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EXPLORING THE CONVERGENCE BETWEEN RELIGIOUS BELIEFS WITH PSYCHOLOGICAL DISTRESS IN MEDICAL STUDENTS OF JAHROM UNIVERSITY OF MEDICAL SCIENCES IN 2014

S. Sobhanian[1], Y. Hosseini[2], Z. Ghorbani[2], Z. Kargar[3], N. Kalani[4*]

[1]Department of Community Health Nursing, Nursing School, Jahrom University of Medical Sciences, Jahrom, Iran

[2]Student Research Committee, Jahrom University of Medical Sciences, Jahrom, IR Iran

[3]Health Research Center, an expert of operating room, Medical Sciences University of Jahrom, Iran

[4]Department of Anesthesiology, Medical Ethics Research Center, Medical Sciences University of Jahrom, Iran

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ABSTRACT

Introduction: The main purpose of psychological health is to prevent worries and to maintain psychological health. Strengthening religious beliefs at all stages of life is a preventive action in order to reduce psychological disorders. The aim of this study is to investigate the consistency between the religious beliefs and psychological distress in medical students inJahrom University of Medical Sciences.

Method: This analytical study was carried out on 751 students of Jahrom University of Medical Sciences in 2014. Data collection was performed by religious beliefs questionnaire and psychological distress questionnaire. Data were analyzed using descriptive statistics (mean and standard deviation) and inferential statistics.

Author Correspondence, e-mail: navidkalani@ymail.com

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Results: Results showed that there was no significant consistency between religious attitudes of students with severity indicators of psychological distress, stress (0.128), anxiety (0.726) and depression (0.128).

Conclusion: The results of this study demonstrated that there was an inverse relationship between religious attitudes of students with psychological distress.As a result, it is suggested that a spirituality-based care program can reduce the students' psychological distress.

Keywords: Religious beliefs, psychological distress, medical students

1. INTRODUCTION

Stress is a condition that is caused by stress factors and leads to the emergence of stress-related responses that have been planning for coping with unpleasant situations [1]. Good stress happens in a situation that is evaluated as motivating or inspiring by the person who experiences it. While, bad stress is but distress, a continuous experience of drowning in responsibilities. Distress is to move in the unknown-end tunnel of problems.Stress has four dimensions: physical dimension (heart palpitations, shortness of breath, etc.), social dimension (reduction of social relationships), psychological dimension (symptoms of anxiety and depression), spiritual dimension (spiritual disinterest, conflict with one's existence, meaning of life and personal beliefs) [2].According to conducted studies, today's society has much involved in stress, anxiety, and how to deal with them and all these attentionsare rooted in the basic need of the people to attain solace and comfort [1].In the meantime, one of the most vulnerable groups in terms of mental disorders is students. Students, especially medical students, are one of the most vulnerable populations in terms of mental health.To have a healthy future life and career success, students must possess mental health and use coping methods to deal with stress.(Doing an extensive study in Nigeria revealed thatmedical and dental students are more exposed to stress compared to other medical-related students.In another study on medical students of University of Malaya, the results showed that 41.9% of these students were suspicious of psychological disorders. Likewise, in the study of Shariatiet al concerning public health in medical science university students, mental disorders in medical students was reported 15.6 percent) [3]. Today, the success of countries in social and economic development,thanks to modernization programs in universities. Undoubtedly, success in this area is the outcome of training specialists in it. Students, as one of the most important aspects and components of higher education system, are

considered as an effective and key element in achieving this success [4]. Therefore, it is of high importance to pay attention to students' mental health and help to improve their mental health.Of these issues,spiritual beliefs are the most important points in order to cope with psychological problems. (Nowadays, many physicians know faith and spirituality as an important source of physical health and people's recovery.Spirituality is an aspect of human being thatrepresents his communication and integration with the universe. Connection and integration gives human hope and meaning and takes himbeyond the scope of time and space and material interests. In religious people, unity of the universe is observed) [5].The emotion-focused method is among coping technique with stress that aims to calm down the individual. This method includes prayer, worship and religious confrontations (2).Also in those with religious orientation, a positive relationship can be seen in decreasing anxiety and depression and increasing self-esteem, mental health, tolerance and locus of control [6]. Rush believes that religion is as important for improvingmental health of the human spirit as airfor breathing (7).Throughout history there has always been a common belief among people and it was that the disease has been known as the aftermath of sin and violation of ethical and human principles. Although fewer people now believe it, a new way of this view has arisen within the community and it is that they are indebted to their Creator for their own health, or that they pray for their death or for their illness. This suggests that they consider their health issues in a manner associated with their faith [8]. The studies show that religious functionssuch as attending in a mosque, reading the Koran and other holy books like the Bible and the Torah and generally participating in religious activities have a positive correlation with mental health;Religious beliefs can be an underlying factor in personality and temperament traits among which is the effect of spirituality on positive control source [9]. According to Islam, the anxiety is caused by the negligence of Allah, lack of insight, following lust and Satan, infection with disbelief and ingratitude, hopelessness and lack of thinking about the universe [10].Therefore, the development of coping skills such as confidence in God, prayer, benediction, patience, repentance, etc. are constructive factors in the prevention and treatment of mental disorders. And people with religious beliefs and trust on one single source and connection to its tremendous force can maintained their mental health so as not to suffer from stress and anxiety and despair and depression at the time of hardship [11].J. Bolhari and colleagues conducted a study with the aim of assessing the effectiveness of the therapeutic-spiritual group on the treatment of depression, anxietyand stress in women with breast cancer

