

Original Research Article

Relation of religious coping with occupational stress and quality of working life for midwives working in maternity hospitals in Zahedan, Iran

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ABSTRACT

Background: The health care center is considered as one of the main sustainable health spheres of human communities, which have direct relationship with human health. It has critical duty of maintaining and restoring health to human society. This study was conducted to investigate the role of religious coping components on occupational stress and quality of midwives' lives.

Methods: The study method was descriptive of correlation type and the population consisted of all midwives working in maternity hospitals in Zahedan, in 2014. Three questionnaires were used as data gathering tools including, the quality of working life, occupational stress and religious coping. Data was analyzed using descriptive statistical methods, Pearson correlation coefficient and stepwise regression.

Results: Considering the results of Pearson correlation coefficient, there is a significant negative relationship between religious activism ($r = -0.454$) and occupational stress. Regression analysis also showed that the variability of religious activism explained 45% of variations of occupational stress. In accordance with Pearson correlation test, there is no significant relationship between religious coping components and the quality of life.

Conclusions: In conclusion, it is necessary to teach midwives essential trainings to strengthen coping strategies and religious activism in order to reduce occupational stress.

Keywords: Midwife, Occupational stress, Quality of working life, Religious coping

INTRODUCTION

The health care center is considered as one of the main sustainable health spheres of human communities, which have direct relationship with human health. It has critical duty of maintaining and restoring health to human society. In today's competitive organizations, only those organizations are able to survive that try to improve their performance. Therefore; it is necessary for hospital, as

one of these types of organizations, to consider mental health status and the quality of employee's working life in order to promote its efficiency.¹

Psychologists and researchers have examined the role of stress in different statuses. Meanwhile, the impact of stress on health sector employees is far more impressive due to the complexity of an occupation and it is known as a significant factor as well.²

Considering recent studies and their consequences on health, Livingston has introduced religion as a multi-factor phenomenon related to health. That also explains the health and religious function mechanisms as the following ones: those diets dictated by different religions to promote health status, such as the diets for smokers, contraindications of alcohol, avoiding using harmful and special foods and the manner of sexual relations. Sociability and social protection have been considered as psychological impact of religious commitment, resulted from a more general sense of dependency.³

The quality of working life

The quality of working life is considered as one of the factors contributing to the quality of professional life. Although occupation has been considered as a significant source of subsistence and social statuses, but it also leads to such consequences as dissatisfaction and physical and mental dementia.⁴

The quality of working life was first invented in Europe during the fifties (1950–1959). It was formed based on Eric Tristan and his colleagues' researches at the University of Tavistock in the context of human relations in London. The above-mentioned researches had examined both technical and human dimensions of organizations and also evaluated the quality of relationships between them, which created social- technical (socio-technical) systems on occupation design and covers the most proceedings relating to the quality of working life in the United States of America. Primary specialists of the quality of working life in UK, Ireland, Norway, and Sweden have created the process of occupation design for both employees and technologies to have the better and more coherent coordination.

Occupational stress

Certain occupations are associated with high psychological and physical stresses and this is due to the nature of the job, type of tasks and responsibilities of these occupations. The members of medical teams are those who receive a high level of pressure. Since midwives are considered as members of the team, stressors factors can be taken into account as a social – psychological treat. Midwives play an important role for public health, especially at three levels of care systems including hospitals, health centers, and family and community.⁴

Given the inevitability of certain stressful factors in midwifery and the necessity to prevent mental and behavioral signs of stress, using particular measures and actions to improve the quality of working life and also teaching coping techniques are considered as the major tasks and responsibilities of health and therapeutic managers.⁵ Occupational stress can have an inverse influence on employees' health, welfare, well-being and also their displacement.⁶ Having poor performance and

deteriorating physical conditions such as high blood pressure, depression, sleeping disorders, and drug and alcohol abuse all considered as the results of high stresses of the occupation.⁶

Religious coping

Most studies, which have examined the relationship between religions and coping with stressful situations, have pointed out the role of religion as a way to deal with stress called "religious coping".⁷

In general, religion plays an active role to prevent and reduce mental disorders; the disorders include anxiety, stress, and depression. Focusing on positive emotions, Spiritual aspects of religion may have close relationship with enhanced social protection, both of which increase the level of mental health. Considering the studies conducted in Iran, there is a relationship between religious orientation and increasing mental health and decreasing mental disorders. And it is able to predict all religious coping styles positively. Certain studies were also acquired that there is a negative relationship between depression, anxiety and religious orientation.⁸

Since midwives and nurses were the key of community health, and based on psychological perspective; every person is somehow placed at exposure of occupational stress due to the working environment, if the factor is exceeded among the therapeutic class, it will be diminished the quality of each individual's life and their performance and also imperiled community and individual's health. According to the above study, it has been tried to step forward by recognizing and more comprehending of different dimensions of the quality of life, occupational stress and religious coping in order to progress and improve midwives' lives, especially by the favor of officials, considering occupation difficulties and creating special benefits for the class. All religious coping components were considered to make relationship with occupational stress. It is also considered as an intervention to reduce and control occupational stress as well as its relation to the quality of life and to improve it.

