Correlation between Spiritual Wellbeing and Religious Orientation among Staffs of one Military Medical University

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Abstract
Introduction: Although several studies was conducted in the spiritual well-being and religious orientation, excluding study about relationship between these two factors not conducted. The present study aimed to investigate the relationship between religious orientation and spiritual well-being among staffs of a military university.
Method: The cross-sectional study was conducted during 2011-2012 on the staff (n=503) of a military university that were selected through stratified sampling. Ellison and Paloutzian's spiritual well-being scale (SWBS) and Azarbayejani’s religious orientation questionnaire were used to collect data. Data were analyzed by using SPSS ver 16. Software and Pearson Correlation test.
Findings: Of the participants, 61.4% had a good score of spiritual well-being and 74.2% had a good religious orientation. The Pearson Correlation test showed a significant correlation between religious orientation and spiritual well-being (r= 0.29, P=0.05).
Conclusion: Spiritual health can be improved through strengthening religion orientation. Therefore, it is recommended staff be provided with in-service religious education in order to maintain and promote their health and well-being.

Keywords: Religion, Medicine, Health

Introduction
For many decades, health has been analyzed and evaluated from certain perspectives such as physical, psychological, and social ones. Now, a spiritual component has been added to the definition in a way that almost every health model includes it [1]. Spirituality was defined as follows, "An intrinsic quality of all person beings that drives the search for importance and cause in life, involves association with oneself and others and a transcendent aspect". [2]

Researchers supporting the promoting influence of spirituality on mental health have attempted to establish a link between the two and reflect it in the construct of spiritual well-being [3]. Spiritual well-being is believed to bring harmony to internal, mental forces and other health-related components [4] and is considered as a defensive mechanism against health-related threats [5]. Many studies have highlighted the relationship among spirituality, mental and physical health, and adaptation. There is ample evidence suggesting that spiritual well-being can strengthen mental and adaptive functions of individuals. Also, there are reports of the significant relationship between spiritual well-being scores and the scores obtained for variables such as mental health [6], hope among patients suffering from cancer [7], alcoholic patients [8], AIDS victims [9], subjective well-being, positive mood states and quality of life [10], and stress [11].

Koeng notes that in stressful situations spirituality is a key source of adaptation [12]. Overall, the body of research exploring the relationship between religiousness and health among different groups of people indicates that religious beliefs and practices play a positive role in preventing, recovering from, and coping with psychological diseases. In recent years, researchers working on psychology of religion have attempted to propose appropriate patterns to measure psychiatric phenomena associated with spiritual dimension of human being. One of these has come to be known as religious orientation [13], which can roughly equated with “religiousness”. In other words, religious orientation means a general tendency to a divine essence and is a mixture of routine beliefs and practices. Individuals with an Islamic religious orientation hold beliefs which affect their attitudes and behaviors. As a result, their lifestyles and behaviors are influenced by their religiousness and religious orientation [14].

On the whole, numerous studies have addressed the effect of spiritual well-being on variables such as social anxiety [15], quality of life [16], religious beliefs and optimism [17], and so forth. Moreover, thus far focus has mostly been on the links between religious orientation and health dimensions such as mental health [18],...
personality dimensions and adaptation [19], and other psychiatric components. However, spiritual well-being has not received the attention it deserves and studying its effects on different aspects of individuals’ lives seems necessary. On the other hand, most of the studies carried out in the context of Iran have employed non-domestic scales such as Alport [20]. Therefore, the present study has explored the relationship between a non-domestic spiritual well-being scale and a domestic spiritual orientation scale designed based on Iranian-Islamic components.

Methods
Study Setting
The study was a cross-sectional descriptive-analytical one in design. Study population of the study was all the staff a Tehran-located military academy and its three affiliated centers. Sample size (n=527) was calculated by using the following formula:

\[ n = \frac{(Z_{\alpha/2} + Z_p)^2 \cdot P \cdot (1 - P)}{\delta^2} \]

Stratified random sampling was used to select the participants.

Measures
In order to collect data, three questionnaires were used that Finally 503 questionnaires returned. The first one was an author-designed questionnaire including 16-items on the demographic information of the participants (e.g., age, education). Ellison and Paloutzian’s 20-item spiritual well-being questionnaire was used to collect data on participants’ spiritual well-being [21]. Questions with odd and even numbers assessed existential and religious well-being, respectively. Participants were asked to indicate the extent of their agreement with the items with a number of Likert-scale statements, ranging from Totally Agree to Totally Disagree. For positive questions Totally Disagree and Totally Agree answers were given 1 and 6 scores, respectively. For negative questions the opposite was done. Spiritual well-being was categorized into three levels, namely low level (20-40), average level (41-99), and high level (100-120) according to questionnaire cut point.

