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**Research Article** 

#### Journal of Clinical Trials and Case Reports

### The Relationship between Positive Thinking, Religion, and Health from the Perspectives of Arab University Students

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#### Abstract

**Background:** The population of Arab Americans (AA) in the United States continues to increase in recent decades. The perceptions of AA university students will be of interest as they are younger than any other group in America, but very few studies explore their opinions especially with regards to topics involving religion, health, and mode of thinking as proposed in this study. Researchers have also suggested that a limitation in much of the research that currently exists on the topic of spirituality and religion is that it primarily focuses on Christian samples, and that future studies should include individuals from more diverse faith traditions for researchers to gain a more thorough understanding of the relationship between religion and health.

**Purpose:** Main Purpose of this qualitative study is to explore the relationship between positive thinking, religion, and health from the perspectives of Arab university students.

**Design and Methods:** In this descriptive qualitative study, two focus groups were recruited. Content analysis was used to come up with the categories and subcategories.

**Findings:** Three distinct categories were identified: Positive thinking enhances overall health, Positive influence of religion on way of thinking/health, and negative influence of religion on way of thinking/health.

**Practice Implications:** All the findings will provide insights for health professionals to provide more culturally competent care to their patients accounting for their faith-based health beliefs and ultimately helping to eliminate health disparities.

**Keywords:** Positive thinking; Arab Americans; Positive influence; Health

#### Introduction

The population of Arab Americans (AA) in the United States continues to increase in recent decades [1,2]. Approximately, 3.6 million Americans are of Arab descent, most of whom are nativeborn, with 82% U.S. citizens [3]. The population of individuals who identified as having Arab ancestry on the U.S. census increased by over 72% between 2000 and 2010. AA are younger than any other group in America, as more than 30% of the population is under 18 years of age [3,4].AA are a diverse, fast-growing minority group in the U.S. about whom very little has been published, with regards to health behaviors, practices, and beliefs [5]. Religion is essential to the identity of AA, and their religious values shape their adherence to moral values and are even incorporated into their social behavior [3]. As more and more AA, who is primarily a younger population, seek healthcare in the US, health professionals are faced with the challenge of encountering their diverse health behaviors and perceptions, which are influenced by religious factors [3]. There is very limited research that explores the relationships between religion, mode of thinking, and overall health from the perspectives of AA, and especially from the perspectives of newer generations of AA youth. Such a research is vital to allow health professionals to better accommodate the needs of their patients by providing them with more culturally sensitive care to reduce health disparities.

Evidence from numerous studies has indicated that positive thinking has a positive impact on the health of individuals, overall. According to Simpson JA, et al. [6], positive thinking is "the practice or result of concentrating one's mind affirmatively on what is constructive and good, thereby eliminating from it negative or destructive thoughts and emotions" (p. 166-69). Research has shown that positive thinking can positively impact human resistance to illness and enhance cardiovascular health as well as promote longevity [7–10]. Aside from bolstering physical health, positive thinking also can significantly impact one's vitality, motivation, and mental health [11,12].

Positive thinkers have a strong sense of purpose that internally motivates them, leading them to focus on aspects of their internal and external environment that feed this purpose [13]. This focus on purpose is closely related to faith, spirituality, and religion [13]. The basis of faith is believing, trusting, and having confidence in a phenomenon without having the empirical evidence to support it [6,14]. Rothberg D [15] identifies the relationship between spirituality and religion, as he states, "Spirituality is moral and emotional in nature and involves an understanding and appreciation of one's position in the universe, one's soul, and the role of a God. Organized religions provide rituals, routines, and ceremonies that can provide a vehicle for achieving spirituality" (p 105-114). According to Kirkegaard-Weston E [13], religion is a mean by which one can increase faith and spirituality, and people derive a sense of purpose and meaning from their faith, as it provides them with the answers to many of life's more difficult questions. Spiritual beliefs have also been considered as a coping strategy, used to help individuals as they adjust emotionally to life's stressors [16]. Thus, it can be said that spirituality, faith, and religion can likely influence an individual's mode of thinking, as these factors are associated with the strong sense of purpose that feeds the motivation of positive thinkers.

