

The Role of Demographic Factors in the Spiritual Health of the Students of Iran University of Medical Sciences

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Abstract

Introduction: Spiritual health has a substantial effect on other aspects of health. Due to the important role of university students in the development of a country, it is necessary to examine the correlates of different dimensions of health using appropriate tools in this community. This study aimed to determine the role of demographic variables in the spiritual health of the students of Iran University of Medical Sciences.

Method: In this descriptive and cross-sectional study, the statistical sample comprised 473 students selected by convenience sampling method. To collect data, a researcher-made demographic questionnaire and the spiritual health questionnaire, which has been developed by Amiri et al., were used. The collected data were analyzed through SPSS software.

Results: According to the Mann-Whitney U test, there was a significant difference between the mean scores of spiritual health in women (78.51) and men (70.41). This difference was also significant between married (80.42) and single (74.81) students. This is while there was no significant differences between various groups in terms of other demographic factors.

Conclusion: It can be concluded that women and married students have higher spiritual health in comparison to men and single ones. This is while other demographic variables such as age, education, employment position, and place of residence could not predict the level of spiritual health in university students.

Keywords: Demographic Factor, Spirituality, Students, Iran

Introduction

According to the definition presented by the World Health Organization (WHO), health is a dynamic state of complete physical, mental and social well-being and not merely the absence of disease or infirmity [1]. It seems that the attitude toward health is out of date as it is utopian more than being pragmatic and it is not suitable for most of the people in the world. To refine this definition, some key concepts such as accepted spirituality should be added [2].

Spirituality was raised about the second half of 19th century in Europe and the West. It was discussed that spirituality is a common concept among all social systems. However, historically, tendency towards spirituality goes back to those Christians who had distinguished between different schools of spirituality such as the spirituality of Spanish or

Finnish mystics or Russian Orthodox [3-5]. Moreover, when religious books are reviewed, it is seen that Islam defines health based on two physical and spiritual aspects [6]. Spirituality is rooted from a Latin word of "Spiritus" which means breathe [7]. The concept of spiritual health was introduced as spiritual wellbeing for the first time in 1971 by Moberg. The suggestion of adding the spiritual aspect of health in this concept by Russell and Osman led to an important challenge for health experts [8]. For many years, experts have been studying and focusing on this dimension as an effective factor; however, this aspect has not been added to the definition of health owing to lack of an international consensus. Nevertheless, health has been always defined as a state that is associated with the mind, body and soul [1].

The spiritual dimension is relatively important in human experiences, as for many, the spiritual dimension determines the well-being [9-13]. A person may suffer from a particular illness but at the same time have accepted this condition and as a result feels well, because being in the path of spiritual growth distorts this adversity. In fact, for these people, the conscious acceptance of an unpleasant situation is considered to be spiritual growth [2]. The spiritual well-being provides the coherence and interconnection between the internal forces. Spiritual well-being can be viewed from two different perspectives. The first viewpoint is related to religious well-being and focuses on the person's perception of health when they communicate with the higher powers. The second viewpoint is related to existential well-being and focuses on social and psychological anxieties [14].

Due to the interpretative nature of the two concepts of health and spirituality, several definitions of spiritual health have been presented [15]. Based on these definitions, various tools have been developed to measure spiritual well-being. For instance, spiritual health has been defined as "a state of being where an individual is able to deal with day-to-day life issues in a manner that leads to the realization of one's full potential, meaning and purpose of life and fulfillment from within" [16].

Also based on the Islamic perspective, spiritual well-being is a status with various levels in which, according to the individuals capacities and capabilities; insights, tendencies and abilities that are necessary for the transcendence of the soul (the approach to the God) are provided in such a way that all internal facilities and internal and external behaviors are coordinated and balanced for attaining the mentioned general objective [17].

