Psychological Impact of Religious and Spiritual Beliefs on Life Quality of Two groups of University Students

Maha S. Younis* FIMSP, CABP

Summary:

Summary:	
	Background; this study is designed to assess the effect of religious and spiritual beliefs on quality
	of life among two groups of university students in Iraq and Jordan.
	Objective: to examine the psychological impact of religious and spiritual beliefs on quality of life
Fac Med Baghdad	and to implement the Quality of Life- Spiritual Religious and Personal Beliefs(QOL-SRPB)
2011; Vol. 53, No. 2	questionnaire for the first time in both countries.
Received Mar. 2011	Method :A convenient sample of advanced medical students from Baghdad college of Medicine in
Accepted May. 2011	Iraq and College of Medicine in University of Science and Technology in Jordan recruited during
	April 2008 to complete 200 forms of the Arabic modified version of QOL-SRPB simultaneously.
	Results: Analysis of the findings revealed higher measures of importance regarding spirituality in
	the Jordanian group in comparison to the Iraqi group; however, comparable mean scores of all facets
	were reported in both groups
	Conclusions. Doth studied among showed comparable results due to the among of showed ballief

Conclusion: Both studied groups showed comparable results due to the presence of shared belief system and cultural norms .despite the circumstantial hardship of the Iraqi group they showed reasonable satisfaction to their quality of life.

Keywords: religious, spiritual, quality of life, university students

Introduction:

There is a general consensus that religious and spiritual beliefs are related to the idea of sacred or transcendent presence like God, higher power, divine and ultimate reality. Spirituality can be defined as strong relation to sacred matter which is more personal and individualistic than religion, while religion is defined as organized system of beliefs, practices and rituals that includes clergymen and institutions. Religious and spiritual beliefs are essential ingredients of human life on a global scale and can function as coping strategies ,giving meaning to human behavior to influence the quality of life(1).

Although many published studies confirmed the positive interaction of spirituality with psychological well being ,related data is scarce or absent in the Arab world countries and very few authors showed interest in analyzing the relationship between mental health and religious and spiritual beliefs (2,3,4). The author felt the need to pioneer a study applying the QOL-SRPB in an Arab Muslim region, thus similar population samples from two Arab neighboring countries were chosen to study and compare the finding. The original psychometric test WHOQOL-100 and its modified version WHOQOL-Brief which were developed by the work of quality of life research team in the World Health Organization was used as a core instrument to develop the current QOL-SRPB by integrating additional special facets about religious, spiritual and personal beliefs to the known domains concerned with the different aspects of life quality in the principal WHOQOL version, thus measuring the relationship between the strength

*Dept. of Medicine, College of Medicine, Baghdad University of ones religious and spiritual beliefs and the satisfaction with life quality. Their effect across different cultures is recently recognized (5,6).

Material and Method ::

During the month of April 2008, a convenient sample of one hundred students from fifth year Medical School in Baghdad University volunteered to fill the forms of Arabic modified self reported version of QOL-SRPB questionnaire. A second sample of one hundred students from fifth year Medical School in University of Science and Technology (JUST) located in Irbid-North of Jordan, recruited to fill the same forms simultaneously. Ethical clearance and study protocol was approved by the college's councils; oral consent was obtained from each participant. Non Jordanian nationals and non Muslims were excluded from the Jordanian group, for the Iraqi group, all the participants were Muslims and of Iraqi nationality. The Arabic modified version was made available by the WHO mental health advisor in Jordan, this instrument contains further facets concerned with the spiritual aspects. Each facet contains selected item questions rated on a 5 point Likert scale where 1 indicate low negative perception and 5 indicates high positive perception, generally higher scores denote higher quality of life except item of (death and dying), which scaled negatively to the quality of life. The total score is presented as a score with a maximum of 100, this is done by multiplying the total score by 100 and dividing it by the number of facets. Items about the issue of importance(questions such as ;how important to you ...),are additional items which ask respondents to indicate the importance to their overall QOL of each of the facets

of OOL.A total of 21 questions measuring the issue of importance, were included in separate form second to the first form of the socio demographic data(7,8). Two hundred completed forms were collected and entered into a computerized database The data were checked for errors and inconsistencies and treated accordingly. Data analysis was aided using SPSS version 13 computer software. The differences in mean quantities of normally distributed variables (facets and total score) between the two groups was assessed by independent samples t-test, ANOVA test. P value less than 0.05 was considered statistically significant so that all scores reflect a better quality of life.

