Relationship between Coping Styles and Religious Orientation with Mental Health in the Students of the Nursing-Midwifery Faculty of Zabol

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Abstract

The purpose of this study was to investigate the relationship between coping styles and religious orientation with mental health among students of Nursing Midwifery Faculty of Zabol. The method of doing a descriptive-survey research is a correlation approach. The population consisted of 320 students in the Nursing and Midwifery Faculty of Zabol. The statistical sample of this study is 175 people. This number is determined by referring to the Morgan table. Sampling method is also simple random method. The instrument for measuring the data was Lazarus' coping strategies questionnaire (1988), Alport and Ross religious orientation questionnaire (1967) and Goldberg and Hiller's mental health questionnaire (1979). The Cronbach's alpha coefficient was 0.89, 0.78 And 0.83. Data analysis was performed using SPSS software. The results of the research show that there is a significant relationship between coping styles and religious orientation. There is also a significant relationship between coping styles and mental health.

Key words: coping styles, religious orientation, mental health

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Introduction

In the present century, the issue of stress and stress management has been one of the most important fields of research in various sciences, and its impact on human life is one of the broadest research fields in the present age. Stress, anxiety and coping are the permanent components of everyday life. All of us at any moment encounter issues that may be stressful. These cases include daily disturbances to major events and the degree of stressfulness of each item varies from person to person (Villada,Hidalgo, Almela, & Salvador,2016).

The methods or strategies that a person uses in dealing with stressful situations play an essential role in his/her physical and mental health. Evaluation and coping processes and cognitive efforts of people and their ability to interpret and overcome life problems are effective (Thomas, Cassady & Heller, 2017). In the initial evaluation, an individual may assess the situation as threatening or vice versa. In the second stage, or secondary assessment, the type of action that a person must take in relation to that position, and the forces and facilities that he / she feels for resolution and counteraction. The sense of danger and its extent depends on the possibilities that one feels to have, and this is related to the information that the environment, life's business and personal characteristics have created for him or her. New information may be effective in assessing the individual's situation and re-evaluating it (Vu,2017).

A personality or environmental variable can act as a stress regulator by influencing the individual's dependence on specific confrontational strategies. First, it can influence the assessment of the meaning of events (threats or lacking), and secondly, it can affect the assessment of coping resources (Jaser, Patel, Xu, Tamborlane & Grey,2017). Coping is a process through which individuals control the stress associated with stressors and control the negative emotions created by these factors.

In other words, coping with the cognitive, emotional and behavioral effort of a person is to control the external and internal factors that threaten the person. The concept of coping from the past decades has been formally discussed in the field of psychology, and over the past years, many studies have been conducted on the coping process and a variety of coping styles. Adaptive coping allows one to grow in a challenging world. The ability to detect appropriate emotional responses when confronted with stressful events in everyday life creates a positive attitude about life events (Skinner & Zimmer-Gembeck,2016). People with low emotional intelligence are weaker in problem-solving ability and do not have the ability to use coping skills in dealing with psychological stresses in life. Recent research has shown that the type of coping strategies used by an individual affects not only his mental health but also his physical well-being (Yeung, Lu, Wong & Huynh,2016).

In general, religion has a significant impact on the adaptability of individuals and can be used in clinical work with clients who seek spiritual psychotherapy (Reynolds,2017). The psychology of religion, as we observe today, owes its existence to the comparative studies of religions in the nineteenth century in Europe. It is said that the emergence of psychology studies of religion begins with two disciplines of psychoanalytic psychology and psychology. The development of religious studies in the field of scientific psychology can be considered a product of the studies of Freud and Jung as psychoanalytic in this regard, each having a different view of religion. In most of his work, Freud considers religion as illusion. Jung believes that all phenomena, including dreams and illusions, are reality, and he believes that religious concepts are the best explanation of man, and that psychology would not be realized except by religion (Koenig, Boucher, Oliver, Youssef, Mooney, Currier & Pearce,2017).