Additionally, Azarbeyjan’s religious orientation questionnaire was employed to collect data on religious orientation of the participants. The questionnaire includes 66 items designed based Iranian-Islamic components and consists of two sections: beliefs-rituals and ethics. The beliefs-rituals and ethics sections has 41 and 25 items, respectively [14]. For measurement purposes, a four-point Liker scale format was used in the questionnaire. The minimum and maximum obtained scores can range from 66 to 264, which can be divided into three categories: high religious orientation (scores higher than 227), average religious orientation (175-227), and low religious orientation (lower than 175).

Validity and Reliability
Validity and reliability of the questionnaire was tested by referring to authentic works and a panel of heath experts, psychologists, and clergies. The panel made no changes in the domestic questionnaire. However, given that some of the items in Ellison and Paloutzian’s questionnaire were recognized to be ambiguous by the panel members, it was translated into Persian and then, translated back into English. Then, as the pilot stage of the study, the questionnaire was distributed to a number of staff to make necessary revisions. In a pilot study, the questionnaire was administered twice to 30 staff members with similar characteristics to the target sample population with a two-week interval. Reliability of the questionnaires was checked through test-retest method (Table 1.).

Statistical Analysis
Data were analyzed by using SPSS ver 16. and Pearson Correlation test. The study was approved by the ethics committee of Baqiyatallah University and ethical principles were adhered to throughout the study. Participants were provided informed consent, confirmed in writing, after explaining of the purpose and procedures of the study. All values for were set at 0.05.

Table 1. The reliability rate of spiritual well-being and religious orientation items

<table>
<thead>
<tr>
<th>Questionnaire component</th>
<th>Chronbach α</th>
<th>Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spiritual orientation questionnaire</td>
<td>¥¥¥, ¥¥</td>
<td>¥¥¥¥, ¥¥¥¥</td>
</tr>
<tr>
<td>Beliefs and rituals</td>
<td>¥¥¥, ¥¥¥</td>
<td>¥¥¥, ¥¥¥</td>
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<tr>
<td>Ethics</td>
<td>¥¥¥, ¥¥¥</td>
<td>¥¥¥, ¥¥¥</td>
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<tr>
<td>Spiritual well-being questionnaire</td>
<td>¥¥¥, ¥¥¥</td>
<td>¥¥¥, ¥¥¥</td>
</tr>
<tr>
<td>Existential well-being component</td>
<td>¥¥¥, ¥¥¥</td>
<td>¥¥¥, ¥¥¥</td>
</tr>
<tr>
<td>Religious health component</td>
<td>¥¥¥, ¥¥¥</td>
<td>¥¥¥, ¥¥¥</td>
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</tbody>
</table>

Results
Most of the participants (44.7%) had a BA degree and those whose age ranged from 27 to 33 were most frequent. Of the participants, 57.3% and 61.8% were female and married, respectively. Moreover, 26.4% of the participants had 3 to 5 years of job experience. Most of the participants were part-timers (56.5%). In terms of doing exercise, 6.8% had serious physical problems in a way that prevented them from getting enough exercise. Physical activity level was lower than two hour and a half weekly for most of the participants (47.1%). Only 28.2% had an income of higher than 300 US dollars. According to the findings of the study, 61.4% and 74.2% of the participants had a good spiritual well-being and good religious orientation rates, respectively (Table 2.). The correlation coefficient between spiritual well-being and spiritual orientation was found to be significant (r=0.29, P<0.05). However, there was a stronger correlation between components of spiritual well-being (r=0.73, P<0.05) and those of spiritual orientation (r=0.84, P<0.05). Therefore, individuals with spiritual well-being have higher religious orientations.

Table 2. Distribution rate of the studied staff in relation to religious orientation and spiritual well-being

<table>
<thead>
<tr>
<th>Point level</th>
<th>Religious orientation N</th>
<th>Religious orientation %</th>
<th>Spiritual well-being N</th>
<th>Spiritual well-being %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>¥¥¥¥</td>
<td>¥¥¥</td>
<td>¥¥¥</td>
<td>¥¥¥</td>
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<tr>
<td>Moderate</td>
<td>¥¥¥¥</td>
<td>¥¥¥</td>
<td>¥¥¥</td>
<td>¥¥¥</td>
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<tr>
<td>Good</td>
<td>¥¥¥</td>
<td>¥¥¥</td>
<td>¥¥¥</td>
<td>¥¥¥</td>
</tr>
<tr>
<td>Total</td>
<td>¥¥¥</td>
<td>¥¥¥</td>
<td>¥¥¥</td>
<td>¥¥¥</td>
</tr>
</tbody>
</table>
Table 3. Mean, standard deviation, range and correlation matrix: scores of spiritual well-being, religious orientation, and their components.