Results:

As shown in Table 1, the percentage of male students 67%, exceeded that of the females 33% in the Jordanian group, while Iraqi male students formed 54% compared to Iraqi female students who formed 46%, this slight difference did not seem to affect the overall results as beliefs stand out the same in both sexes. All participants were single except one Jordanian student. Students coming from rural and suburban areas formed 15% in Jordanian group and 28% in the Iraqi group, the rest of the students were residents of the capital and main cities in both countries. There was no report of Physical illness or disability in the whole sample.

As shown in Table 2, the results to the four selected questions focusing on the issue of importance (responding by very to extremely important), revealed that the perceived importance of religiousness was 21% in the Jordanian group and 28% in the Iraqi group, there was no statistical difference between them, while the perceived importance of spiritual beliefs was higher in the Jordanian group where 53% responded (very to extremely important) compared to 38% in the Iraqi group as shown in figure 1.

For the perceived importance of personal beliefs, Jordanian students reported 57% compared to Iraqi students who reported 61%, again there was no statistical difference between them. Table 3 represents the participants' attitudes towards their life quality through the strength of their religious, spiritual and personal beliefs expressed by the response (good or very good) to the related questions in the context of 16 different facets. The mean score of the facet (meaning and purpose of life) was higher in the Jordanian group (3.6), compared to the Iraqi group (3.4) which was of some statistical significance (P=0.004). A similar pattern was applicable to the facet of (wholeness and integration), in which the mean score was higher in the Jordanian group (3.5) compared to (3.2) in the Iraqi group(P=0.001).Regarding the facet of (death and dying), the mean score was again higher in the Jordanian group (2.8) compared to the (2.5) reported by the Iraqi group (P=0.003), this facet had the lowest possible mean score for both groups. The remaining facets reported approximate values.

Discussion:

The larger number of male students in both samples may represent a larger number of male students in each class which is consistent with previous studies on similar samples .All the participants were singles as they were undergraduate students planning for their medical career in both countries.

The majority of the Jordanian students were of an urban origin as 85% residing in the capital and other cities, may be because of financial commitment to medical education. The Iraqi group again showed predominance of Baghdad residents 72% over the students from suburban areas 28%, the high number of Iraqi suburban inhabitants may be due to free medical education in Iraq (9).

Regarding the perceived importance of SRPB, Jordanian students reported a stronger attachment to spiritual beliefs than did the Iraqis and this may be explained by the fact that Jordanian students may be at a different general education in the favorable environment. Religion and personal beliefs were considered (very to extremely important)by more than half of the students in the whole sample with no statistically significant differences between the two groups which may be explained by the homogeneity of their Islamic faith. The mean scores of the 16 facets were of approximate values which denote a comparable subjective satisfaction of quality of their life perceived through religious and spiritual beliefs in the two groups. The only profound finding was that of facet (death and dying), where both groups scored the lowest and this may be attributed to the nature of Islamic theology that focuses on the aftermath of death (10). However, the Iraqis scored lower than the Jordanian due to the prevailing dreadful thoughts of demise resulting from acts of violence and atrocities through out the country. The small differences in the total scoring of both groups but in favor of Jordanian students is related to the homogeneity of the sample being both Arab Muslim who share the same faith and comparable cultural norms. Surprisingly, the Iraqi students showed satisfactory perception of quality of their lives comparable to the Jordanian group despite the persistent difficulties and hardships prevailing over their lives where Jordanian students enjoyed normal environment.

Conclusion:

The mean scores in general showed little or no significant statistical differences which indicates the positive psychological impact of the shared religious beliefs on the sample satisfaction of their life qualities and it was a protective factor against the ongoing life difficulties in the Iraqi group (11,12). This paper represents the first study of its kind among an Arab intellectual population and is hoped that studies on a larger scale would explore other heterogeneous samples in the Arab world.

Table 1: Frequency distribution of the 2 studysamples by socio demographic variables.

		Jordanian group compared to Iraqi					
		group					
		Jordar	nian grou	ıp Iraqi gr	Iraqi group		
		Ν	%	Ν	%		
1.	Gender						
	Female	33	33	46	46		
	Male	67	67	54	54		
2.	Marital status						
	Single	99	99	100	100		
	Ever married	1	1	0	0		
3.	Residence						
	suburban	15	15	28	28		
	Urban	85	85	72	72		
	Total	100	100	100	100		

Table 2: The difference between the 2 studygroups in the importance of 4 selected SRPBmeasures as viewed by the subject.