Due to the differences in the values and social norms of diverse groups and societies, using unchanged tools and questionnaires that are generated in a society which has cultural and religious differences with the undergoing research society can end up with results that are not consistent with reality [15]. As a result, Amiri et al. [15] have developed a tool to measure spiritual well-being that is in line with the cultural, social and religious characteristics of the Iranian community and is consistent with the Islamic perspective towards spiritual health.

In addition to the importance of using a tool that is

culturally and religiously compatible with the investigated community, the findings of different research on the relationship between spiritual health and the demographic variables are contradictory. In the study that was conducted by Amiri et al. [15], the mean difference of spiritual health between males and females was not significant, while the results of other surveys [18, 19] demonstrated that the level of spiritual health of females was higher than that of males.

According to previous studies, there is a positive relationship between age and spiritual well-being [15-18], while other studies suggest a lack of significant relationship between these two variables [20]. Findings related to the marital status, place of residence, level of education and employment position are also contradictory. Some studies have actually confirmed that there is a relationship between spiritual health and these variables [15, 21-25], while other studies have not supported such a relationship [18, 20, 26-28].

Accordingly, the purpose of this research was to investigate the relationship between the demographic variables and spiritual health using a tool that is consistent with the cultural, social and religious characteristics of the Iranian community.

Method

In this descriptive and cross-sectional study, the statistical population comprised of all the students in the Iran University of medical sciences. The statistical sample of this study included 500 students selected by convenience sampling method. Among the 500 distributed questionnaires, 27 questionnaires were excluded due to incompleteness. Data were collected by a researcher-made demographic questionnaire containing questions about gender, age, educational level, marital status, employment status, and place of residence, along with the spiritual health questionnaire.

The spiritual health questionnaire, which has been developed by Amiri et al. for measuring spiritual well-being in the cognitive/emotional and behavioral areas includes 48 items and is designed in the form of three conceptual structures of insight, tendency and behavior. Each structure measures three sub-concepts of relationship with God, self, and the periphery. Each item is scored based on the Likert scale from 1 (completely agree) to 5 (completely disagree). Then, the scores are changed to the format of 0 to 100 (1-100, 2-75, 3-50, 4-25, 5-0), so that the higher score indicates a higher level of spiritual health. This questionnaire has appropriate internal consistency (Cronbach's alpha = 0.98) and test-retest reliability. Also, the content validity of this questionnaire was approved by specialists [15].

For data analysis, descriptive statistics including frequency, percentage, mean and standard deviation were used. The Mann-Whitney U, and Kruskal Wallis tests were also used to compare the mean score of spiritual health in various demographic groups using the SPSS Statistics software version 16.

Regarding professional ethics, before the implementation of the research, the ethical code was

received from the ethics committee in the research department of the Iran University of Medical Sciences (IR.IUMS.REC 1396.30564). Then at the first step, the purpose of the study was explained to the students, and they were assured that the information would be confidential. Next, the questionnaires were completed by the students. In addition, the study was conducted according to ethical standards of human experimentation in accordance to the Helsinki Declaration.

Results

In order to carry out this study, 473 university students participated in this research. Most participants were at the age range of 18-21. They consisted of 272 women, 200 men and one person did not respond. Also, 90.7% of participants were single, 7.6% were married and 1.7% did not respond. Regarding education levels, 60.7% had a BA degree, 19.5% had a MA degree, 3.4% had a Ph.D. degree, 16.1% of them were general practitioners and 0.2% did not respond. In regards to employment status, 19% of the subjects were employed, 79.5% of them were unemployed and 1.5% did not respond. Also, 57.7% of the students were living in a dormitory, 41.6% were living in their own home and 0.7% did not respond.

Furthermore, in terms of the different demographic groups, the results of the descriptive indicators of spiritual health including mean and standard deviation are shown in Table 1. As the distribution of spiritual health was not normal, the Mann-Whitney U test was used to examine the differences between the mean score of spiritual health in different groups in terms of gender, marital status, employment status and place of residence. Moreover, the

Kruskal Wallis test was used to examine the differences between the mean score of spiritual health in different groups in terms of age and education (Table 1).

