

## Spiritual Health of Patients Visiting Jahrom Honari Clinic in 2016

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### Abstract

**Introduction and Objective:** Spiritual health is an integral component of health with a significant impact on physical and mental health. Spirituality facilitates coping with the adverse effects and complications of diseases. Therefore, the present study aimed to evaluate spiritual health of patients visiting Jahrom Honari Clinic.

**Method:** This was a descriptive-analytical study on 384 patients visiting Jahrom Honari Clinic in 2016. A demographic questionnaire and Spiritual Health Questionnaire (developed by Freydoun Azaizi) were used to collect the required data, the validity and reliability of the latter has been confirmed in Iran. Data was analyzed using SPSS, Kolmogorov-Smirnov, Mann-Whitney U and Kruskal-Wallis statistical tests.

**Findings:** The results showed that women enjoyed greater spiritual health than men. The Mann-Whitney U test results showed a statistically significant difference between gender and spiritual health ( $p < 0.05$ ). Spiritual health was also higher in more educated, older (51 to 100 years of age), and married people as well as in housewives ( $p < 0.05$ ). However, no significant difference was found between the mean spiritual health scores in terms of place of residence (urban and rural areas of Jahrom). The mean spiritual health score of patients was higher in cognitive/behavioral dimension than behavioral dimension.

**Conclusion:** Acceptance of disease, adaptation and treatment process are facilitated by highlighting various health dimensions, phonariicularly spirituality, in patients given their demographic characteristics. Health care officials should pay specific attention to this factor.

**Keyword:** Spiritual health, Patients, Clinic.

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### Introduction

Spirituality is an essential component of health. In recent years, spirituality has been recognized in a number of medical, psychological, health education, nursing and sociological disciplines. It has a significant contribution to many aspects of medical care (1). Spirituality can be a source of power and hope for individuals and eventually promotes mental health. Therefore, the people with high level of spiritual health can provide spiritual and care support for their surrounding people (2). In recent decades, spiritual health has gained a significant importance in many healthcare centers. Although scholars continue to study the effects of spirituality on health, no clear consensus has been reached on definition of religion and concept of spirituality in current literature. For example, some scholars believe that religion is mainly related to learning from experiences of others and spirituality seeks to create personal experiences (3). Unfortunately, there is no consensus on definition of spiritual health so far. Spiritual health can be defined as inner forces and sources that allow people to have a unique sense of themselves through relationship with oneself, others and the superior being. In a clinical definition, spirituality refers to a personal relationship with God or superior being, a journey of transcendental enlightenment and dependence on inner strength. However, spirituality should not be replaced with religion (2, 4). Spirituality is recognized as an important aspect that delivers responses to many questions about health and happiness. Therefore, meaning of spiritual health varies for different people. For example, spiritual health means the ability to perform spiritual practices and practice religious beliefs in everyday life for some people (5). Many studies have focused on spirituality and its impact on health. For example, 75 independent studies were investigated in a meta-

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analysis study from 1990 to 2010. The results of the former study showed that spirituality is related to psychological outcomes (e.g. a negative relationship with mental well-being and self-confidence and a negative correlation with depression). Spiritual health also has a direct relationship with low blood pressure, less smoking per day, less severity of disease (7), greater quality of life (8), depressive episodes (9), mental health (10), anxiety, stress and depression (11). Amir Mohammadi *et al.* (2017) also showed that spiritual health can be a valuable shelter for cancer patients. There is a significant and negative relationship between spiritual health and depression (12), which indicates the importance of this dimension of health and its impact on other dimensions of health. Since medical and nursing interventions are more focused on physical health and considering that spiritual dimension of treatment is often neglected in these interventions (13), health care providers should pay specific attention to this dimension of health. Therefore, the present study aimed to determine health status of patients visiting Jahrom Honari Clinic in 2016 considering the effect of spiritual health on other dimensions of health, increasing trend of disease in society and the role of spiritual health in individual adaptation to disease and disease improvement.