Various studies have explored the influences of faith, spirituality, or religion on mode of thinking in general, with many focusing on the influence of these factors on resilience in individuals that are faced with difficult or sensitive situations. In a study that explored the observations of Muslim physicians regarding the impact of religion on patients' health, 87% of physicians thought that religion was instrumental in helping patients to cope with illness [17].

On the other hand, between 1975 and 1995, a review of US medical records indicated that 172 children died after their parents relied on faith healing and refused to use standard medicine, and researchers determined that most of them would have survived if they had received proper medical care [18]. Thus, religion can have both positive and potentially negative effects on the mode of thinking and overall health of individuals [19]. It has been found that when people from the same ethnic but different religious groups are compared, religion has an independent influence on health indicators [20].

Most of the literature that exists on the relationship between spirituality and health focuses on health outcomes like mortality, instead of the health behaviors that ultimately lead to these outcomes [21]. The God-centered and ethico-legal Islamic frameworks that guide the health behaviors of American Muslims provide valuable insight about the extent to which religion can ultimately impact mode of thinking and health [19]. A God-centered Islamic framework can lead American Muslims to interpret their illnesses as part of God's will, which can be problematic because such a belief can pose a barrier to seeking preventive care, but it can also be helpful, as it can cause Muslims to believe that worship brings healing, encouraging them to attend religious services and gain the benefits that come from that social support [19]. This may also lead American Muslims to use medical practices that are outlined in the sacred texts of Islam and the prophetic tradition, like the use of foods that are considered special like honey [19].

As it has been established that religion generally has a significant influence on health outcomes, there has not been much of a focus on how religion shapes the health behaviors of people from minority communities [22]. According to Shaya F, et al. [23], the current white/Caucasian dominant culture will no longer be the majority in the U.S. by the year 2050, as the populations of minority communities are increasing at rapid rates. Thus, it is necessary for more research to be conducted on the relationship between positive thinking, religion, and overall health from the perspectives of AA to encourage clinicians to practice more culturally competent care, and ultimately lessen the health disparities that affect this group. As various studies that explore similar topics have been cited above, many only provide insight on the thoughts of Arab immigrants, or a single gender, or only focus on Muslim AA. Our study will contribute a unique AA perspective to the existent literature, as it does not focus on a specific religion, and will solely take into account the perspectives of Arab university students. The perceptions of AA university students will be of interest as they are younger than any other group in America, but very few studies explore their opinions especially with regards to topics involving religion, health, and mode of thinking as proposed in this study. Researchers have also suggested that a limitation in much of the research that currently exists on the topic of spirituality and religion is that it primarily focuses on Christian samples, and that future studies should include individuals from more diverse faith traditions for researchers to gain a more thorough understanding of the relationship between religion and health [16]. Much of the existent literature on religion and health focuses primarily on health outcomes, thus it is necessary for researchers to explore the health behaviors and beliefs that lead to these outcomes, particularly amongst minority populations [21]. Therefore, the purpose of this study is to explore the relationship between positive thinking and religion, and the impacts of these factors on an individual's health, from the perspective of Arab university students.

#### **Methods**

In this descriptive qualitative study, the two authors used content analysis to come up with the categories across AA university

students. Forming categories is the main feature of qualitative content analysis, defined as a group of content that shares a commonality [24,25]. Content analysis consists of the process of reading the transcripts several times, coding the data, and identifying the categories in each student's response and then rereading the responses to come up with similar categories across students [24,25]. The credibility of the data was achieved through independent coding of the AA university students' responses by the two authors until consensus was reached [26,27]. Credibility and truthfulness of the data were also enhanced by the use of quotations reflecting students' experiences; students who have had the experiences immediately recognized them from the descriptions [28]. Also, the study findings are meaningful in contexts outside the current study situation; thus, "fittingness," was achieved. Saturation was also achieved as there was redundancy and as no new themes arising from the students' experiences [28].

#### Procedure

Prior to students' identification and recruitment, approval was obtained from the University Institutional Review Board. Institutional Research Board-approved flyers with contact information were distributed in the university and via e-mail. The students contacted the researchers by e-mail and/or phone to register for the one of the two focus groups and mutually agreeable times for both focus groups were selected. Each focus group was held in a private room/conference room in the university. The same researcher led the two focus groups (the second author), using a question guide (Box). After reviewing the literature and identifying the gaps in knowledge, the two researchers/authors designed the question guide independently. Then, they met until they reached a 100% census on the question guide. Further, a third researcher, who was not involved with the project, reviewed the questions and provided input. Then the two researchers met again to finalize the question guide and come up with its present form. Characteristics of the university students who were invited to participate in the study (inclusion criteria) included being a current university student of Arab descent. There was no hierarchical relationship between researchers and students to avoid coercions. Twenty students contacted the researchers to participate in the study. However, five students were not available during the focus groups times due to personal circumstances and/or other obligations. Therefore, the final sample was 15 students who participated in this study.

