Comparison of spiritual well-being and social health among the students attending group and individual religious rites

Masoud Nikfarjam (1)
Saeid Heidari-Soureshjani (2)
Abolfazl Khoshdel (3)
Parisa Asmand (4)
Forouzan Ganji (5)

(1) Assistant Professor, Department of Psychiatry, Shahrekord University of Medical Sciences, Shahrekord, Iran
(2) MSc, Deputy of Research and Technology, Shahrekord University of Medical Sciences, Shahrekord, Iran
(3) Associate Professor, Clinical Biochemistry Research Center, Shahrekord University of Medical Sciences, Shahrekord, Iran.
(4) MSc, Provincial Health Center , Shahrekord University of Medical Sciences, Shahrekord, Iran
(5).. Assistant professor of Community medicine, Shahrekord University of medical sciences, Shahrekord, Iran.

Correspondence:
Saeid Heidari-Soureshjani:
Deputy of Research and Technology,
Shahrekord University of Medical Sciences,
Shahrekord, Iran,
TEL.: +98 913 183 3509,
Email: heidari_1983@yahoo.com

Abstract

Background and Aim: Spiritual well-being and social health are considered important health aspects that have yet been less frequently investigated. The present study was conducted to compare spiritual well-being and social health between the students attending group religious rituals and those attending individual religious rituals.

Methods: In this cross-sectional study, 160 students who were assigned to two groups, individual religious rituals and group religious rituals, were studied in 2016. The students who performed religious rituals individually (Group 1) were selected according to purposive sampling and those who attended group religious rituals (Group 2) selected by convenience sampling. Data were gathered by a demographics questionnaire, Student Spiritual Well-Being Scale, and Social Health Scale and analyzed by SPSS v 22.

Findings: The spiritual well-being and social health scores of group 2 was significantly higher than those of group 1 ($p=0.001$ and 0.002, respectively). The mean scores for all spiritual well-being subscales in group 2 were significantly higher than those in group 1 ($p<0.05$). Moreover, social health subscales, except for family ($p=0.56$), in group 2 were significantly higher than those in group 1 ($p<0.05$).

Conclusion: The mean scores for spiritual well-being and social health were higher in the group who attended group religious rituals.

Key words: Spiritual well-being, social health, student

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Introduction

Spiritual aspect of health is one of the most recently introduced concepts into the definition of health. Regarding the significance of spiritual aspects of health, we can argue that this aspect is one of the integral parts of health that was introduced into the health definition after a meeting of regional leaders of the Eastern Mediterranean (1), such that according to the WHO, health refers to a dynamic state of complete physical, mental, spiritual and social well-being and not just the absence of disease and disability (2). Most researchers argue for bi-dimensionality of spirituality, i.e. religious and existential. Religious spirituality refers to individual concept of existence of or ultimate reality expressed, according to religious style, and the second aspect, i.e. existential spirituality, is concerned with special psychological experiences that are not indeed associated with the sacred or ultimate existence (3). Spiritual well-being is one of the aspects of spirituality and advocates of the role of spirituality in promotion of mental health argue that spiritual well-being has been derived from a combination of two terms, health and spirituality (4).

Spiritual well-being plays a peerless role in maintaining and promoting health, because this aspect of spirituality is addressed as one of the integral and related components to quality of life and health promotion (5-8). Moreover, spirituality can be used to promote quality of life and mental health among patients with hard-to-treat diseases (9, 10).

Life satisfaction, general health, social function, and social relationships are some of the important predictors of spiritual well-being (5, 11). Therefore, social health and other aspects of health are integral parts of spiritual health (12). This concept is not dissimilar to other aspects of health and has unique characteristics that can be derived from simultaneous combination of a community's thoughts and individual characteristics (13). Indeed, social health, as one of the health aspects, refers to ability to conduct social roles effectively and efficiently without any damage to others (14). This aspect of health is influenced by certain determinants such as economic policies and systems, development plans, social norms, social policy, and economic systems (15). In Iran, promotion of social health is included in planning for reduction of poverty, reduction of violence and unemployment rate, increase in literacy levels, and increase in insurance coverage (16).

Meanwhile, it is necessary to investigate religious and spiritual aspects among the youth particularly students, and conduct necessary interventions (17). Students, as one of the pioneering strata to achieve scientific purposes in any country, are considered to be the community's fulcrum to optimize the cycle of knowledge generation (18). Therefore, paying attention to their health tenets is inevitable for prosperity and scientific growth of the country. Social health and spiritual health are some of the important factors for student's health that deserve further attention (19-21). It is essential to investigate these two aspects of health that have already been less frequently studied. Moreover, no study has yet been conducted to investigate this issue. The present study was conducted to compare spiritual well-being and social health between the students attending group religious rituals and those performing religious rituals individually.

