

# A Study of the Correlation between Religious Attitudes and Quality Of Life in Students at Jahrom University of Medical Sciences in 2014

Razieh Parniyan<sup>1</sup>, Abdoreza Kazemiane<sup>2</sup>, Marzieh Kargar Jahromi<sup>3</sup> & Farzad Poorgholami<sup>4</sup>

<sup>1</sup> Department of Nursing, Faculty of Nursing and Midwifery, Jahrom University of Medical Sciences, Jahrom, Iran

<sup>2</sup> Practitioner of Medical University, Jahrom University of Medical Sciences, Jahrom, Iran

<sup>3</sup> Community Health Nursing, Jahrom University of Medical Science, Jahrom, Iran

<sup>4</sup> Medical-Surgical Nursing, Jahrom University of Medical Science, Jahrom, Iran

Correspondence: Farzad Poorgholami, Medical Surgical Nursing, Jahrom University of Medical Science, Motahari St., Nursing & Para-Medical School, Jahrom, Iran. Tel: 98-71-5434-1501. E-mail: FarzadPoorgholami1393@gmail.com

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## Abstract

**Background and Objective:** General health is not simply determined by whether or not an individual is sick, but is dependent on physical, mental and social factors too. One such important factor is an individual's religious inclination. The present study aims to explore the correlation between religious beliefs and quality of life in the students at Jahrom University of Medical Sciences.

**Method:** This is a descriptive, cross-sectional study conducted in 2014. The sample consisted of 273 students who were randomly selected. Data were collected using Religious Attitude Questionnaire and a quality of life scale. The collected data were analyzed using Pearson's correlation coefficient and SPSS v. 23.

**Result:** The students' average age was  $21.36 \pm 2.15$ . The means of their quality of life scores and religious attitude scores were 87.23 and 146.31 respectively. The results of Pearson's correlation test showed that there was a significant relationship between quality of life and its subscales on one hand and religious attitude and its indexes on the other; in other words, the students' mental well-being was found to correlate with their religious beliefs.

**Conclusion:** Since religious beliefs affect college students' mental well-being and quality of life, it is suggested that through organized education, students' religious awareness be raised.

**Keywords:** religion, religious attitude, quality of life, college students

## 1. Introduction

In history, every society is associated with a religion; in other words, religiousness and spirituality have always been a major characteristic of humanity and indispensable to its existence (Chavoshi, 2008). According to Frankel, the founder of sacred therapy, deep and sincere feeling of religiousness exists in the subconscious of every human being; religious behaviors and beliefs play a major role in lending meaning to people's lives; such behaviors as praying, pilgrimage, and trusting in God can, by creating hope and encouraging positive attitudes, lead to peace of mind (Sahraeean, 2011; Ahmadi, 2004; Yang & Mao, 2007).

Islam is the religion of purification and its followers can achieve welfare by being totally obedient to God's will and complying by his life-saving commands. It is evident that the entire laws and instructions of Islam are meant to pave the way for humans' peace of mind and mental well-being and help them fulfill their role as God's representatives on earth (Chavoshi, 2008).

A life with a satisfactory quality is rooted in Muslims' religious beliefs and practices: The quality of an individual's life depends on his/her perception of being good and satisfaction with life. Though the concept of quality of life has been repeatedly defined in various medical and nursing sources, different people have different perceptions of quality of life (Sahraeean, 2011; The Quran, Starfield, Riley, & Drotar, 1998; Meeberg, 1993).

Moreover, individuals adopt religious beliefs and practices when they are faced with compassionate behaviors, feelings, and emotions rather than advice and suggestions; the educated, in particular, are influenced by reason and evidence-bound talks. Therefore, clarifying the benefits of performing religious practices can motivate individuals to pray and communicate with the almighty God (Bolghanabbadi, 2010). Since religious rituals and practices are a way to satisfy our greatest spiritual needs, it is important that the youth be encouraged to accept them naturally and whole-heartedly; only this way will they have a good feeling about religion and will absorb it readily.