Participants were asked open-ended prompts and follow-up questions for clarification or elaboration throughout the process. The focus groups were audio recorded. The tapes were transcribed into a Microsoft Word document. Each of the fifteen students who participated in the focus groups received a \$15 gift card to thank them for their time.

#### Results

The study included two small focus groups for a total of fifteen undergraduate university students; nine females and six males, freshmen to senior year. The age of the participants ranged from 18-22 years old with the mean age of 19 years old. All the participants were coming from a single Catholic Jesuit University (Sophomore to Senior) with different specialty majors (Biomedical sciences, engineering, and the college of Arts and Sciences). The two focus group sizes were intentionally small to facilitate in-depth discussion. Three distinct categories were identified; Positive thinking enhances overall health, Positive influence of religion on way of thinking/health, and Negative influence of religion on way of thinking/health. Category 1: Positive thinking enhances overall health included the following subcategories: positive thinking relieves stress, positive thinking fuels motivation, and Positive

thinking prevents sickness and promotes healing. Category 2: Positive influence of religion on way of thinking/health included the following subcategories: religion provides guidance, religion provides a sense of support/community/belonging, religion promotes a sense of hopefulness, religious activities/rituals positively affect overall health, and religion promotes a sense of purpose/meaning. Category 3: Negative influence of religion on way of thinking/health included the following subcategories: significance of interpretation, and significance of balance. The section below provides examples for each of the three categories. Table (1) summarizes the categories and the subcategories as expressed by the students.

#### **Category 1: Positive thinking enhances overall health**

Under this category, three subcategories were identified (Table 1). The first subcategory that emerged from the data was "positive thinking relieves stress." Some students expressed that positive thinking can help ease stress. One student said, "...having a positive outlook on life and knowing that things are gonna be okay kind of relieve stress and helps your immune system." Another student stated "...a lack of positive thinking increases stress, which negatively affects one's mental health and increases problems and illnesses...uh. like depression, anxiety, and much more".

The second subcategory that emerged from the data was "Positive thinking fuels motivation". A student said "So I believe that positive thinking does impact one's health just because, if you're not thinking positively and... like looking on the other side of life, then you have no motivation to do anything....Usually people who are depressed don't go out in the world, they're not interacting with everybody, they stay inside, and that right there, like you're losing things, and you're sitting there...and that just makes you physically ill, not only are you mentally ill, but you're also physically ill."

The third subcategory was "Positive thinking prevent sickness and promotes healing". A student said: "...So I feel like positive thinking works the opposite way and helps you heal."Another student stated "Uh,... but then other times when I look at it in a more positive perspective, you know sometimes I don't get sick which is nice". Other examples from the students' quotations include: "I believe that.. um, a person with good health has a good mindset and they have a positive outlook on life, and that's kind of what helps them stay like healthy". and "...I believe that if you're looking at one's health as a process, then positive thinking would be the first step, which could be a first step in living a healthy lifestyle."

## Category 2: Positive influence of religion on way of thinking and health

Four subcategories emerged under this category. The first subcategory emerged from the data was "Religion provides guidance". One student said: "...I also believe that..um.. when people are faced with difficult situations, they're turning to God...I mean.. for guidance. For instance, in my senior year I was given the chance of being in either an AP class or in a regular class and I didn't know which one to do. I talked to my guidance counselor who was also.. um.. the religious chair and she told me "go pray to God and you'll end up like getting this type of revelation that'll tell you what you should take, and I did that, and it turns out I did not take AP." Another student stated "in our religion, there are certain types of prayers that one can do ...like..is this gonna be something that's good for me in the long run ...you know..., by praying certain prayer you getsigns or like feelings whether or not to pursue these types of things." Two other students shared their opinions as "I think individuals see religion serving as a guide. I think as (X) mentioned before, it serves as a direction in one's life and helps one know that they'll be able to overcome any hardships or adversities that they face." And "...I also think that religion uh

leads to positive thinking because it gives an individual morals and values to follow, and it gives them something to believe in and live by, on an everyday basis."

