

Examining the status of spiritual health among students at the autonomous campus of Kermanshah University of Medical Sciences in 2016

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Abstract

Background and Objective: Spiritual well-being is regarded both as one of the major dimensions of health among human beings and a prominent approach to improving public health. So, given the significance of this aspect of health, the present study aimed to Examining the status of spiritual health among students at the autonomous campus of Kermanshah University of Medical Sciences in 2016.

Method: In this descriptive and analytical study, the statistical population comprised 346 students at the autonomous campus, Dentistry and Pharmaceuticals, Kermanshah University of Medical Sciences in 2016, and all of them were selected by census method in the study. For data collection, the 20-item spiritual well-being scale by Paloutzian & Ellison (1982) was utilized. To analyze data, the t-test and ANOVA were employed. All ethical issues were observed. Moreover, the authors did not report conflict of interest.

Results: The results of the present study revealed that the spiritual well-being of students was average (71.86±4.84), and of all demographic variables under study, only the variable of gender was correlated with the mean score of spiritual well-being. Furthermore, the students' scores of religious well-being measured higher than that of their existential well-being.

Conclusion: According to the dominant religious culture in Iranian society, expected influences of religious as a compatibility source is normal. Therefore, it is necessary for the protection of young people pay attention to their spiritual dimension, to witness the impact of such care and create a sense of peace and healing in patients.

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Summary

Background and Objectives: Spirituality is a core concept that has appealed to many psychologists and mental health experts over the past few decades (1). As physical, mental, and social aspects of human beings are associated with, and influencing, one another, their mental aspect and spiritual health are also inter-related and interact with each other (2).

Incorporating spiritual health as part of the concept of health reveals an important aspect of humans' individual and social lives to authorities involved in the field of human health (3). Spiritual health is, thus, the

most recent aspect of health considered along with other aspects of human health (4).

The prominent and unique roles of students, who would act as the future managers and developers of the society, highlight the necessity of paying attention to spiritual health (5). Thus, considering the importance of students' spiritual health and lack of relevant studies conducted among students of Kermanshah University of Medical Sciences, the present study aimed to investigate the role of spiritual health in improving health.

Method: The population of the study included 346 female and male students of doctorate's degree majoring in medicine, dentistry, and pharmacy

at the autonomous campus of Kermanshah University of Medical Sciences.

The data were collected using the Paloutzian and Ellison's (1982) 20-item *Spiritual Well-Being Scale* (6). The Kolmogorov–Smirnov test was applied to analyze the data, and *t*-test and ANOVA were also administered to investigate the statistical relationship between different aspects of spiritual health and demographic variables.

Results: Of the total 346 participants, 205 (59.2%) were male, and 141 (40.8%) were female. The mean and standard deviation of the sample age were 20.51 ± 1.55 . The age group younger than 20 years accounted for the highest frequency (60.7%), and 95.4% of the participants were married. In addition, 44.2% of the participants were students of Medicine, and 19.66% were third-semester students.

In terms of place of birth, most of the participants were urban dwellers (87.9%), and in terms of accommodation, around half of the participants (53.5%) lived in their own homes. The students' total mean score of spiritual health was 71.86 ± 4.84 , which is considered to be average. The mean score of spiritual health was 3.60 for males and 3.66 for females. Among the demographic variables, only a significant difference was noticed between the male and female groups ($P < 0.05$).

Significant relationships were found between the total scores of religious health and other variables including gender, marital status, and field of study, but not with age, place of birth, accommodation status, and academic semester ($P < 0.05$). In addition, significant relationships were detected between the mean scores of existential well-being and marital status, place of birth, and accommodation status, but not with gender, age, academic semester, and field of study ($P < 0.05$).

Conclusion: The present study was conducted with the aim of investigating the spiritual health of students at Kermanshah University of Medical Sciences. The results showed that the score of spiritual health was higher than that of existential well-being. It can be argued that such results are expected from the Iranian society as a religious one oriented toward spiritual values. Nonetheless, the religious climate of Iran might have affected the responses to the questions. Therefore, as the participants' religious health was promoted, their existential well-being also improved (7). The results of this study showed that female students' spiritual health was better than that for male students. There was also a statistically significant difference between male and female students in terms of religious and spiritual health. It can be argued that the reason for such a difference in the Iranian society lies in the different social behavior, life experiences, coping strategies, roles and characteristics of women as well as their higher degrees of adjustability with spiritual principles. It, thus, seems necessary for the Iranian cultural authorities (e.g., those at universities) to pay more attention to the spiritual and religious aspects while supporting the youth. By implementing religious rulings, which are addressed these days in the form of

religious protection, we could witness the impacts of such forms of protection on the creation of a sense of peace and comfort and facilitation of recovery in patients.

In this study, the data were collected using a self-report questionnaire; this could have affected the accuracy of the results. In addition, the individual differences among the students participating in the study might also have affected the generalizability of the findings.

References

1. Hsiao YC, Chiang HY, Chien LY. An exploration of the status of spiritual health among nursing students in Taiwan. *Nurse Educ Today*. 2010; 30(5): 386- 92.
2. WHO. International Statistical Classification of Diseases and Health Related Problems ICD 2-10. nd Edition, Geneva, Switzerland. 2005. (Full Text in Persian)
3. Cooper KL, Chang E, Sheehan A, Johnson A. The impact of spiritual care education upon preparing undergraduate nursing students to provide spiritual care. *Nurse education today*. 2013; 33(9): 1057- 61.
4. O'Shea ER, Wallace M, Griffin MQ, Fitzpatrick JJ. The effect of an educational session on Pediatric nurses' perspectives toward providing spiritual care. *Journal of pediatric nursing*. 2011; 26(1): 34- 43.
5. Marzban S, Babaei Heydarabadi A, Abdoljabari M, Rahimi E, Vejdani M, Shokri M. Spiritual health status in students of Shahid Beheshti University and Shahid Beheshti University of Medical Sciences. *Journal of Reaserch on Religion & Health*. 2016; 2(4): 14- 23. (Full Text in Persian)
6. Paloutzian RF, Ellison CW. Loneliness, spiritual well-being and the quality of life In Peplau LA & Perlman D.(Eds.), *Loneliness: A sourcebook of current theory, research and therapy* (pp. 224-237). New York, NY: Wiley; 1982.
7. Alahbakhshian M, Jafarpour - Alavi M, Parvizi S, Haghani H. A Survey on relationship between spiritual wellbeing and quality of life in multiple sclerosis patients. *Zahedan Journal of Research in Medical Science*. 2010; 12(3): 29- 33. (Full Text in Persian)