	Jordanian group Ira				
			Iraqi group		
	N	%	N	%	
To what extent do you					
consider yourself as					
religious					0.38[NS]
Not important / A little					
important	23	23	21	21	
Moderately important	56	56	51	51	
Very important / Extremely					
important	21	21	28	28	
To what extent do you					
consider yourself part of a					
religious community					0.47[NS]
Not important / A little					
important	29	29	32	32	
Moderately important	48	48	47	47	
Very important / Extremely					
important	23	23	21	21	
To what extent do you hold					
on spiritual believes					0.017
Not important / A little					
important	18	18	29	29	
Moderately important	29	29	33	33	
Very important / Extremely					
important	53	53	38	38	
To what extent do you have					
strong personal believes					0.42[NS]
Not important / A little					
important	12	12	12	12	
Moderately important	31	31	27	27	
Very important / Extremely					
important	57	57	61	61	



Figure 1: Component bar chart showing the extent of holding on spiritual believes.

Table 3: The difference in mean score of 16	
selected facets of SRPB quality of life measures	
between the 2 study groups.	

	Jordanian group	Iraqi group	P (t-test)
1. Spiritual connection			0.23[NS]
Mean+/-SE	3.4+/-0.09	3.5+/-0.06	
Satisfied (Good / Very			
good) -N (%)	66 (66%)	73 (73%)	
2. Meaning and			
purpose of life			0.004
Mean+/-SE	3.6+/-0.07	3.4+/-0.05	
Satisfied (Good / Very			
good) -N (%)	80 (80%)	82 (82%)	
3. Wholeness and			
integration			
Mean+/-SE	3.5+/-0.06	3.2+/-0.05	< 0.001
Satisfied (Good / Very			
good) -N (%)	82 (82%)	55 (55%)	
4. Spiritual strength			
Mean+/-SE	3.3+/-0.09	3.4+/-0.07	0.71[NS]
Satisfied (Good / Very			
good) -N (%)	61 (61%)	63 (63%)	
5. Hope and optimism			
Mean+/-SE	3.3+/-0.06	3.3+/-0.06	0.77[NS]
Satisfied (Good / Very			
good) -N (%)	61 (61%)	63 (63%)	
6.Faith			
Mean+/-SE	3.8+/-0.08	3.5+/-0.04	0.006
Satisfied (Good / Very			
good) -N (%)	80 (80%)	91 (91%)	
7.Love and			
compassion			
Mean+/-SE	3.5+/-0.07	3.6+/-0.07	0.31[NS]
Satisfied (Good / Very			
good) -N (%)	78 (78%)	76 (76%)	
8. Death and dying			
Mean+/-SE	2.8+/-0.08	2.5+/-0.04	0.003
Satisfied (Good / Very			
good) -N (%)	32 (32%)	8 (8%)	

References

1-Koenig M, Mccallough M., Larson DB. Hand Book of Religion and Health : A Century of Research Reviewed .Nova Iorque, Oxford University press.(2001).

2-Dein.S., Cook.Ch,Powell.A, Eagger.S. Religion ,Spirituality and mental health. The Psychiatrist Journal, 34,63-64,(2010).

3-Loewenthal KM. Religious issues and their psychological aspects. In Cross Cultural Mental Health Services; Contemporary Issue in Service Provision (eds K Bhui,D Olajide);54-65.Saunders,(1999).

4-Saxena S, Carlson D,Billington R,Orley J.On behalf of the WHOQOL group .The WHO quality of life assessment instrument : The importance of its items for cross cultural research .Quality of Life Research 10:711-721(2001).

5-WHOQOL-SRPB Group .The World Health Organization Quality of Life Assessment . Psychological Medicine28:551-558 (1998).

6-WHOQO group .A cross Cultural study of Spirituality, Religion and Personal beliefs as component of quality of life. Social science and Medicine 62;1486-1496,(2006).

7-WHO.Mental Health Evidence and Research. WHOQOL-SRPB, user manual .http://www.who.int/msa/gol.

8-Moreira-almeida A., Koenig H.G. Retaining the Meaning of the word religiousness and Spirituality ;a Commentary on The WHOQOL-SRPB groups. Social Science and Medicine 63;843-845,(2006).

9-Younis MS. Application of QOL –Brief in Iraq .Journal of The Arab Board of Medical Specilizations.Vol,5,No.4,(2003).

10-El.Islam MF. Social Psychiatry and The Impact of Religion .Images in psychiatry .WPA Series . Scientific Book House. Cairo 21-27,(2001).

11-Koenig HG. Religion and mental health ;what should psychiatrist do? Psychiatric Bull ;32;201-3(2008).

12-O Connell,K. : skevington, S.M. the relevance of spirituality ,religion and personal beliefs to health related quality of life :themes from focus group in Britain . British Journal of Health Psychology ,10 : 398-379,(2005).