The second subcategory was "Religion provides a sense of support/community/belonging". One student expressed this thought clearly by saying "what religion can sometimes do [does] is that it can give a person a sense of belonging to a larger community and a larger cause.. in the spectrum of their society. Many religions, one of their important pillars, is service to the community so.. um.. just going out and helping those in need allows the person to recognize the blessings they're in and that would just be a great way to improve a person's mental well-being as well. Just recognizing that despite your weaknesses you can still be a great asset and a great help for someone else." Another student stated, "I remembered this quote, it's: 'There are no atheists in the...ICU' which I think is really interesting, and it just goes to show that when humans in general are like in desperation or feeling veryill.. um...they're always looking for someone to depend on, and someone like a higher power, it's kind of comforting,...for example ,they found out that people who go to church or like communal gatherings of religion they have better health in general and they like kind of partake in less dangerous or less risky like behaviors ....it shows that like when people have that feeling of togetherness with their own community and they're all doing something for a greater purpose, it is kind of helping in difficult situations."

The third subcategory that emerged from the data is "Religion promotes a sense of hopefulness" One student mentioned that "...the concept of religion really ties to hope, and hope ties to positivity and kind of looking forward to something better, so in that way I feel like it definitely does have an impact on positive thinking.. um... which does also affect health positively." Another student said "if you think about it ...like those who have really life-threatening diseases like for example cancer, where there's not really a certain cure, people need an excuse to have hope in something. ...So to have hope in a higher being, like God for example, this can really help someone get better mentally." Yet, a third student shared her perspectives "I really do think that when individuals are faced with difficult situations, religion is used as the light at the end of the tunnel. People really want that positive influence. So, for example there's a verse in the Qur'an which is, the holy book for the Muslims, which says: "with every difficulty, there is relief" which means 'after difficulty comes ease' and I really think in every religion, there's kind of that idea, that after hardship is gonna come ease, and that's what everyone really looks forward to when they're faced with a difficult situation, and that's really why people hold on to their faith so strongly because they really do truly believe that after difficulty is gonna be...easiness."

The fourth subcategory that emerged from the data is "Religious activities/rituals positively affect overall health". One student said:"adherence to a religion impacts one's overall health. So like making ablution or like fasting, different things like that, not drinking alcohol. All those things will positively impact your health, like not drinking alcohol saves you from liver disease and things like that. So if you follow your religion that way, then you'll have better health overall." Yet, another student shared her perspectives "I think that different religions that have different rituals and traditions can have different impacts on a person's health, so for example, I am personally a Muslim, so in Islam we have things like ablution which is washing five times a day before prayers that includes the hands, face, arms, feet, mouth, nose, things like that and doing that five times a day definitely helps one stay clean and could definitely affect positive health." Another student said "...In my religion which is Islam ... so for example, our Prophet preaches, 'teach your kid how to ride a horse, how to shoot an arrow, and also how to swim,' and by these he doesn't

- obviously-means that specifically - but also he's saying to have a physical healthy lifestyle. Also within our religion, the Prophet preaches many things that keep a healthy lifestyle, such as: you should eat one third of your stomach for food, one third of your stomach for water, one third of your stomach for air and there's a lot of other stuff in our religion that has to do with living a healthy lifestyle." Lastly, a student said "...religions really... kind of advocate the idea of being active in your community, being nice to one another, getting to know one another, understanding, being tolerant, accepting, and respecting one another. That helps, like physically...you're more out there, you're more active, you're not just in your little house or your little bubble...and then being social, so that helps you being happier, knowing people and when you're comfortable, you're more relaxed and being satisfied about one's self....it's not like you're twenty-four seven praying or fasting or donating to charity, no, you're out there, you're helping, you're doing community service, you're helping the poor, like just doing everything that like really a good citizen should do and that helps your health physically and mentally as well."