In every society, college students have a high cultural status and are seen as a model for the other members of the society; they understand and react to individual and social virtues and evils quickly. Accordingly, if college students perceive a religion by learning the reasons for its existence and its primary concepts, it will definitely help them to achieve spiritual growth, which will in turn improve the spiritual health of the whole society (Abbasi & Kamar, 2012).

So far, many studies have been conducted in the field of religious tendencies in various countries. The results have sometimes been contradictory: some studies conclude that there is a positive and significant relationship between using religious coping strategies and a reduction in depression, anxiety, divorce rates, suicide rates, drug abuse, and mental disorders (Aghili & Kumar, 2008); other studies, however, do not come up with such results (Abdel-Khalek, 2006).

Studies that have addressed the effects of religion on mental health, adaptability, and satisfaction show that there is a positive relationship between religion on one hand and mental health and a reduction in disease symptoms and anxiety on the other. Medical studies show that religious beliefs have a special impact on an individual's hygiene habits and behaviors. Thus, religion and religious beliefs correlate with feeling healthy (Daaleman & Cobb, 2001; Maslak, 2010).

Yet, few studies have addressed the relationship between religious attitudes and behaviors on one hand and quality of life on the other. Since quality of life affects various aspects of an individual's life, a study of the above-mentioned relationship can provide helpful information about the effects of religious beliefs and behaviors on the various aspects of an individual's life.

An awareness of the influence of religious attitudes and behavior on the quality of life of college students, who, alongside their own education and personal development, play an important role in various social aspects, can help us identify the processes of the formation and establishment of religiousness in them, which in turn enables students to solve their problems and improve the quality of their lives. The present study aimed to explore the correlation between religious beliefs and quality of life in the students at Jahrom University of Medical Sciences in 2014.

## **2. Materials and Method**

### *2.1 Study Population, Sample, and Sampling Method*

The present study is a descriptive, cross-sectional work. The study population consisted of the B.S. nursing students at Jahrom University of Medical Sciences. Based on the statistics of the educational center, this population was composed of 420 students at the time of the study, 273 of who were randomly selected and evaluated.

### *2.2 Study Instruments*

1-The World Health Organization Quality of Life Questionnaire (WHO QOL-BREF) is an international standardized questionnaire developed by WHO to evaluate people's quality of life in various cultures. Translated into many languages, the questionnaire consists of 26 questions: the first two questions address the general status of the respondent's health and quality of life; the next 24 questions concern 4 areas of health: physical health (daily activities, dependence on medications, lethargy and energy, physical movements, pains, rest and sleep, ability to work (7 questions: 3,4,10,15,16,17,18)), mental health (self-image, negative and positive feelings, self-confidence, spirituality, religion and personal beliefs, thinking, learning, memory and concentration (6 questions: 5,6,7,11,19,26)), social relationships (personal relationships, social support, and sexual performance (3 questions: 20,21,22)), and environmental health (financial sources, physical safety and freedom, availability of quality healthcare and social care, satisfactory home environment, chances to learn new information and skills, entertainment, and conditions of the physical environment in terms of pollution, noise, traffic, weather, and transportation (8 questions: 8,9,12,13,14,23,24,25)). Based on the scoring instructions of the questionnaire, the score of each domain can range between 0 and 100, with higher scores indicating better health conditions. The validity of the questionnaire has been tested in Iran by Sahar Naznejat et al. who found the Cronbach's alpha

correlation values of all the domains to be over 0.7 and confirmed the reliability of the instrument (Nejat, Montazeri, Halakuee, Kazem, & Majdzadeh, 2006).

