

Relationship between religious attitude and anxiety in nursing and midwifery students

Faeze Karami¹, Akram Hemmatipour², Saman Azadbakht¹, Azam Jahangirimehr³

¹Student Research Committee, Shoushtar Faculty of Medical Sciences, Departments of ²Nursing, ³Biostatistics, Shoushtar Faculty of Medical Sciences, Shoushtar, Ahvaz, Iran

Abstract

Context: Religion and spirituality are considered as sources for adaptation to life-threatening events such as anxiety.

Aims: The purpose of this study was to determine the level of religious attitude and anxiety.

Settings and Design: This is a descriptive study of analytical type. In this study, 102 students were selected by the census method in 3 months.

Material and Methods: The data collection tools were demographic questionnaires, Serajzadeh's religious attitude standard, and Achilles Berger's anxiety. Based on Likert scale, there are five options that I totally agree with and disagree with.

Statistical Analysis Used: The normal data from the questionnaire will be examined using Kolmogorov–Smirnov to examine normal distribution. After collecting data and coding, to analyze the data, the central indicators and dispersion including mean, mean, fashion, standard deviation and independent *t*-test, Pearson correlation coefficient were used using the SPSS-16 software.

Results: The results showed that the mean anxiety level was 4.24 ± 52.12 and religious attitude was 67.97 ± 35.15 . The highest mean score was related to beliefs, and the lowest was the post-nursing dimension in religious attitude. Most of the participants showed a high level of anxiety and high religious attitude. There was no significant difference between the dimensions of the religious attitude, and the level of anxiety of the groups ($P > 0.05$). However with an increase in religious attitude, the level of anxiety has decreased.

Conclusion: The results of this study showed that the religious attitude of the participants in the strong level and the anxiety level was moderate. In this study, it was found that both groups did not have a significant difference from religious viewpoint and its dimensions and anxiety disorder. Furthermore, in studying the effect of variables, it was found that there was no significant relationship between religious beliefs and anxiety levels with the variables. However, the increase in religious attitude has been accompanied by low anxiety.

Keywords: Anxiety, Religious attitude, Students

Address for correspondence: Ms. Akram Hemmatipour, Department of Nursing, Shoushtar Faculty of Medical Sciences, Shoushtar, IR Iran.
E-mail: hematipour.a64@gmail.com

Received: 02 September 2018; **Accepted:** 28 October 2018; **Published:** 10 December 2018.

Access this article online	
Quick Response Code:	Website: www.jnmsjournal.org
	DOI: 10.4103/JNMS.JNMS_27_18

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: reprints@medknow.com

How to cite this article: Karami F, Hemmatipour A, Azadbakht S, Jahangirimehr A. Relationship between religious attitude and anxiety in nursing and midwifery students. *J Nurs Midwifery Sci* 2018;5:103-8.

INTRODUCTION

Today, the importance of religious attitudes in humans is considered by many mental health professionals.^[1,2] Religious attitudes are the unified monotheistic beliefs that God is the centerpiece of affairs, and values, customs, and human behavior with each other and with their nature.^[3] Religion and spirituality are considered as sources for adaptation to tense events of life.^[4] Salimi *et al.* in their study say that religion can be effective in creating a sense of hope, emotional relaxation, and anxiety reduction. Anxiety is a feeling of suffering that is said to be in the present situation or in the expectation of a danger that depends on an indeterminate object one does not clearly understand the source of anxiety.^[5] In the United States, the prevalence of anxiety disorders in adults is 11.8%, representing 23 million adults in the state. The disorder affects 13.3% of adults in the world's population. Anxiety disorders in our country are estimated to be 8.31% of the most common psychiatric disorders.^[6] Anxiety is divided into open and hidden divisions. Anxiety means that sometimes a person knows his anxiety syndrome and hidden anxiety means that the person is not aware of the source.^[7] Anxiety refers to the expression of anxiety at the same time and the hidden anxiety of a person's most common sense.^[8] Although it is believed that low anxiety for life and everyday life is necessary, high anxiety also imposes serious harm to the body, psychosocial, occupation and education and deprives a person of having an acceptable quality of life.^[9,10] In the student spectrum, anxiety can have a negative effect on learner's memory and efficiency.^[11]

According to the Wolf San Andreas Institute of Health Sciences, a report shows that 46% of male students and 64% of female students suffer from anxiety.^[12] Researches in Iran show that about 30% of students suffer from some psychiatric symptoms, especially anxiety and depression disorders, and any psychiatric disorder can affect the academic performance of adolescents.^[13]