The fifth subcategory is "Religion promotes a sense of purpose/ meaning". One student said "one thing that comes to my mind is people who are religious, they tend to have a greater sense of purpose and so they tend to not face depression as others who don't necessarily adhere to a religion..." Another student said "Religion's like a way of life and it kind of gives you a sense of purpose for your life"

## Category 3: Negative influence of religion on way of thinking/health

Two subcategories emerged under this category. The first subcategory emerged from the data was "Significance of interpretation". One student said "believing in something could affect your health negatively or positively. It actually depends on how the person interprets the religion. So some people might think that God is punishing them by like giving them a hard life. for example, if you think God is punishing you, this will affect your life negatively, this will make you feel bad, and this will eventually.. um... affect your health...." Another student said "Religions can be dangerous sometimes, and um...one thing religions sometimes do is that...they create this sense of othering, and so if someone's not careful in recognizing that there's truth in every religion then this sense of othering impacts one's thinking...something like... every person who's not adherent to my religion is doomed to hellfire. So, it's definitely...um... I think it depends on the person's thinking itself." Another student said "Religion can do the opposite that would harm your health, or if you are just interpreting your religion in a more negative way where you're more likely to feel depressed and you feel kind of .. I'll never be a good enough like other member of my religion, then that kind of mental depression or that hopelessness can impact you negatively overall"

The second subcategory that emerged from the data was "Significance of balance". One student said "...some individuals who focus on spirituality so much, they might completely destroy their physical health because they think they're empowering their spiritual health when in fact they have to take care of both sides of their being. So, I guess it can go both ways, but yeah definitely it does have an impact." Another student stated that "Islam is kind of an easy religion because let's say for example Ramadan is the time where we fast and last Ramadan I couldn't fast because I was sick, that's totally fine because I was sick and it wasn't good for my health....but then there's like some people, they take that to the extreme and like even if they're sick they'll be like 'no I have to fast' and it's just like 'no bro it's not good for you and the religion says don't do it."

#### Discussion

To date, this study is the first to explore the relationship between positive thinking and religion, and their impacts on an individual's health, from the perspectives of Arab university students. The results of this qualitative study indicated that positive thinking enhances overall health from the perspectives of Arab university students. This, in fact, is in accordance with the results of other studies that found that nuns who had shown evidence of positive thinking early on in their lives, in their autobiographies, lived an average of 10 years longer [9]. Also, consistent with previous research that indicated that positive thinking has been associated with low levels of depression and higher levels of self-reported vitality and mental health [11,12]. Similarly, previous research indicated that caregivers with greater positive thinking had fewer burdens, less depression, and better psychological well-being [7]. In addition to the results of a recent research that found mediating effects of positive thinking on the relationship between caregivers' depression and their children's challenging behaviors [30].

The results of this study also indicated that religion has a positive influence on way of thinking and health as it provides guidance, sense of support, and hopefulness from the perspectives of Arab university students. The results of this study, is similar, in part to the results of a previous study that showed that 87% of physicians thought that religion provides patients with a positive state of mind and helps them to cope with illness [17]. Also, consistent with the findings of the study conducted by Band and colleagues that indicated that participants found stability and comfort within faith when their life situations became harsh in a sample of a religious Zionist community of Israel [31]. Also, in accordance with the framework of Kleinman A [32] known as "the cultural construction of clinical reality", in which he considered the influences of religion on health and health-seeking behaviors and viewed religion as a way of shaping people's perceptions and how they evaluate their illnesses and use them as a guidance to seek assistance.

The results of this study also indicated that religion activities and rituals positively affect overall health from the perspectives of Arab university students. In fact, this is consistent with what the Scientists have considered to explain the positive association between religion and health. They pointed out three mechanisms: positive physical and emotional responses to religious activities, the increased social support that is provided by religious congregations, and encouragement from religious institutions and belief systems to partake in healthy lifestyle behaviors [33]. There is an emphasis on community in these mechanisms, reflecting the claim of Demos EV [34] that resilient people show positive emotions and elicit them in those who are close to them, creating a supportive social network that helps people cope.

The results of this study also indicated that religion can have negative effects on health depending on individuals' interpretation and the results pointed out the importance of significant balance. This, in fact, is similar to what Pargament and colleagues argued that the way that religious beliefs translate into coping with stressful situations is what influences health, not just having the religious beliefs [35]. Also, consistent with the study that showed that almost 60% of the physicians observed in their clinical experience that patients often used religion as a reason to avoid taking responsibility for their health [17]. Also, in accordance with the study conducted by Asser SM, et al. [18] that showed that between 1975 and 1995, a review of US medical records indicated that 172 children died after their parents relied on faith healing and refused to use standard medicine, and researchers determined that most of them would have survived if they had received proper medical care [18].