2-Religious Attitude Scale: Developed by Khodayarifard et al., the questionnaire is based on a review of Islamic literatures and contains 40 multiple-choice questions which address the primary aspects of the religion, including its world view and ideology. Scoring is based on the Likert scale. With regard to the reliability of the instrument, the results of two preliminary studies and a final study which used Cronbach's alpha, Guttman, and Spearman-Brown methods show the reliability values to be 0.95, 0.92, and 0.93 respectively, which proves that the scale has acceptable reliability. With regard to the content of the items, some of the questions have a positive and some have a negative connotation about religiousness. The scale addresses 6 domains of religious attitude: praying (4 items), values and ethics (7 items), the effects of religion on an individual's life and behaviors (5 items), social issues (9 items), world view and beliefs (8 items), and science and religion (4 items). (Khodayarifard, 2003) This questionnaire also covers the primary aspects of students' beliefs, including their world view and ideology. In 2011, the scale was used by Sahraeean in a study of the relationship between religious attitude and happiness in medical students at Shiraz University of Medical Sciences (Sahraeean, 2011).

### 3. Intervention

After the research proposal had been approved by the Research Committee of Jahrom University of Medical Sciences, the subjects were randomly selected from among the students who were willing to participate. The subjects were asked to complete the quality of life and religious attitude questionnaires. They were assured that their responses would remain confidential, and that their names were not required. The researchers observed the ethical considerations surrounding the students' rights. Overall, the distribution and collection of the questionnaires took in 4 month. The collected data were analyzed using Pearson's correlation coefficient and SPSS v. 23.

### 4. Result

Of the 273 students who were assessed, 85 and 188 were male and female respectively. 36 were nursing students, 22 were hygiene students, 20 were laboratory students, 107 were medicine students, 46 were anesthesia students, and 42 were surgery room students. Moreover, 210, 60, and 3 of the subjects were single, married, and divorced respectively. Their average age was found to be 21.36, with the standard deviation of 2.15. Table 1 shows the means of the participants' quality of life and religious attitude scores. Pearson's correlation coefficient showed that there was a significant correlation between quality of life and religious attitude scores (Table 2). Also, the results of Pearson's correlation test of the relationship between quality of life and its subscales on one hand and religious attitude and its indexes on the other showed that there was a significant correlation between the students' mental health and religious attitudes (Table 3).

Table 1. The means of the participants' quality of life and religious attitude scores

Variable	Number	Mean	SD	Minimum	Maximum	Significance level
Religious attitude	268	146.31	14.50	76.00	184.00	P=0.04
Quality of life	263	87.23	16.89	29.00	130.00	P=0.01

Table 2. Correlation coefficient between the students' religious attitudes and quality of life

Variable	Number	Religious attitude	Quality of life
Religious attitude	268	r=1	r=0.25
Significance level		P=0	P=0.001
Quality of life	263	r=0.25	r=1
Significance level		P=0.001	P=0

Table 3. The results of the correlation coefficient of quality of life and its subscales and religious attitude and its indexes

Indexes of religious attitude quality of life	Indexes of Praying	Ethics	Religion	Social	World view	Science and religion	Total religious attitude score
<b>Environmental health</b>	0.082	-0.011	0.067	-0.121	0.921	-0.072	-0.001
<b>Social relationships</b>	0.126*	-0.015	0.182*	0.083	0.181*	-0.023	0.097
<b>Mental health</b>	0.139*	-0.062	0.149*	0.032	0.069	-0.087	0.04*
<b>Physical health</b>	0.163	-0.081	0.152*	0.108	0.006	-0.221*	0.071
<b>Total quality of life score</b>	0.184*	-0.095	0.173*	0.026	0.059	-0.115	0.25*

P < 0.05

## 5. Discussion

The objective of the present study was to explore the correlation between the religious attitudes and quality of life of the students at Jahrom University of Medical Sciences. As Table 2 shows, there is a significant correlation between religious attitude and quality of life. The results of the study also show that there is a significant correlation between religious attitude and mental health, which is one of the indexes of quality of life (P < 0.01).

The results of the study are consistent with the results of the studies of Aghili and Kumar, Van Rigin, Argyle et al., Lewis et al., Lyubomersky et al., and Valiant. (Aghili & Kumar, 2008; Van Rigin, 2008; Lewis, Maltby, & Day, 2005; Lyubomersky, Sheldon, & Schkade, 2005; Valiant, 1993). However, the results of the present study do not agree with the results of the studies of Heisel and Faulkner and Poloma and Pendelton who did not find a correlation between religious attitudes and quality of life (Poloma & Pendelton, 1990; Heisel, & Faulkner, 1982).