<table>
<thead>
<tr>
<th>Components</th>
<th>Obtainable score range</th>
<th>Obtained score range</th>
<th>Mean</th>
<th>Standard deviation</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religious health</td>
<td>10 - 20</td>
<td>19.6</td>
<td>79.52</td>
<td>28.4</td>
<td>**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Existential well-being</td>
<td>10 - 20</td>
<td>15.8</td>
<td>69.86</td>
<td>12.98</td>
<td>**</td>
<td></td>
<td></td>
<td></td>
<td>**</td>
<td></td>
</tr>
<tr>
<td>Spiritual well-being</td>
<td>1 - 20</td>
<td>14.6</td>
<td>93.89</td>
<td>5.71</td>
<td>**</td>
<td>**</td>
<td></td>
<td>**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beliefs and rituals</td>
<td>10 - 14</td>
<td>13.0</td>
<td>77.04</td>
<td>4.147</td>
<td>**</td>
<td>**</td>
<td>**</td>
<td></td>
<td>**</td>
<td></td>
</tr>
<tr>
<td>Ethics</td>
<td>100 - 25</td>
<td>121.22</td>
<td>87.42</td>
<td>16.59</td>
<td>**</td>
<td>**</td>
<td>**</td>
<td>**</td>
<td>**</td>
<td>**</td>
</tr>
<tr>
<td>Religious orientation</td>
<td>264 - 66</td>
<td>149 - 66</td>
<td>73.34</td>
<td>16.19</td>
<td>**</td>
<td>**</td>
<td>**</td>
<td>**</td>
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</tr>
</tbody>
</table>

**p<0.01

Discussion

Result of the study suggested that staff’s spiritual well-being level is good quality, which is parallel to the findings of Livneh, Lott, and Antonak [22]. According to different studies carried out spiritual well-being, it can be claimed that the higher and stronger individuals’ spiritual well-being is, the fewer mental problems are. In a review study, Visser observed a positive relationship between spirituality and welfare in many cases [23]. Besides, individuals with a better spiritual well-being are stronger, enjoy higher social supports, and can control themselves more easily [24].

Findings of the study indicated that staff’s religious health was higher than their existential well-being, which is inconsistent with other studies carried out abroad. For example, Taliaferro (2009) has laid emphasis on existential well-being [25, 26]. In many cases, existential well-being has been introduced as the primary source of hope. Also, in most cases individuals’ existential well-being has a mean less than the religious dimension of spiritual well-being, showing the importance of existential dimension of human beings in Western societies. Similar to the present study, Rezaei [27] highlights the spiritual dimension which can be accounted for by the fact that Iranian people, given their culture, are a religious community and turn to religion more in challenging situations. The strong correlation between spiritual well-being components may suggest a strong relationship between existential well-being and spiritual well-being for the studied population.

The high spiritual orientation score obtained in the study is consistent with Yasaminezhad [28]. The high score of beliefs and rituals and ethics implies high levels of external and internal spiritual orientation, both of which have been emphasized in Islam. According to Alpourt, internal religion is internal, organized, and universal. On the other hand, external religion is a tool at the service of satisfying individual needs such as security [29].

In addition, the results of Pearson test showed a significant relationship between staff’s spiritual well-being and religious orientation (r=0.29) meaning that the staff with a better spiritual well-being have a good religious orientation, too. The difference between the two questionnaire used in the study may account for the weaker correlation. Health is associated with promoting a hygienic lifestyle. The body of relevant research indicates that there is a mutual relationship between lifestyle and health. Religion has some recommendations for leading a qualified lifestyle. Hadianfar (2004) reports that individuals acting based on religious beliefs have a better mental feeling and higher well-being [30]. Daily spiritual practices and rituals, religious support, and religious-spiritual self-assessment can be strong and significant predictors of health and feeling of goodness. Also, a decrease in the level of spiritual well-being is accompanied by a kind of mental pressure, anxiety, depression and isolation [31]. A strengthened spiritual well-being will reduce mental issues and enhances mental health. This, in turn, increases healthy behavioral styles, positive excitations, optimism, and life satisfaction [32]. Hence, religiousness can be strengthened in order to promote the level of spiritual well-being. An Islamic lifestyle means disseminating and institutionalizing Islamic patterns at individual and social levels as changes in the patterns bring about changes in individual behaviors. Thus, it is suggested that in order to promote spiritual well-being through religious orientation a workshop be convened. Then, a panel consisting of religion, mental health, and health experts set the research agendas for the area of spiritual well-being. Considering this, future studies can include variables such as physical health, mental health, and other spirituality scales in order to determine factors influencing spiritual health in a better way.

The study had some limitation. Using self-report data and a cross sectional design were the limitations of the study. Also, validity and reliability of the scales should be more notice and result of this study that performed in the military position not refers total university staffs in Iran.

Acknowledgement

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References

31. Dastgheyb Z, Ramazanazadeh R, Ghasemi S. The relationship between mental health and spiritual health at the University of Shiraz. 2009;