The study has some limitations. First, the data were collected from one university, which might not be representative of all college students. Second, the data were collected from Arab descent students who were studying in a catholic Jesuit university, which might not be representative for all universities. Future research should include a larger sample size using various private and public universities. Despite these limitations, this study is the first to shed the light on the relationship between positive thinking, religion, and health from the perspectives of Arab university students. This information would allow physicians and other health professionals to provide better, more culturally competent care to their patients, accounting for their faith-based health beliefs, and ultimately helping to eliminate health disparities that affect the patient's minority group. According to Cross TL, et al. and colleagues [36], cultural competence is defined as "a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or amongst professionals and enables them to work effectively in cross-cultural situations" (p 7). Thus, it is important for researchers to explore the specific religion-based practices and beliefs that exist within these growing minority communities, as these contribute to health disparities that affect specific communities.

#### Focus group question guide

1.To what extent do you think that positive thinking impacts one's health?

2.How do you think adherence to a religion impacts one's way of thinking (positive or negative)?

3.To what extent do you think that adherence to a religion impacts one's health, overall?

4.Tell me about religious activities that you think would have a significant impact on one's health, overall.

5.What do you think individuals seek from religion when they are faced with difficult situations?

6.What resources might be found within a religion that may impact one's health?

#### **Conflict of Interest**

The authors report no actual or potential conflicts of interest.

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#### References

1.Arab American Institute: Demographics. 2014. Available from: http://www.aaiusa.org/demographics. [Accessed on: June 13, 2016].

2.Lipson JG, Meleis AI. Issues in health care of Middle Eastern patients. West J Med. 1983;139(6):854–861.

3.El-Khadiri Derose M. Factors affecting Arab Americans' psychological health: Culture, religion, acculturation, and experiences of discrimination (Doctoral dissertation). 2009. Retrieved from: http://search.proquest.com/docview/305139981.

4.Abi-Hashem N. Arab Americans: Understanding their challenges, needs and struggles. In Marsella AJ, Johnson JL, Watson P, Gryczynski J. (Eds. Ethnocultural perspective on disaster and trauma: Foundations, issues, and applications. New York: Springer. 2008. p. 115-173.

5.Shah SM, Ayash C, Pharaon NA, Gany FM. Arab American immigrants in New York: health care and cancer knowledge, attitudes, and beliefs. J Immigr Minor Health. 2008;10(5):429-36.

6.Simpson JA, Weiner ESC. Oxford University Press. The Oxford

English Dictionary. Oxford: Clarendon Press. 1989. p 166-169.

7.Bekhet AK, Zauszniewski JA. Measuring Use of Positive Thinking Skills Scale: Psychometric testing of a new scale. West J Nurs Res. 2013;35(8):1074-93. doi: 10.1177/0193945913482191.

8.Cohen S, Alper CM, Doyle WJ, Treanor JJ, Turner RB. Positive Emotional Style Predicts Resistance to Illness After Experimental Exposure to Rhinovirus or Influenza A Virus. Psychosom Med. 2006;68(6):809-15.

9.Danner DD, Snowdon DA, Friesen WV. Positive emotions in early life and longevity: Findings from the nun study. J Pers Soc Psychol. 2001;80(5):804-13.

10.Kubzansky LD, Wright RJ, Cohen S, Weiss S, Rosner B, Sparrow D. Breathing easy: A prospective study of optimism and pulmonary function in the normative aging study. Ann Behav Med. 2002;24(4):345-53.

11.Achat H, Kawachi I, Spiro A 3rd, DeMolles DA, Sparrow D. Optimism and depression as predictors of physical and mental health functioning: The normative aging study. Ann Behav Med. 2000;22(2):127-30.

12.Naseem Z, Khalid R. Positive thinking in coping with stress and health outcomes: Literature review. Journal of Research and Reflections in Education. 2010;4:42-61.

13.Kirkegaard-Weston, E. Positive Thinking: Toward a Conceptual Model and Organizational Implications. Honors College Theses. 2005. p 15. Available from: http://digitalcommons.pace.edu/honorscollege\_theses/15.