Materials and Methods

In this cross-sectional study, 160 students of a medical university in Shahrekord, southwest Iran in 2016, were enrolled. The students who performed religious rituals individually (group 1) were selected according to purposive sampling and those who attended group religious rituals (group 2) selected by convenience sampling. To achieve this purpose, we detected the students who performed religious rituals individually with the help of a religious sciences lecturer and enrolled them in the study. The inclusion criteria for students attending group religious rituals was being 19-30 years, actively and regularly attending group religious rituals such as congregation prayers and supplication, and attending congregation prayer (at least one of the Fajr, Maghrib, or Isha prayers) and supplications. The inclusion criteria for students attending individual religious rituals was being 19-30 years, not attending group religious rituals, and not suffering from depression and social phobia, according to medical diagnosis, and any particular disease that makes one feel irritable in public.

Uncertainty about the virtues of congregation prayers Imam for the students who performed their rituals individually and lack of consent to participate in the study were considered the exclusion criteria.

Data were gathered by a three-section questionnaire. The first section of the questionnaire consists of certain items such as age, gender, marital status, economic status of the respondent and his/her family, and field of study. The second section is a student spiritual well-being scale that consists of forty items to investigate four subscales, i.e. relationship with God, relationship with self, relationship with others, and relationship with nature. The items are rated by 5-point Likert scale from absolutely agree to absolutely disagree with minimum and maximum possible score of 40 and 200, respectively. This scale was developed by Dehshiri et al. and its validity and reliability have been investigated for students. Dehshiri et al. reported Cronbach's alpha coefficient to be 0.81, 0.89, 0.81, and 0.80 for subscales relationship with God, relationship with self, relationship with others, and relationship with nature, respectively, and 0.86 for the entire scale (22).

The third section of the questionnaire investigates Iranians social health questionnaire in three domains; family, surrounding people except for family (relatives, friends, etc.), and community. This questionnaire consists of 33 items that are rated by a 5-point Likert scale from very little to very much. The minimum and maximum possible score for this questionnaire is 33 and 165, respectively. This questionnaire has been 'nativized' to Iran and has acceptable validity and reliability. The Cronbach's alpha coefficient of this questionnaire has been derived 0.86 (23).

After ethical approval and code (no.IR.SKUMS.REC.1395.47) were provided for the study protocol, the questionnaires were administered to the participants. Data were analyzed by descriptive statistics and independent t-test, Pearson correlation coefficient, ANOVA, and chi-square test.

Findings

A total of 160 people, assigned to two groups of 80 each, participated in this study. The mean age of group 1 (performing religious rituals individually) was 23.70±5.62 (range: 18-49) years and that of group 2 (attending group religious rituals) 23.98±6.44 (18-51) years. Independent t-test indicated no significant difference in demographic characteristics between the two groups (P>0.05) (Table 1).

Table 1: Frequency distribution of demographic characteristic in the two groups of study

Variables	Range	Group 1		Group 2		p-value
		Number	Percent	Number	Percent	
Sex	Female	23	28.8	18	22.5	0.365
	Male	57	71.3	62	77.5	
Marriage status	Single	66	82.5	65	81.3	0.837
	Married	14	17.5	15	18.8	
Family economic status	Weak	4	5	3	3.8	0.632
	Moderate	36	45	33	41.3	
	Good	37	46.3	43	53.8	
	Excellent	3	3.8	1	1.3	
Field of study	Nursing	13	16.3	16	20	0.067
	Medicine	18	22.5	8	10	
	Health	34	42.5	29	36.3	
	Paramedicine	10	12.5	14	17.5	
	Dentistry	5	6.3	13	16.3	

Table 2: Comparison the mean of the subscale of spiritual well-being and social health of the two groups

Variables		Group 1	Group 2	p-value
		Mean±SD	Mean±SD	
Spiritual wellbeing subscales	Relationship with god	41.89±5.19	44.80±4.33	0.001*
	Relationship with self	38.18±6.34	42.08±5.05	0.001*
	Relationship with others	40.38±5.40	42.66±4.96	0.006*
	Relationship with nature	39.43±6.38	42.65±4.98	0.001*
Total score of spiritual wellbeing		160±20.08	172.20±17.20	0.001*
Social health subscales	Family domain	23.56±4.98	25±4.45	0.056
	Surrounding people (except for family)	32.75±4.43	35.38±3.53	0.001*
	Social domain	56.16±14.08	61.08±13.87	0.027*
Total score of social health		112.47±18.15	121.47±17.27	0.002*

Significant at P<0.05

The mean scores for all spiritual well-being subscales and total score for spiritual well-being in group 2 were significantly higher than those in group 1. Moreover, the scores for social health subscales, except for family (p=0.56), in group 2 were significantly higher than those in group 1 (p<0.05).

In group 1, spiritual well-being and its subscales were directly and significantly correlated with social health and its subscales except for relationship with God with surrounding people domain (Table 4).

In addition, spiritual well-being and its subscales were directly and significantly correlated with social health and its subscales except for relationship with God with surrounding people, relationship with nature with surrounding people, family domain with surrounding people domain, and community domain with surrounding people domain (Table 4).