In recent years, numerous studies have been conducted on the relationship between religion and mental health. These studies have generally shown that there is a positive relationship between religion and health (Speed, ,2017). But in some studies, vague and inaudible connection has been reported between various aspects of religiosity and psychological compilation. It seems that religious beliefs can have positive and negative effects on mental health, and depending on the religious views of a person some religions (e.g. worshipping of inanimate objects(e. g. crystals) may be quite detrimental to mental health, similar events in a person's life can be considered in a completely different way.

Studies and theorizing in various religious fields have a long history, but the study of religion began psychologically about 100 years ago. The psychology of religion, as we observe today, owes its existence to the comparative studies of religions in the nineteenth century in Europe. It is said that the emergence of religious psychology studies begins with two disciplines of psychological analysis and physiological psychology (Kato, 2016). Mental health is related to emotions, attitudes and human behavior in such a way that when a person has good mental health, they can usually cope with increasing incidents and daily social problems and pursue their goals in life in order to have a more effective social function. In fact, mental health provides the basis for the development of intellectual and communication skills, and promotes emotional growth, flexibility, and self-esteem. With the successful performance of mental functions and as a result of constructive activities, having the right relationships with others, the ability to adapt to the changes and dreams that are effective with the disastrous events of life, all are consequences of good mental health (Ramakrishnan, Baccari, , Ramachandran, Ahmed & Koenig,2017). Despite the old beliefs of religions, the experts in the field of psychology of religion at the theoretical level have discussed the effects of religious beliefs on the happiness of contradictory views. For example, Freud and Ellis have a negative evaluation of the role and effect of religion on mental health. They consider health as the axis of social economic development. If the goal of all social policies is the welfare of society, the key to entry into society's welfare is firstly the hope of a healthy and decent life,

and that it is not possible without health. Development without a healthy human is not understandable. According to Muller, World Health Organization former chairman, "Health, if not everything, is nothing without health." In public health, increasing acceptance and confirmation have been made such that health is determined not only by behavioral, biological and genetic factors, but also by a range of determinants of economic, environmental and social determinants such as safe environment, adequate income, having meaningful roles in the community, secure custodians, higher education and social support, which result in better health and well-being in the neighborhoods. The above factors are called "social determinants" (Jain, van Hoek, Boccia & Thomas,2017). Considering the issues that arose in this study, is there a significant relationship between coping styles and religious orientation with mental health?

Method

The method of this research is survey.

Statistical population and sampling

The population consisted of students from the Nursing and Midwifery Faculty of Zabol; 320 people. The statistical sample of this study is 175 people. This number is determined by referring to the Morgan table. Sampling method is simple random method.

Tools

The Lazarus Coping Strategies Questionnaire (WOCQ): It is a 66-item test that was developed by Lazarus and Fulkman (1980) on the basis of a coping strategies log (Lazarus and Fulkman, 1980), and the wide range of thoughts and actions individuals have when evaluating the internal or external pressure conditions, are evaluated. The test has 8 sub-scales: direct coping, distance, self-control, social support, acceptance of responsibility, escape-avoidance, scheduled problem solving and positive re-evaluation. The 16 words of this test are divergent, and the other 50 are evaluating the individual's coping style. Copywriting strategies revised with copywriting logs differ in a number of cases. Firstly, how to respond in the original version is yes / no, in the revised version, each statement is answered on a 4-point Likert scale (from 0: I have not used at all until 3: a lot of it And secondly, extra and inaudible phrases have been replaced by other terms, and some phrases like worship have been added to the questionnaire.