14. Corsini RJ. The Dictionary of Psychology. Psychology Press. 1999.

15.Rothberg D. The crisis of modernity and the emergence of socially engaged spirituality. ReVision. 1993;15(3):p 105-114.

16.Johnstone B, Yoon DP, Cohen D, Schopp LH, McCormack G, Campbell J, et al. Relationships among spirituality, religious practices, personality factors, and health for five different faith traditions. J Relig Health. 2012;51(4):1017-41. doi: 10.1007/s10943-012-9615-8.

17.Al-Yousefi NA. Observations of Muslim physicians regarding the influence of religion on health and their clinical approach. Journal of Religion and Health. 2012;51(2):269-280.

18.Asser SM, Swan R. Child Fatalities From Religion-motivated Medical Neglect. Pediatrics. 1998;101(4):625-629.

19.Padela AI, Curlin FA. Religion and disparities: considering the influences of Islam on the health of American Muslims. J Relig Health. 2013;52(4):1333-45. doi: 10.1007/s10943-012-9620-y.

20.Karlsen S, Nazroo JY. Religious and ethnic differences in health: Evidence from the Health Surveys for England 1999 and 2004. Ethn Health. 2010;15(6):549-68. doi: 10.1080/13557858.2010.497204.

21.Schlundt D, Franklin M, Hargreaves M, Larson C, McClellan L, Niebler S, et al. (2008). Religious affiliation, health behaviors and outcomes: Nashville REACH 2010 project. Am J Health Behav. 2008;32(6):714–724.

22.Levin J, Chatters LM, Taylor RJ. Religion, health and medicine in African Americans: Implications for physicians. J Natl Med Assoc. 2005;97(2):237-49.

23.Shaya F, Gbarayor C. The case for cultural competence in health professions education. Am J Pharm Educ. 2006;70(6):124.

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24.Bekhet AK, Avery JS. Resilience in the Lives of Caregivers of Persons with Dementia: Caregivers' Perspectives. Arch Psychiatr Nurs. 2018;32(1):19-23. doi: 10.1016/j.apnu.2017.09.008.

25.Graneheim UH, Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. Nurse Education Today. 2004;24(2):105-12.

26.Glaser BG. Basics of grounded theory analysis. Mill Valley, CA: Sociology Press. 1992.

27.Struebert HJ, Carpenter DR. Qualitative research in nursing: Advancing the humanistic imperative. Philadelphia: Lippincott Williams & Wilkins. 1999.

28.Guba EG, Lincoln YS. Fourth generation evaluation. Newbury Park, CA: Sage. 1989.

29.Bekhet AK, Johnson NL, Zauszniewski JA. Effects on resilience of caregivers of persons with autism spectrum disorder: The role of positive cognitions. J Am Psychiatr Nurses Assoc. 2012;18(6):337-44. doi: 10.1177/1078390312467056.

30.Bekhet AK. The Mediating Effects of Positive Cognitions on Autism Caregivers' depression and their Children Challenging Behaviors. Arch Psychiatr Nurs. 2016;30(1):13-8. doi: 10.1016/j. apnu.2015.11.001.

31.Band M, Dein S, Loewenthal KM. Religiosity, coping, and suicidality within the religious Zionist community of Israel: a thematic qualitative analysis. Mental Health, Religion & Culture. 2011;14(10):1031-1047.

32.Kleinman A. Patients and healers in the context of culture: an exploration of the borderland between anthropology, medicine, and psychiatry. Berkeley: University of California Press. 1980.

33.Levin JS. Religion and health: Is there an association, is it valid, and is it causal? Soc Sci Med. 1994;38(11):1475-82.

34.Demos EV. Resiliency in infancy. In Dugan TF, Cole R. Eds. The child of our times: studies in the development of resiliency. Phalidalphia: Brunner/Mazel. 1989. p. 3-22.

35.Pargament KI, Koenig HG, Tarakeshwar N, Hahn J. Religious coping methods as predictors of psychological, physical and spiritual outcomes among medically ill elderly patients: a two- year longitudinal study. J Health Psychol. 2004;9(6):713-30.

36.Cross TL, Bazron BJ, Dennis KW, Isaacs MR. Towards a culturally competent system of care: A monograph on effective services for minority children who are severely emotionally disturbed. 1989.

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