### Method

This was a descriptive-correlational study. Necessary license was obtained from the Ethics Committee of Jahrom University of Medical Sciences. Ethical considerations were keeping confidential identity of the participants, acquiring patient consent and cooperation, ensuring confidentiality of collected data and giving the patients permission to leave the study if they did not desire to continue the project. The number of patients visiting Jahrom Honari Clinic was 384 in this study. A convenient sampling method was used to select the patients who desired to participate in the study. Inclusion criteria were alert, Persian-speaking and cooperative patients who visited Jahrom Honari Clinic. Exclusion criteria were reluctance to participate in the study, inability to complete the questionnaire, and lethargy and unstable medical condition of patients. The required data was collected using a demographic questionnaire and Spiritual Health Questionnaire (developed by Freydoun Azizi *et al.*). Six demographic characteristics were collected, namely age, gender, marital status, income, education and occupation. Spiritual Health Questionnaire (developed by Freydoun Azizi *et al.*) has 48 items that measures people's insights and orientation over the past year (28 items on cognitive/emotional component and 20 items on behavioral component). A five-point Likert scale was used to score items of the questionnaire (strongly agreed = 5, somehow agreed = 4, no opinion = 3, somehow disagreed = 2, strongly disagreed = 1). Validity and reliability of this questionnaire were confirmed by Freydoun Azizi *et al.* (Cronbach's alpha = 79%). The collected data was analyzed using SPSS v.21. Mean, standard deviation and tables of percentage and frequency were used to describe spiritual health. Mann-Whitney and Kruskal-Wallis tests were used to assess difference between the means. Significance level was considered as 0.05 in all statistical tests.

### Findings

The number of participants was 372. Of these, 203 (54.6%) were females and 169 (45.4%) were males. Table 1 shows distribution of these individuals in terms of demographic variables. Table 3 and Table 2 show mean level of spiritual health and Table 4 shows overall mean score of spiritual health based on individual characteristics of the patients.

**Table 1: Frequency and frequency% of patients in terms of demographic indicators**

Characteristic	No.	%
Gender	Males	169
	Females	203
Age	11 to 20	65
	21 to 30	157
	31 to 40	102
	41 to 50	34
	51 to 60	11
	61 to 100	3
Marital status	Single	117
	Married	255

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Education	Intermediate school degree <sup>1</sup>	163	43.8
	Diploma	90	24.2
	Bachelor	102	27.4
	Master and higher degrees	17	4.6
Occupation	Self-employed	104	28
	Public employment	64	17.2
	No employment	82	22
	Housewife	122	32.8
Place of residence	Urban areas in Jahrom	250	67.2
	Rural areas in Jahrom	122	32.8

**Table 2: five items with the highest mean scores**

Item no.	Item	Mean score
3	Remembering the God makes my hehonari calm	98.05
14	Praying makes me calm	496.6
7	Faith in God brings bliss and salvation	796.1
13	I feel that God is always with me and never leaves me	795.7
15	Faith in God helps me to solve my problems	95.43

**Table 3: Five items with the least mean scores**

Item no.	Item	Mean score
31	I help poor people to please God	81.31
43	I protect innocent people even if it works to my disadvantage	479.6
45	I visit my relatives	78.22
37	I make plan for my life and assess the results of my planning	75.60
39	I promote virtue and prevent vice	766.6

**Table 4a: statistical test results relevant to research hypotheses (two-level demographic variables)**

Characteristic	Characteristic level	Overall mean score of spiritual health	SD	Test features		
				Test type	Statistic (z)	p-value
Gender	Females	90.00	7.08	Mann-Whitney	-3.293	0.001
	Males	85.96	710.9			
Marital status	Single	86.12	9.60		-3	0.003
	Married	89.10	78.9			
Place of residence	Urban areas of Jahrom	88.55	98.5	-0.676	0.499	
	Rural areas of Jahrom	87.39	10.50			

