9%. Since the observed F at the level of $P \leq 0.01$ is significant, regression equation could be generalized to the whole research population. Table 3 also depicts the results of standard and non-standard regressions in this regard.

The findings suggest that considering the β coefficient (from phase three) one-unit increase in mental health increases hope for future by 0.081 unit; one-unit increase in motivation, devotion, and coping increases hope for future by 0.153 unit; and one-unit increase in existential well-being increases it by 0.195 unit.

The findings also show that with the omission of mental health variable, one unit increase in motivation, devotion, and coping increases hope for future by 0.159 units and also one unit increase in existential well-being increases hope for future by 0.219 units, which is a better predictor for staff's hope for future.

DISCUSSION

The study investigated two questions: (1) Is there a positive significant relationship between religiosity components, mental health, and hope for future in hospital staff? and (2) which components of mental health and religiosity can predict the staff's hope for future? Findings showed hope

Table 1: Means, SDs, and correlations

Variables	Mean	SD	1	2	3	4	5	6	7
Hope for future	11.77	1.95	-						
Motivation, devotion, and coping	34.92	3.69	0.236*	-					
Spiritual transcendence	26.84	4.44	0.098	0.511*	-				
Existential well-being	18.44	3.61	0.275*	0.353*	0.506*	-			
Religious support	18.40	5.02	0.123	0.284*	0.335*	0.293*	-		
Religious attitudes and practice	10.74	3.70	0.036	0.225*	0.350*	0.207*	0.303*	-	
Mental health	37.46	6.51	0.171*	0.179*	0.263*	0.321*	0.427*	0.244*	-

*P<0.01, SD = Standard deviation

Table 2: Adjusted R square multiple correlation coefficients for religious/spiritual components and mental health in predicting rate of hope for future in hospitals staff

Dependent variables	Steps	Independent variables	*R*	R^2	Adjusted *R* square	*F*	Sig
Hope for future	1	Motivation, devotion, and coping	0.236	0.056	0.051	12.262	0.001
	2	Motivation, devotion, and coping-mental health	0.270	0.073	0.064	8.104	0.001
	3	Motivation, devotion, and coping-mental health-existential well-being	0.322	0.104	0.091	7.909	0.001
	4	Motivation, devotion, and coping-existential well-being	0.313	0.098	0.089	11.185	0.001

*P≤0.01

Table 3: Standard and non standardized coefficients regression coefficients for prediction of the staff's hope for future

Dependent variables	Steps	Independent variables	Non standardized coefficients		Standardized coefficients	*T*	Sig
			SD	*B*			
Hope for future	1	Motivation, devotion, and coping	0.036	0.125	0.236	3.502	0.001
		Motivation, devotion, and coping	0.036	0.113	0.213	3.120	0.002
	2	Mental health	0.020	0.040	0.133	1.944	0.053
		Motivation, devotion, and coping	0.037	0.081	0.153	2.162	0.032
	3	Mental health	0.021	0.024	0.081	1.150	0.251
		Existential well-being	0.040	0.106	0.0195	2.654	0.009
	4	Motivation, devotion, and coping	0.037	0.084	0.159	2.252	0.025
		Existential well-being	0.038	0.118	0.219	3.098	0.002

*P≤0.01, SD = Standard deviation

for future is positively and significantly correlated with existential well-being and motivation, devotion, and coping components. These finding are congruent with those of some previous studies[3,23,38] Given that existential well-being is a psychological factor related to self-identify and meaning of life, mental health can bring about satisfaction and purposefulness. Therefore, a positive, strong relationship between existential well-being and hope for future seems highly plausible. Moreover, hopefulness as one of the results of general health, as we read in the Quran, is the characteristic of true believers and healthy followers.[47]

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Findings showed there was no relationship between spiritual transcendence, religious support, and religious attitudes and practices, which was not congruent with the findings of some previous studies.[2-31,48] This could be explained in two ways. First, previous studies did not investigate the simultaneous effects of three variables; and second, they were conducted in different cultural environments where Islamic customs and rituals were not dominant norms and values of the population. On the other hand, the positive relationship between mental health and all spiritual/religious components was in line with the findings of other previous studies. It shows monotheistic beliefs, regardless of the type of religion; promote human health through acting as a positive construct which brings about solace and life satisfaction.[2,3,22-34,49,50] Believing that there is support could be as effective as the support *per se*, especially if one believes that an imperishable power is supporting him/her. This can guarantee mental health.[24,25] In a religious belief system, all personal and social activities of individuals are based on movement toward physical and mental health and reliance on Him. Thus, working is also viewed as an activity to result in God's satisfaction, and therefore, promoting mental and physical health. The effect of religious/spiritual components of mental health and hope for future turned out to be 10% in this study. Of course in the fourth step of the stepwise regression, mental health variable, for the presence of another variable, existential well-being and its high predictive power, was omitted, which resulted in predicting 9% of the staff's hope for future by existential well-being and motivation, devotion, and coping variables. As the existential well-being and motivation, devotion, coping have been studies for the first time, it is impossible to compare the findings with those of previous studies, but generally it seems, that hopeful individuals are highly devoted to religion, and, even when praying, show this tendency by using words of hope. The research by Ghanizadeh and Vahedi also confirms our findings in this regard.

Pinner *et al*. showed the relationship between religious tendencies and avoidance of hedonistic practices on one hand and well-being on the other. Van Dierendonck and Mohan stated that spiritual well-being is centered on an internal source, including knowledge of self and a profound spiritual feeling.[47] Such a source doubles individual's self-confidence and strengthens him/her to deal with hardships. As the Quran says believers find their life meaningful and hope for God's favor and generosity. Through Knowing God, spiritual life is formed. Based on the interpretation and impression are forms about God and his/her activities, which in turn, influence life style, problem-solving strategies, hardship's management, and decision making procedures. Furthermore, the findings of the present study indicate that religious beliefs can guide individuals toward personality development and perfection and guarantee mental health. Faith in God could make one potentially secure against stereos that can threaten his/her mental health.

CONCLUSION

It could be concluded the religious belief while ensuring staff's mental health forms the mental construct of reliance on God based on the establishment of a logical relationship with others and trust in God. As a result, work atmosphere is filled with spirituality, and the staffs, in spite of their hard-working conditions, do their part efficiently for the sake of God's satisfaction. It is worth mentioning that the staff's participating in the study feel that religion and spirituality stand above race, and geographical boarders. It is an individual's identity, and as it was mentioned before, it could unify people with each other, with the environment, and with God. Through the findings of the present study, to some extent, fills the information gap regarding hospital staff, they should be cautiously generalized to other populations and environments. It is also suggested that emphasis be shifted from superficial true religious beliefs in health providing centers. Convening educational workshops could also help nurture religious mental and behavioral patterns that develop spirituality and enhance the staff's mental health. Finally, as a limitation of the study, it should be mentioned that because of lack of similar studies, the findings be generalized with caution.

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Source of Support: Nil, **Conflict of Interest:** None declared