referring to health centers in Shiraz. The results of this study showed that spiritual therapy in a group manner is effective in reducing depression in women with breast cancer at a significant level [5]. Seyyed Kamal Solati and colleagues of examined the relationship between religious orientation and mental health in medical students of Shahrekord University of Medical Sciences. The results of this study indicated that the more religious orientation, the higher consistency with mental health [12]. Because of their profession and their participation in the clinical environment of the hospitals,medical and paramedicalstudents confront with numerous stress factors. Undoubtedly, spiritual beliefs can be effective in reducing stress factors and psychological distress; many studies have been carried out at the level of universities etc. on spirituality and mental distress. Some of these studies have expressed the positive effects regarding the effect of spirituality on reducing psychological distress and some have expressed the negative effects. Due to the different results of these studies, we decided toreview the effect of spirituality on reducing the level of psychological distress (stress, anxiety and depression) on all students of Jahrom University of Medical Sciences.

2. METHOD

This is a cross-sectional and descriptive study conducted with the aim of determining the consistency between religious beliefs with psychological distress (stress, anxietyand depression) in the students of Jahrom University of Medical Sciences.The study population consisted of the students of all fields (751 students) including nursing, anesthesia, operating room, health, laboratory sciences and medical that participated in the study using census sampling.Data collection tools included the Religious Beliefs questionnaire (BaraheniGolriz, 1976) and the Psychological Distress questionnaire. Religious beliefs questionnaire (6) contained 25 questions with the scale (strongly agree, agree, no comment, disagree, strongly disagree) that was divided in grading process into three levels of high beliefs, average beliefs and low beliefs.Thus, to analyze theabove questionnaire, items of“I strongly agree” and“I agree” are considered as“I agree”, items of “I strongly disagree” and “I disagree”are considered as “I disagree” and the third item was calculated as “I have no comment”.Therefore, the scores obtained between 50-25 were classified as a high level of beliefs, scores between 25-13 as the average beliefs and scores between 12-0 as low-level beliefs.DASS-21 psychological distress questionnaire consists of 21 questions with a scale of (no, low, medium, high) that measures the variables of stress, anxiety

and depression. This questionnaire is a standard tool that its options are scored from 0 to 3. This tool has 7 options related to the amount of stress (numbers 18,14,12,11,8,6,2), 7 options related to anxiety prevalence rate (numbers 20,19,15,9,7,4,1), and 7 options related to evaluating depression level (numbers 21,17,16,13,10,5,3). Rating process of this tool is in a way that the numbers 0 to 4 are “normal”, 5 to 11 are “average” and those more than 12 are“severe”. At the beginning of each of these questionnaires, 4 questions about demographic data (age, sex, field of education, marital status) of the research community were investigated. The validity of the above-mentioned questionnaire has been confirmed in several studies (12,13).To assess the reliability, the aforementioned questionnaires were completed by 20 students of intended fields and internal consistency and Cronbach's alpha coefficient were used that alpha was obtained 0.71 for religious beliefs questionnaire and 0.93 for DASS-21 questionnaire.

3. RESULTS

In the present study, 751 students participated, of whom 463 (61.7%) were female and 288 (38.3%) were male. 60 subjects (8%) were medical students, 160 (21.3%) Nursing, 129 (17.2%) Laboratory Sciences, 131 (17.4%), Anesthesiology, 120 (16%) operating room and 151 subjects were the students of family health (20%). 711 subjects (94.8%) were single and 39 (5.2%) were married. Central and distribution indicators of quantitative variables in the study are shown in the following table:

	Mean	95% Confidence Interval for Mean		Std. Deviation	Minimum	Maximum	Range
		Lower Bound	Upper Bound				
Age	20.74	20.62	20.85	1.65	18	34	16
Religious belief	33.46	32.77	34.16	9.71	2	50	48
Stress	11.04	10.52	11.56	7.25	0	98	98
Anxiety	4.92	4.54	5.31	5.34	0	94	94
Depression	9.49	8.97	10	7.20	0	76	76
Psychological distress	25.45	24.62	26.29	11.6	3	118	115

In review, the most significant aim of this research, the consistency of students' religious attitudes with intensity indicators of psychological distress, was measured that is shown in the following table:

Depression	Anxiety	Stress		
0.054	0.013	0.056	Correlation coefficient	Religious belief
0.138	0.726	0.128	Significance level	

In reviewing the consistency of religious attitudes with the severity of stress, no significant correlation was found in either gender. While, in the study of the consistency of religious attitudes with the severity of stress in different fields, Anesthesiology students with a distribution of 22.2% excellent religious attitudes in terms of the level of stress showed asignificant but poor consistency (P = 0.0001 and r = 0.348). In examining the consistency of religious attitudes with other severity criteria of psychological distress in terms of other variables, this study showed either no consistency or a significant consistency that was less than 0.1 which was not statistically valuable.