Religious Orientation Scale: According to the Allport theory, internal religion, religious, and institutionalized are internal. While external religion is an external instrument and a tool that is used to meet individual needs such as authority and security. The goal of Allport from the inner religious orientation is: a comprehensive motivational commitment that is ultimate goal and not a means for Achieving Individual Goals (Big John 1999). In 1950, Allport and Ross produced this scale to measure the inner and outer orientations of religion. In the early studies on this basis, it was observed that the correlation of the external orientation with the inner is 0.21 (Allport and Ross, 1967). This scale is graded based on Likert scores, the range of which totally disagrees, to totally agrees, and gives the answers a score of 1 to 5. Reputation Points 1 to 12 determine the extent of the exterior orientation of the subject and the total score of phrases 13 to 21 of his/her internal religious orientation score.

General Health Scale (GHQ): The original form of the questionnaire was developed by Goldberg and Hiller in 1970, and its validity and validity are reviewed several times. Chen in the simultaneous evaluation of this questionnaire with the Minnesota-Border-Associated Questionnaire-Boundary Questionnaire was 54.4. In the study of this questionnaire, Beck's disapproval questionnaire, the Coefficient of Factor Coefficient of 0.99, reported a mean of 0.96, the mean sensitivity of the GHQ28 questionnaire was 0.84 and the mean of it was 0.82. Goldberg and Williams scored the total score of 0.95 for the whole questionnaire. It has 4 sub-scales that include:

1) Scale of physical symptoms: Includes items about people's feelings about their health, their fatigue feeling with physical symptoms, 28 questions in GHQ 1 to 7.

2) Anxiety and Depression Symptoms: Includes those related to insomnia and anxiety, in GHQ 28 Questions 8 to 14

3) Social Function: Means the ability of individuals to meet the demands of professional and daily routines. Revealing the feelings of people in coping with the commonplace items of life, in GHQ28 Questions 15 to 21

4) Depression syndrome: Includes severe depression and suicidal tendencies, and in GHQ28 Question 22 to 28.

There is a score for each scale and a score is related to the overall score of the individual. This questionnaire is used in Iran, and its internal consistency is verified using the Cronbach's alpha of 87. 87. The GHQ28 form was tested on a sample of 80 in 7-10 days that reported a subscale score of between 0.50 and 0.81. The sensitivity of this test is 0.86 and its specificity is 0.82.

Pearson correlation coefficient and regression were used to analyze the data.

Findings

To investigate the relationship between coping styles and religious orientation, multiple regressions is used. Results are shown on the next page:

Results

Table 1. Summary of regression model

Model	The correlation coefficient	The coefficient of determination
regression	0.932	0.868

Table 2. Analysis of variance

Source of change	Sum of square	Df	mean of squares	F statistics	Sig.
regression	20.018	7	2.502	136.562	0.001
residual	3.042	166	0.018		
Total	23.059	174			

Table 3. Coefficients of regression model variables

Variables	Non-standard coefficients		Standard coefficients	TStatistics	Sig.
	B	Standard error	Beta		
Constant factor	-1.62	0.189		-6.156	0.001
Counter system	-0.08	0.040	-0.088	-2.046	0.042
To take some distance	0.045	0.034	0.042	0.298	0.196
Self-control	0.486	0.046	0.406	10.298	0.001
Demanding social support	0.316	0.046	0.344	6.824	0.001
Acceptance of responsibility	0.319	0.029	0.210	4.301	0.004
Escape - Avoid	0.121	0.035	0.126	3.467	0.001
Scheduled issue solved	0.248	0.039	0.229	6.334	0.001
Positive reassessment	0.190	0.036	0.202	5.321	0.511

Table 4. Summary of regression model

Model	The correlation coefficient	The coefficient of determination
Regression	0.897	0.805

Table 5. Analysis of variance

Source of change	Sum of square	Df	mean of squares	F statistics	Sig.
regression	16.971	8	2.121	85.556	0.001
residual	4.116	166	0.025		
Total	21.087	174			