Anxious people often use coping and escape instead of using appropriate strategies to solve problems, which reduces the efficiency of an individual.^[14] In the student spectrum, anxiety can, in addition to daily activities, cause other mental disorders, complications, and complications of aging.^[15] Ghasem Nejad *et al.* in their study they reported that with anxiety, student performance will be reduced to a low or even inappropriate level.^[16] In this regard, religious beliefs and religiosity have the power to endure failure in the teachings of Allah's people and thereby help maintain physical and mental health and prevent the emergence of physical and mental illness.^[17] Studies have shown that

religious attitudes and self-reflection are predictors of anxiety.^[1] Religious people have psyche that experiences less anxiety when confronted with events. Religious and religious beliefs are considered as factors for relaxation, and the low level of religious beliefs in each society is associated with a high level of depression and anxiety of suicidal thoughts.^[3] In his study in 2014, Agouracas confirmed in his research that there is a multidimensional relationship between the religious attitudes of individuals and their mental health and anxiety.^[16] In 2016, Cowin concluded that "people with a high attitude have lesser death anxiety."^[17] In his study, Lovell in his study in 2017 mentions the influence of religion to reduce anxiety and depression in women with chronic low back pain.^[18] Furthermore, in a study conducted by Sassan *et al.* in Iran on medical students, religious beliefs were suggested as a preventive factor against mental illness, and those with stronger religious beliefs, the prevalence of depression and anxiety, significantly lower.^[19]

Regarding the above, we notice the effect of anxiety on the performance of individuals, on the one hand, taking into account the importance of the student population in the scientific writing of each country, and with regard to the positive results obtained in relation to religion and anxiety and the lack of a previous review. It was important in Shoshtar city to investigate the effect of religion on anxiety on students of nursing and midwifery of Shoushtar University of Medical Sciences in 1396.

MATERIAL AND METHODS

This is a descriptive-analytic study that will be done in a cross-sectional way in 2017. The population of this study is 570 students studying in Shoushtar Medical Sciences Faculty. In this study, 102 students were selected by census method based on informed consent and inclusion criteria. The criteria for inclusion in the study included a willingness to participate in research, nursing and midwifery, and exclusion criteria including (failure to complete the questionnaire, mental and psychological disorder). The data gathering tool in this research was using standard questionnaire of religious attitude of Serajzadeh *et al.* (1998) and Achilles Berger anxiety questionnaire which consists of two parts. The first part of the demographic information about the students (age, gender, and field of study) and the second part of the questionnaire were related to the level of anxiety and religious attitude.

Religious attitudes assessment questionnaire consists of 26 questions, which are based on the Likert scale of four^[4] I totally agree^[4] I do not comment^[3] I disagree^[2] Absolutely

disagree,^[1] this the instrument of religious attitude measures people in four levels. Then, religious beliefs and religious beliefs that are beliefs about religion should be believed (question one to seven), empirical dimension or religious emotions that affects emotions related to having a bondage relationship, such as God and transcendental endeavor. Ezgard (question eight), the consequence dimension and religious work that deals with the effects of religious beliefs, deeds, experiences, and religious knowledge on everyday life (Question 14–19). The final dimension includes the ritual and experimental dimension that determines the participation in religious practices such as Fasting Prayer and ... (the last seven questions). This questionnaire was standardized by Serajzadeh in 1998. The Cronbach's alpha coefficient was 0.92. In 2002, Sharifi reported this questionnaire as satisfactory and desirable (Cronbach's alpha coefficient 0.87). The validity of this questionnaire was in a researcher's study. In the four dimensions, they were between 0.23 and 0.34, which were statistically significant at the level of ($P < 0.001$).

Anxiety Scale questionnaire also contains 20 questions, which has been graded almost four times as nearly as never before,^[1] sometimes,^[2] most often,^[3] almost always.^[4] Scores range from 20 to 80 and were classified into mild anxiety (20–31), moderate (53–32), and severe (54–80) anxiety. The reliability of this questionnaire was carried out by Mahram in 1993. The Cronbakh's alpha coefficient was 0.90 and its validity was proportional to the sample size (0.99).

After you receive the code of ethics (IR.AJUMS.REC.1397.549), with the permission and coordination required by the research deputy of Shoushtar Medical Sciences with the possession of a research note, he went to the student dormitories of Shoushtar Medical School and carried out the necessary coordination. Then, the researcher, while introducing himself and expressing the purpose of the research, received written consent from the students for 1 month to submit questionnaires to eligible and satisfied students to participate in the research. In case of any questions or problems regarding the questionnaire questions, the researcher did the necessary steps to resolve the ambiguity. At the outset, the normality of the data from the questionnaire was assessed using Kolmogorov–Smirnov test for normal distribution which showed that the data is normal distribution. After collecting information and encoding, to analyze the data, the central indices and dispersion including mean, mean, fashion, standard deviation and independent *t*-test, Pearson correlation coefficient were used using SPSS-16 software (SPSS Ins. Released 2007 Spss for Windows, version 160, Chicago).