In their study of 121 college students, Steward and Jo report that there is a significant correlation between religiousness and mental health and adaptability: the students who claimed to be the most religious had the highest adaptability and academic success (Steward & Joe, 2006).

Medical studies show that religious beliefs have a special effect on hygiene behaviors and habits (Daaleman, Cobb & Frey, 2001; Maslak, 2010).

Recently, pay more attention to the impact of religion on human health. The results of Kendler showed that negative attitudes to life as a result of lack of religious beliefs, there is the risk of disease will increase (Kenneth, 2003).

Ellis' hypothesis that religiousness increases inadaptability was not validated by the results of the study of Watson et al. (Watson & Thrap, 1994): after studying 351 subjects, they concluded that individuals with internal religious inclinations are cognitively more logical, are more successful in adapting themselves, and enjoy higher levels of mental health than others.

In their study of 303 psychology postgraduates, Young et al. (Young, 2005) discovered that spirituality plays an important role in mental health adjustment and can be used in clinical therapy sessions.

In their meta-analysis of 24 studies, Bergin et al. (Bergin, Masters, & Richards, 2007) conclude that there is a positive correlation between religion and mental health: individuals with internal religious inclinations (i.e. those who believe that religiousness is part of their make-up) enjoy higher levels of mental health than individuals with external religious inclinations (i.e. those who consider religion as a means to achieve other goals).

Tahmasebipour and Kamangiri's study of the relationship between religious attitudes and anxiety, depression, and physiological health in patients in three hospitals in Tehran shows that there is a negative correlation between religious attitude and the two variables of anxiety and depression, but there is a positive correlation between religious attitude and physiological health (Tahmasebipour & Kamangiri, 2008).

Jamali's study of the relationship between religious attitudes and having a sense of direction and physiological health in college students shows that there is a positive correlation between religious attitude and physiological health (Jamali, 2002).

Many studies have shown that religion has a positive relationship with public health and people with religious orientation and religious faith have been a major factor for a sense of meaning in life (McFarland, 2010).

The belief that God controls everything and is constantly watching us can significantly reduce our anxiety: pious

people describe God as an intimate friend who enables them to control situations that appear to be beyond human control (Fountoulakis, Siamouli, Magiria, & Kaprinis, 2008). It seems that a religious inclination and having a relationship with a superior being can encourage a positive perspective on one's quality of life (Koivumaa-Honkanen, Honkanen, Viinam, Kaprio, & Koskenvuo, 2001).

Based on Lazarus and Folkman's stress and coping theory, one reason for the results of the present study can be that religious students treat unpleasant events as less threatening than others do and are optimistic about their ability to cope with such events. Also, it seems possible that religious schemas can affect behaviors that are related to physical, mental and spiritual well-being. According to Smith and McCullough, individuals who have strong religious beliefs can socialize better and can, consequently, draw upon sources of social support. Religious people tend to focus on other people's problems and needs and by paying less attention to their own problems, suffer fewer mental disorders. The results of the above-mentioned study also prove that religiousness correlates with social well-being (Smith & McCullough, 2003; Mookerjee & Beron, 2005).

Finally, it should be noted that the findings are consistent with religious lessons as well: religious people consider the tensions that they face as God's will and believe that God is benevolent and will generously reward them for their pains (Surah Yunus, verse 109, Surah Hud, verse 11).

It is best results of this study due to methodological limitations interpreted it. The sample includes Iranian Muslim students. Therefore, this study should be noted generalized. Future research it is best also examine the research on students from other Muslim countries.

## 6. Conclusion

The results of the study show that religious attitudes affect college students' mental health and quality of life positively; therefore, it is suggested that, through continuous and proper education, the religious awareness of this group be raised so that they will have better chances of having a good future. It is also suggested that future studies address the changes in the religious attitudes of this age group.

## Conflict of Interest

The authors declare that there is no conflict of interests regarding the publication of this paper.

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