The mean score of spiritual health was 78.51 in women and 70.41 in men. The Mann-Whitney U test showed a significant difference between the mean scores of spiritual health in women and men ($p < 0.05$). This means that women have a higher level of spiritual health compared to men. Also, the results of the Mann-Whitney test ($p < 0.05$), revealed a significant difference between the mean scores of spiritual health in single and married students (single=74.81, married=80.42). This difference indicated that married students had higher levels of spiritual health.

The highest mean of spiritual health was found among students that were older than 30 (79.98). However, the Kruskal Wallis test demonstrated no significant difference between the mean scores of spiritual health in various age groups ($p > 0.05$). Also, regarding the mean differences in diverse groups in terms of education, although the mean of spiritual health in PhD students (76.18) was higher than other levels, the Kruskal Wallis test did not show a significant difference ($p > 0.05$).

The Mann-Whitney U test did not show a significant difference between the means of spiritual health in both employed and non-employed students ($p > 0.05$). Although the mean score of the spiritual health of students living at home (76.88) was higher than the mean score of students living in a dormitory (74.05), according to the results of the Mann-Whitney U test, this difference is not statistically significant ($p > 0.05$).

Table 1. Spiritual Health in Terms of Demographic Characteristics

Demographic Variables	Frequency (%)	Mean (SD)	P-value
Gender	Female	272 (57.5)	78.51 (12.61)
	Male	200 (42.3)	70.41 (17.18)
	Did not Respond	1 (0.2)	
Marital Status	Single	429 (90.7)	74.81 (15.17)
	Married	36 (7.6)	80.42 (14.07)
	Did not Respond	8(1.7)	
Age	18-21	281 (59.4)	75.70 (13.97)
	22-25	123 (26)	74.00 (16.43)
	26-30	46 (9.7)	73.24 (18.59)
	Up to 30	22 (4.7)	79.98 (14.56)
	Did not Respond	1 (0/2)	
Education	BA	287 (60.7)	76.07 (14.47)
	MA	92 (19.5)	75.65 (16.11)
	Ph.D.	16 (3.4)	76.18 (15.69)
	MD	76 (16.1)	71.51 (16.09)
	Did not Respond	2(0/3)	
Employment Status	Employed	90 (19.0)	74.55 (16.62)
	Unemployed	376 (79.5)	75.40 (14.79)
	Did not respond	7(1.5)	
Place of Residence	Dormitory	273 (57.7)	74.05 (16.11)
	Home	197 (41.6)	76.88 (13.56)
	Did not Respond	3(0.7)	

Discussion

The purpose of this study was to investigate the role of demographic variables in the spiritual health of the students of Iran University of medical sciences. The results

of this study revealed that women had higher spiritual health compared to men. This finding is consistent with the results of the study of Ziapour et al., Sen et al., Jafari et al. and *Mousavi Moghadam* et al. and inconsistent with

the outcomes of studies of Amiri et al. and Allahbakhshian et al. [15, 18, 19, 29-31]. This difference is in line with WHO's view expressing that women have a higher understanding of spiritual communications [32]. These results may be due to differences in social customs, life experiences, coping strategies and different roles and characteristics of women [18]. In fact, it is assumed that the roles, characteristics and behaviors that are socially attributed to women are more relevant to some religious and spiritual norms and principles [33]. One of the reasons that can explain the discrepancy between the results of this research and Amiri et al.'s and Allahbakhshian et al.'s studies is the difference in the statistical samples of these investigations.

In the present study, the mean score of spiritual health in married and single students was significantly different. Married students had higher spiritual health than single ones. This finding is concurrent with the results of previous studies [22, 25, 34, 35]. However, other studies have found conflicting reports regarding this association [18, 20, 26]. Studies show that unmarried people have lower health levels. Marriage through modified health behaviors and social networks arising from the union provides protection against adverse health outcomes [36]. Regarding the mutual impact of various dimensions of health on each other, married people are expected to have higher levels of spiritual health.