METHODS

Since the study aimed to investigate the relationship between religious coping and both occupational stress and the quality of working life for all midwives in Zahedan, the study is considered as a descriptive correlation study in terms of methodology. In terms of target, it can be considered as the applied research, which has been collected the data by field method. The population includes all midwives working in maternity hospitals in Zahedan, around 150 subjects who are working for maternities in three shift work. The statistical sample of the study was selected based on field method among official, contractual staff of maternities using census, in which the list of all employees was requested from the hospital administration. Then it was provided

for midwives using questionnaires list. Descriptive statistics parameters were used to analyze descriptive analysis of data for research variables and demographic information such as mean, standard deviation, frequency distribution.

Pearson correlation test, linear regression analysis and stepwise regression analysis were used to examine occupational stress explanations as well as the quality of working lives through religious coping components.

Population, sample and sampling methods

The sample includes all midwives in Zahedan who were estimated around 150 subjects during the process of questioning, they were selected by census method. To collect data, 160 questionnaires were distributed among all maternities' midwives in Zahedan, and then the questionnaire was completed with the full consent of midwives at work.

Inclusion criteria

After a month, around 150 questionnaires were finally collected from all midwives working in maternity hospitals of Zahedan including official, contractual and project recruitment. 10 midwives were not able to respond to questionnaires due to transition to other cities, paid and sick leave and completing the project.

Measuring tools

Three questionnaires were used to collect data

Religious coping scale: A self-made questionnaire, which was created based on Niehoof and Moran theories (1993). Iranian version of religious coping scale contains 22 articles, which has been adjusted at a 5 point scale from zero (never) to four (very high) by Aflak-Seir and Coleman.

Occupational stress questionnaire: Occupational stress scale of Philip L. Rice contains 57 articles, which gives us some information about occupational stress. This scale

has been translated and validated by Hatami. The questionnaire consists of three subscales: interpersonal relationships, physical statuses and occupational interests.

Working life quality questionnaire: Walton questionnaire can be classified the improvement programs of the quality of working life into eight categories.

RESULTS

Since the study aimed to investigate the relationship between religious coping and both occupational stress and the quality of working life for all midwives in Zahedan, around 150 midwives were studied with an average age of 35.2 ± 7.6 , who are working in maternity hospitals in Zahedan. 89.4% of midwives were married and 90.6 % of them were bachelor. 33% of midwives earned less than 900000 Tomman and 33% of them earned more than 1100000 Tomman. 50% of midwives had less than 10 years of service, who are working in maternities of Zahedan. Among religious coping factors, the factor of negative feelings toward God has acquired the most percent of total score (78.8) and the passive religious coping has the least one (26.1) among the occupying midwives.

Pearson correlation was used to examine the relationship between religious coping and occupational stress. Stepwise regression analysis was also used to evaluate the factors of religious coping questionnaire in order to predict midwives' occupational stress. There is a significant negative relationship between the factor of religious activism ($r = -0.454$) and occupational stress. The results of stepwise regression to predict religious coping were showed that, in first step, the variable of religious activism is predicted 0.198 of occupational stress. Regression analysis was also showed that all occupational stress explanations (forecasting) of religious activism factors of religious coping (first step) are meaningful, so that religious activism variables are able to indicate 45% of all variations related to occupational stress variable. There is no significant statistical relationship between the factors of religious coping and the quality of life ($p > 0.05$).

Table 1: The mean and standard deviation of religious coping factors, occupational stress, and the quality of life for midwives working in maternity hospitals in Zahedan.

Component	mean	SD	Minimum score	Maximum score	The percent of total score	
Religious coping	Religious activities	18.61	4.38	zero	24	77.5
	Negative feelings toward God	12.61	2.58	zero	16	78.8
	Charitable evaluations	17.38	3.87	zero	24	72.4
	Passive religious coping	3.13	2.06	zero	12	26.1
	Active religious coping	9.34	2.04	zero	12	77.8
	total	61.08	10.01	zero	88	-
Occupational stress	72.29	19.92	zero	168	-	
Quality of life	60.30	14.20	zero	104	-	

Table 2: Correlation coefficients between the factors of religious coping and occupational stress.