Regarding association of demographic characteristics with spiritual well-being and its subscales, the findings demonstrated that in group 1, there was a significant association between family's good economic status and relationship with others (p=0.002), but there was no significant association between spiritual well-being subscales and gender, marital status, and field of study. Besides that, in group 1, there was a significant association between family's good economic status and family domain (p=0.011) and surrounding people domain (p=0.023), but there was no significant association with social health subscales and gender, marital status, and field of study (p>0.05).

In group 2, a significant association between relationship with God and gender was seen (p=0.017), and no significant association of spiritual well-being subscales was seen with marital status and field of study (p>0.05). In group 2, a significant association was seen between community domain and gender (p=0.037). Moreover, family's economic status was significantly associated with community domain (p=0.042) and total score for social health (p=0.018). In group 2, social health subscales were not significantly associated with marital status and field of study (p>0.05).

Table 3: The correlation coefficients of spiritual and social health and well-being subscales in group 1

Variables	2	3	4	5	6	7	8	9
1-Relationship with god	0.572**	0.683**	0.632**	0.341**	0.670**	0.220	0.824**	0.428**
2-Relationship with self	1	0.619**	0.715**	0.566**	0.748**	0.374**	0.858**	0.629**
3-Relationship with others		1	0.693**	0.417**	0.780**	0.224*	0.861**	0.479**
4-Relationship with nature			1	0.403**	0.764**	0.220*	0.894**	0.468**
5-Total score of spiritual wellbeing				1	0.641**	0.347**	0.507**	0.656**
6-Family domain					1	0.140	0.863**	0.480**
7-Surrounding people (except for family)						1	0.305**	0.905**
8-Social domain							1	0.587**
9-Total score of social health								1

*p<0.01
**p<0.001

Table 4: The correlation coefficients of spiritual and social health and well-being subscales in group 2

Variables	2	3	4	5	6	7	8	9
1-Relationship with god	0.705**	0.758**	0.756**	0.528**	0.795**	0.114	0.897**	0.391**
2-Relationship with self	1	0.747**	0.680**	0.526**	0.837**	0.304**	0.885**	0.552**
3-Relationship with others		1	0.688**	0.510**	0.782**	0.226*	0.898**	0.473**
4-Relationship with nature			1	0.419**	0.672**	0.092	0.879**	0.319**
5-Total score of spiritual wellbeing				1	0.492**	0.346**	0.556**	0.636**
6-Family domain					1	0.157	0.867**	0.458**
7-Surrounding people (except for family)						1	0.210	0.924**
8-Social domain							1	0.490**
9-Total score of social health								1

*p<0.01; **p<0.001

Discussion

The present study was conducted to compare spiritual well-being and social health between the students attending group religious rituals and those performing religious rituals individually. In this study, the means scores for spiritual well-being and social health were higher in students who attended group religious rituals. Abbasi et al. study on nursing students demonstrated that spiritual well-being in the fourth year was not different from that in the first years of education. This reflects a gap between education system and promotion of spiritual well-being among students, which deserves further attention (24). A study on veterans demonstrated that life satisfaction and spiritual well-being were directly and notably associated with mediators of life satisfaction of mental health among the veterans and social health was indirectly associated with these mediators (25).

Besides that, Gonzalez et al. investigated the effect of spiritual well-being on depression. Spiritual well-being is a coping mechanism to reduce depression symptoms in cancer survivors (10). Desai et al. found that performing religious rituals could be effective on mental and social health among the studied students (26). Therefore, regarding the cited studies, it can be argued that different aspects of health are closely related to each other and disturbance in each aspect of health can influence other aspects. In this study, it is clear that social health as one of the important and influential factors for health is likely to lead to the students' attending group religious rituals, which can be associated with higher levels of spiritual well-being. However, it is not clear whether students' lack of attending group religious rituals is due to underlying psychiatric or social problems such as depression or sociophobia. This issue needs to be investigated in future studies.

In the present study, spiritual well-being and its subscales were directly and significantly correlated with social health and its subscales, but in group 1, this correlation was not significant for relationship with God and surrounding people (except for family) domain. In group 2, spiritual well-being and its subscales were significantly correlated with social health and its subscales except for relationship with God, relationship with nature, family domain, and community domain with surrounding people domain. A study found that lack of family support was associated with declined spiritual well-being particularly peace domain. Therefore, promotion of system of cancer patient's caregivers can improve spiritual well-being (27).

Regarding the above mentioned, social relationships in the students are likely to be weaker at surrounding people domain than certain domains such as family relationships, which may influence the findings of the current study.

Conclusion

The present study demonstrated that the scores of spiritual well-being and social health in students who attended group religious rituals were higher than those in the students who performed these rituals individually. This finding was also applicable to different aspects of spiritual well-being and social health (except for family domain).

Therefore, it is recommended to perform religious rituals in the universities in groups as much as possible so that the levels of spiritual and social health among the students may be enhanced.

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