<sup>1</sup> Intermediate school was a education stage between primary school and secondary school in the old educational system in Iran. The people passing intermediate school were awarded a degree

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**Table 4b: statistical test results of on research hypotheses (multi-level demographic variables)**

Characteristic	Characteristic level	Overall mean score of spiritual health	SD	Test features			
				Test type	Statistic ( $\chi^2$ )	df	p-value
Age	11 to 20	88.20	8.78	Kruskal-Wallis	13.935	4	0.008
	21 to 30	86.51	10.24				
	31 to 40	389.1	8.16				
	41 to 50	90.72	8.13				
	51 to 100	93.30	26.2				
Education	Intermediate school degree	89.89	9.28		16.9	3	0.001
	Diploma	388.3	7.72				
	Bachelor	86.03	9.10				
	Master and higher degrees	83.54	13.45				
Occupation	Self-employed	85.51	11.34		18.879	3	0.000
	Public employee	89.70	8.05				
	No employment	86.29	9.65				
	Housewife	890.8	6.35				

### Discussion

Spirituality influences physical and mental health of individuals and can be influenced by various demographic characteristics. The results of various studies indicated a positive relationship between spiritual health and physical and mental health (14, 15). Spiritual health was investigated in terms of education in the present study. The spiritual health score decreases as education increases. Borji *et al.* (2015) studied spiritual health in hemodialysis patients. They found out that spiritual health is higher in more educated people. This result was not consistent with the results of this study. These confounding results can be due to cultural differences, attitude of individuals, various diseases, environment, and etc. The research units in this study consisted of all types of patients while Borji *et al.* only studied hemodialysis patients (16). Hojati (2010) showed that people with academic education have less spiritual health. This result was consistent with findings of the present study (17). There was a significant difference in mean score of spiritual health of people in different age groups. Contents of Table 2 show that spiritual health promotes as age of people increases. The highest spiritual health score (93.3) belonged to  $\geq 51$  age group. These results were consistent with the results of the study by Taheri *et al.* (2013) who examined the relationship between spiritual health and religious strategies among hemodialysis patients. The results of former study showed that spiritual health enhances with increasing age (18). People in different age groups have different attitudes and chose different paths to attain spirituality. Spiritual health score was also examined in term of individual variables in the present study. There was a significant difference between mean score of spiritual health in terms of occupation, gender and marital status. Housewives, women and married people acquired higher spiritual health score. Hojati quoted Craven and acknowledged that women use different styles to cope with stressful situations compared to men. This difference can be due to emotional, personality and sociological differences. Therefore, women tend to spirituality more than men (17). Contents of Tables 2 and 3 also revealed that the five items with the highest spiritual health scores belonged to cognitive/emotional component while the five items with the least spiritual health scores belonged to behavioral component. The item of "remembering God brings bliss and salvation" had the highest spiritual health score and the item of "I practice promotion of virtue and prevention of vice" had the least spiritual health score. Javadpour *et al.* (2016) also investigated spiritual health of nurses working in specific wards. Spiritual health of nurses was higher in cognitive/emotional component than behavioral component (19). This result was consistent with the results of present study. Health does not refer to a passive state in current era but it refers to a dynamic trend for achieving higher levels of recovery in all aspects and dimensions of health. Radmehr *et al.* (2016) also confirmed this issue (20).

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### Conclusion

It can be acknowledged that findings of this study and other studies show that spirituality of individuals is related to individual characteristics of patients. Therefore, spiritually can help the patient to accept and adapt to disease and follow up treatment considering spiritual dimension in care of patients with regard to background and demographic characteristics. In conclusion, healthcare providers should pay specific attention to spiritual values and beliefs of patients considering significant contribution of spirituality to health promotion. Limitations of the present study were Jahrom Honari Clinic is crowded, some interfering factors distract the patients when they are responding to questions, illiterate patients did not fill the questionnaire, which was completed by the scholar instead. The latter limitation was resolved by writing down the exact response the illiterate person gave when he was asked about an item.

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