Religious coping factors		Religious activism	Negative feelings toward God	Charitable evaluations	Passive religious coping	Active religious coping
Occupational stress	Correlation coefficient	R= -0.210 P= 0.037	R= -0.053 P= 0.599	R= -0.003 P= 0.978	R= 0.182 P=0.071	R= -0.454 P=0.0001

Table 3: Summary of stepwise regression for religious coping factors to predict occupational stress.

Number of steps	Religious coping factors	R	Determination coefficient	Adjusted determination coefficient	beta	T	F(df)	Significant probability
First step	Religious activism	-0.454	0.206	0.198	-0.454	-5.023	25.227	0.0001

DISCUSSION

Based on the results of Pearson correlation, there is a significant negative relationship between religious activism ($r = -0.454$) and occupational stress. In addition, the results of stepwise regression for predicting religious coping were also showed that the variable of religious activism is predicted 0.198 of occupational stress, so that religious activism variables are able to indicate 45% of all variations related to occupational stress variable.

Religious coping can be considered as an instrument to control those stresses created in working environment. On the other hand, occupational stress is one of the most stressful environmental stimulus and also known as the "chronic stress". Considering Bahri's studie, doing such religious practices as prayer, fasting and other acts of worship at recurring intervals, all can be creating a form of spiritual and mental tranquility in humans by addressing God to the people, which can be effectual on dandyism, coping strategies with stress, and finally reducing mental disorders.⁹ It is also consistent with the results of above research in which religious activism can diminish stressful conditions.

In a study done by Mirsaleh R, the results are as follows: Among religious orientation, personality dimensions, and self-efficacy; religious orientation has the most significant role to predict problem-focused coping style for students and only neuroticism could predict emotion-focused coping style for students.⁷ It can be concluded that providing religious instructions for nursing interns can help them have an effective coping with stressful situations encountered in clinical work, which is consistent with the results of above research on the subject of stress.

Park et al have examined the relationship between religious beliefs and the rate of depression, anxiety and self-esteem.¹⁰ The results show that there is a relationship between high levels of intrinsic religiosity and lower levels of depression, anxiety and more confident after negative events in life, which is consistent with the

results of above research on the subject of stress. Despite the great efforts of researcher and numerous research studies in the field, there is no study bespeaks incompatibility to the first question of the research.

CONCLUSION

In conclusion, it is necessary to teach midwives essential trainings to strengthen coping strategies and religious activism in order to reduce occupational stress.

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REFERENCES

1. Sakaki M, Haji Miri K, Farsi P. Quality of Work Life among Midwives Working in Zanjan University of Medical Sciences Hospitals. Preventive Care Nurs Midwi J. 2012;2:41-8.
2. Yaghobi M, Karimi S, Javadi M, Hassanzadeh A. Investigation of the relationship between occupational stress and three dimensions of organizational commitment among nursing managers. Sci J Med Sci Uni Hamedan. 2009;18(1):5-10.
3. Sharifi T, Shekarshekan H, Mehrabi Zadeh Honarmand M. Investigating the relationship between religious attitude and public health and patience in Ahvaz Islamic Azad University. J Scientific Res. 2006;11(1).
4. Masoumi Z, Mizrayi kh, Shobeiri Kh, Khodakarami B, Montazeri A. the investigation of the quality of midwives' lives working for maternity hospitals in Hamedan. Quarter J Monitor. 2013;12(3):283-8.

5. Nejad HN, Moghadam RS, Mohamadian M, Amiri P. Examination of the relationship between mental health and occupational stress for midwives working in maternity hospital in Kerman. *J Obstet Gynecol Infertil.* 2013;16(64):1-9.
6. Ghasemi MM, Ghahramani Z, Azimi VA, Ghorbani Ph. Occupational stress of nurses working for therapeutic educational centers in Zanjan. *Scient J Nurs Midwifery Bouy Gorgan.* 2011;18(1):42-51.
7. Mirsaleh RY, Khabaz M, Safi M, Abdi K, Yavari M, Behjati Z. Investigating the correlation of religious orientation, personality dimensions and self-efficacy to coping strategies with stress in nursing intern's students. *J Nurs Res.* 2011;6(22):53-64.
8. Moziri, Samari Safa, Garizad. Religiosity, coping strategies with stress and personality dimensions as predictors of public health pain. Tehran: Students of Allameh Tabatabai University Counseling; 2013. Available from: <http://www.moshaveryar.blogfa.com/post-13.aspx>.
9. Bahri N. The relationship between depression and health status of nurses and midwives. *Journal of Gonabad University of Medical Sciences.* 2003;1(9):99-104.
10. Park C, Cohen LH , Herb L. Intrinsic religiousness and religiouscoping as life stress moderators for Catholics versus Protestants. *Journal of Personality and Social Psychology.* 1990;59:562-74.

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