Table 6. Coefficients of regression model variables

Variables	Non-standard coefficients		Standard coefficients	T Statistics	Sig.
	B	standard error	Beta		
Constant factor	-0.706	0.200		-3.213	0.002
Counter system	-0.013	0.047	-0.014	-0.276	0.783
to take some distance	0.053	0.40	0.052	1.339	0.182
Self-control	0.322	0.053	0.281	6.074	0.001
Demanding social support	0.460	0.054	0.523	8.527	0.001
Acceptance of responsibility	0.244	0.34	0.453	3.291	0.019
Escape - Avoid	0.006	0.041	0.006	0.140	0.889
Scheduled issue solved	0.207	0.46	0.200	4.544	0.001
Positive reassessment	0.106	0.042	0.188	2.555	0.012

As shown in the summary table of the model, the coefficient of determination is equal to 0.805. So, it can be said that about 81% of variations of dependent variable (mental health) are expressed by dimensions of coping styles. In the analysis table of variance, the significance level is equal to 0.001 and less than 0.05. Therefore, the regression is significant. In the table of coefficients of regression model variables, it is observed that the significant values for system coping, distance and escape-avoidance variables are greater than 0.05. Therefore, with 95% confidence, it can be said that the coefficient of effect of these variables is not significant in the regression model. Also, meaningful values for self-control variables, social support seeking, problem-solving, and positive re-evaluation are less than 0.05. As a result, there is a meaningful relationship with mental health with self-control, social support, acceptance of responsibility, problem-solving, and positive.

Discussion and Conclusion

The purpose of this study was to investigate the relationship between coping styles and religious orientation with mental health in students of the nursing midwifery faculty of Zabol. Results show that about 87% of changes in dependent variable (religious orientation) are expressed by dimensions of coping styles. To be significant values for distance and re-evaluation are greater than 0.05. Therefore, with 95% confidence, it can be said that the coefficient of effect of these variables is not significant in the regression model. Also, meaningful values for system coping, self-control, social support, acceptance of responsibility, escape-avoidance and planned problem solving are less than 0.05. As a result, we can say that between self-control, social support, escape-avoidance and problem-solving there is a meaningful relationship with religious orientation. Also, about 81% of variations in dependent variable (mental health) are expressed by dimensions of coping styles. Significant values for system coping, distance, and escape-avoidance variables are greater than 0.05. Therefore, with 95% confidence, it can be said that the coefficient of effect of these variables is not significant in the regression model. Also, meaningful values for self-control variables, social support seeking, problem-solving, and positive re-evaluation are less than 0.05. As a result, self-control, social support, acceptance of responsibility, problem-solving, and positive revaluation there is meaningful relationship between good mental health and religious orientation. The results of this research are related to results of research of Zeidner & Zevulun (2017) as dimensions of the relationship between religious orientation and mental health and the assessment of religious orientation scale which showed that religious orientation has a relationship with better mental health and reducing psychiatric disorders and is able to to positively predict a positive religious confrontation. Also, the relationship between self-esteem and religious orientation is positive. The results showed that, in addition to the convergence between religious orientation and religious coping scale, the religious orientation scale can differentiate and distinguish groups with different religious orientations. A subject that can be cited as evidence for discriminatory validity of this test is conformance.

The current research, like most research in behavioral sciences, has been accompanied by limitations and problems that identify them for further research and attempt to reduce or eliminate these limitations and logical problems. Meanwhile, the research results highlighted some issues that would be the key to new and upcoming research. Here are some of the limitations and issues raised in this research:

- Due to the fact that the information gathering tool was a questionnaire in this research, all research constraints have a questionnaire.
- Some respondents did not respond to the questions for some reason, such as secrecy, lack of time, lack of sufficient information and other reasons.
- The lack of research culture and low motivation of individuals and organizations in conducting research projects and lack of cooperation with researchers.

It is proposed to: Raise the religious interests of students in increasing the tolerance of people against the pressures and hardships by congresses, councils of guidance and counseling and religious programs by the university, creating a climate of faith and belief in the university environment and supporting students as well as encouraging students to establish and participate in religious associations.

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