4. DISCUSSION

In this study it was found that there was no significant consistency between the students' religious attitude with severity indicators of psychological distress, which is incongruous with the following studies.The study results of RoshaniNejad et al.showed that there is a significant and direct relationship between religious beliefs and mental health (14).The results of the study conducted by SoleimaniZadeh et al. showed that people with higher religious performance enjoy greater mental health (15). In his study, Myrhashmyanpresented thatthere was a reverse correlation between religious practice and clinical criteria such as somatization, depression, anxiety and hostility (16).In the study carried out by Ebrahimi and Nasiri it was shown thatadherence to religious attitudes is effective in maintaining humans' mental balance and the persistence of hope and self-esteem (17).The results of Azimi and Noghani (18),

Shojaeizadehand Eslami(19) and Pressman (20), are also indicative of the positive role of religious performance on criteria for mental health. In a study on hospitalized patients, Pressman and colleagues showed that those who had stronger religious beliefs and did religious practices were treated faster than others. The results of this study suggest the positive effect of religious function on the locus of control (20).Rush believes that religion is as important for improving mental health of the human spirit as air for breathing (21).Elverdo,in a study entitled "the relationship between religious change and eliminating depression and anxiety", writes thatof 50 conducted studies 36 patients (72%) showed a positive association between religious beliefs and mental health (22).In their study,Gharraee and colleagues concluded that there was a significant relationship between sub-components of anxiety and Religious orientation(23). In the study by Koenig and his colleagues in 1998 about the impact of religious beliefs and valueson mental health in different researches, the results suggest that stronger religious beliefs create a positive psychological effect that is effective in the promotion of mental health (24). In the survey conducted by Solati and colleagues, it was demonstrated that there was significant negative correlation between religious orientation and depression (25). The results of the studies performed by Quing and colleagues (24) Nilman and colleagues (26), Maletby and colleagues (27) revealed that religious beliefs could be effective in reducing depression. In another study by Priessman and colleagues (20) concluded that there was a negative relationship between being religious and anxiety. In a study, Baker and Grush (28) showed that there was a significant negative correlation between intrinsic religious orientation and anxiety.

Fring, Miller and Shaw examined the relationship between spiritual health, faith, hope, depression and other mood states with the adaptation of elderly patients with cancer. The results of this study showed that there was a positive relationship between inner religion, spiritual health, hope and other mood states and there was a negative relationship between with depression and other mood states (29). In examining the relationship between religious attitude with general health, depression, and anxiety in 400 students of Islamic Azad University of Ahvaz, Sharifishowed that religious attitudes were associated with public health disorders (30). Having compared the effect of group psychotherapywith a cognitive and spiritualapproach on depression among female students of Tehran universities, Hamdieh and Taraghijah stated thatmore spiritual health, especially meaning peace and tranquility are associated significantly with less depression. Patients' achieving a sense of spiritual health can reduce depression or

prevent it (31). In BahramiDashtaki's research under the name of "the effect of group training spiritualityonfemale students", it was concluded that spirituality could reduce depression (32). In Hywood's studies, quoted by RajabiZadeh and colleagues (33), BrancaOkest and colleagues (34), it was discovered that there was a significant relationship between being religious and depression. In the study conducted by Bolhary and colleagues entitles "the effectiveness of spiritualgroup therapy in reducing depression, anxiety and stress in women with breast cancer", it was demonstrated that there was no significant difference between anxiety scores in the experimental and control groups and that spirituality-based therapy did not reduce the anxiety in the experimental group, which was consistent with our study (5).The results of this study in the field of anxiety were consistent with those of Fernez Kerry (35) and of Spelman (36). In the study of Bolhary and colleagues, there was no significant difference between anxiety scores in the experimental and control groups andspirituality-based therapy did not reduce the anxiety in the experimental group, which was consistent with the present study(5). In reviewing the consistency of religious attitudes with the severity of stress, no significant correlation was found in either gender, which is consistent with studies by RoshaniNejad and colleagues (14), Gharraee and colleagues (23) and Richards et al (37).Hynzelmanand Fehr did not report a significant relationship between anxiety and being religiousin their studies.Ashpylmn (36) knows religiosity to be in association with increased anxiety.

5. CONCLUSION

The results of this study showed that there isan inverse relationship between religious beliefs with the students' mental distress and implementation of spirituality-based care workplaces may be one way to reduce anxiety, depression and stress in studentsand that spirituality, as the main factor, can affect different aspects of life.For this reason, it is recommended that further research to identify students' spiritual needs be done proper care workshops to meet their important needs be used.

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