Another valuable demographic variable in spiritual well-being is age [37]. In the present study, the difference in the mean scores of spiritual health in different age groups ranging from 18 to 35 years old was not significant. This finding is in line with the results of studies conducted by Rahimi et al. and Mostafazadeh et al. [20, 28]. However, other investigations have shown as age increases, the level of spiritual health increases as well [15]. Spirituality has different goals in different stages of life. Fowler recognized six stages of faith [38]. The phase after adolescence and before middle age is the stage of individuation-reflective faith in which, an individual's own belief is critically examined and reconstructed [39]. In the present study, lack of difference in the mean score of spiritual health in different age groups may be due to the fact that all participants were spiritually at the same phase of growth. This is while in Amiri et al.'s study [15], the age range of subjects was wide. About half of the participants were between the ages of 20 and 35, and the other half were over 35, and probably they were at different stages of spiritual growth which can explain the difference between different age groups in terms of spiritual health. The results of the present study indicated that there was no significant difference between the students of different educational grades in terms of spiritual health. This finding is consistent with the results of previous studies [20, 27]. Nevertheless, many other studies have shown that there is a significant relationship between these two variables so that the level of spiritual health increases with higher degrees of education [21, 23, 24]. In these studies, the participants were divided into three groups of illiterate, undergraduate, and college graduates, while all of the subjects were university students in the present survey. In fact, one of the possible assumptions is that although education is related to the

spiritual well-being, various academic levels cannot help in promoting spiritual health.

Lack of difference in the mean score of spiritual health in different groups in terms of employment status in the present study is inconsistent with the results of investigations undertaken by Borji et al. and Hojjati et al. and the findings of these two studies in which, the participants were housewives, unemployed, or employees were contradictory too [23, 40]. It means that in the study of Borji et al., the mean score of spiritual health in employees was higher than that of unemployed and housewives, while in Hajjati et al.'s study, the mean score of spiritual health was higher in the unemployed and housewives [23, 40].

As in the present research all the subjects were university students, the results of this study are incomparable with the results of the above mentioned studies. One possible assumption is that engagement with goal-based activities affects spiritual health more than an income issue. Also, probably, all employed and non-employed students are involved in goal-based activities like scientific promotion, university graduation, finding a job etc. therefore, there is no difference between them in terms of spiritual health.

Finally, the results of this study showed that the difference between means of spiritual well-being of dormitory and non-dormitory students was not significant. Many previous studies have also not reported any difference between these two groups in terms of spiritual health. Only, Khalili et al.'s study revealed that there is a relationship between the place of living and spiritual health. Based on this study, the level of spiritual health of elderly people living in private homes was higher than those living in nursing homes [24].

Since the research community of this study is limited to the students of the Iran University of Medical Sciences, the results cannot be generalized to other communities. Also, in this study only the role of objective factors such as marital status and employment position has been investigated and subjective factors such as satisfaction from common life or job satisfaction that probably plays a more vital role in spiritual health are ignored, which is suggested to be investigated in future studies. Considering the developmental stages of spirituality, research with a broader age range should be conducted to further study the relationship between age and spiritual health. In addition, since the results showed that females and married people have a higher level of spiritual health, clarification of the factors that are responsible for the higher levels of spiritual health in these students in comparison to males and single ones are needed. After detecting these factors, practical ways to increase spiritual well-being should be found and strengthened.

Conclusion

Considering the prominent importance of the spiritual and religious dimensions in the Iranian community and taking into account the interrelationship between different aspects of health on each other, this research was carried out with a new Iran made spiritual well-being questionnaire to identify the most vulnerable groups of students in order to design spiritual interventions for

them. The results showed that females and married people had a higher level of spiritual health, while there is no significant difference in the spiritual health of different groups in terms of age, education, employment status and place of residence. Due to lack of growth of spiritual health in different academic periods, placing the related courses in the educational curriculum may eventually increase the student's spiritual health.

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