RESULTS

In this study, out of 102 participants, 72 (70.6%) women and 56 (54.9%) were nursing. The mean age of participants was 21.56 ± 4.2 . Furthermore, the results of the mean score of participants' anxiety level were 42.4 ± 12.52 , and religious attitude was 95.67 ± 15.35 . In terms of dimensions of religious attitude, it was found that the highest mean score was related to beliefs with a mean of 30.03 ± 5.77 in nursing school and 30.30 ± 4.14 in midwifery, and the lowest was related to the outcome dimension with a mean of 41.4 ± 4.35 14 in nursing and 14.76 ± 3.60 in midwifery. The groups did not have a significant difference in terms of religious attitude and anxiety level using independent *t*-test ($P > 0.05$) [Table 1].

In anxiety study, 64 (44.1%) anxiety was moderate, 21 cases (20.58%) were severe, and 17 (16.7%) were mild. The results also showed that 55 (53.9%) had a high religious attitude and 2 (2%) had a moderate level [Table 2].

In determining the factors affecting the amount of anxiety and religious attitude, it was determined that sex is not effective ($P > 0.05$) [Table 3].

Furthermore, using Pearson correlation coefficient, there was no correlation between religious anxiety and religious attitude ($P = 0.06$). But with increasing anxiety, the level of attitude is low.

DISCUSSION

In this study, it was found that 62% of students had moderate anxiety and 53% had a high religious attitude. Similarly, in the Ghane *et al.* study, 50% of medical students are moderately stressed and 88% have high religious beliefs.^[20] In the study of Ashourry *et al.*, Students also enjoyed a high level of religious belief and mental well-being.^[21] Furthermore, in the Batez study, students with high religious beliefs had low levels of depression among them.^[20,21] In other studies, including Kouzai *et al.*, 48% of students showed moderate anxiety and only 3.8% of religious beliefs were at the high level and 79.1% were moderate.^[22] In Darwishi *et al.*, Students also had high religious beliefs and lower anxiety levels.^[23] In the emergence study, 55% of students and Rajae's study had a strong religious attitude of 57%.^[24] In the study of Firouze, 69% of the students had high anxiety and were low in 55% of religious attitudes.^[19] In the study of happiness, the students had a high belief in Islamic teachings, and students who had less faith in Islamic teachings had high levels of anxiety and depression.^[11] In explaining the reasons for

Table 1: Mean and standard deviation of religious attitude dimensions and students' anxiety levels by nursing and midwifery

Field of study	Results, mean±SD		t	Significance level Using independent t-test
	Nursing	Midwifery		
Attitude				
Belief later	30.30±5.77	30.30±4.14	0.265	P=0.7920
Empirical dimension	25.80±4.18	27.28±3.31	1.94	P=0.054
The aftermath	14.41±4.35	14.76±3.60	0.436	P=0.6630
Next to the ritual	24.25±6.75	24.76±6.35	0.3680	P=0.7
Commitment Attitudes	22.66±5.98	22.34±5.56		
Anxiety	94.50±16.90	97.10±13.27	0.279	P=0.781

SD: Standard deviation

Table 2: The frequency of students' religious anxiety and attitude

Variable	n (%)
Anxiety	
Mild	17 (16.66)
Medium	64 (62.74)
Intense	21 (20.58)
Attitude	
Mild	2 (2)
Medium	45 (44.1)
Intense	55 (53.9)

SD: Standard deviation

Table 3: The effect of gender variables on anxiety and attitude of students using independent t-test

Variable	Mean±SD		T	Significance level using independent t-test
	Female	Man		
Attitude	95.80±14.67	95.36±14.7	0.131	P=0.203
Anxiety	41.02±10.76	15.88±44.50	1.281	P=0.896

SD: Standard deviation

such differences, in addition to the possible role of cultural, geographic and research methods, it may be pointed out that religious values have probably diminished among students in recent years, and in the present study, most native students and they live in small and religious cities. Of course, many studies show the role of religious beliefs and beliefs in mental health. According to the findings of Axinal and Asgari, religious and religious beliefs are considered as a factor in the relaxation of the psychiatrist, and the lack of religion is associated with a high level of depression and anxiety and even thoughts (related to the suicide finding),^[25] and the mention of God as an effective force to deal with stress And anxiety is consistent.^[25] In stating the reasons for such differences in addition to the possible role of cultural differences, geographical, and method of the study can be cited, probably in recent years religious values among students fade, and in this study, the majority of indigenous students And they live in small and

religious cities. Of course, many studies show the role of religious beliefs and beliefs in mental health. According to the findings Akslayn and Asgar religious beliefs and religion as a factor for peace Rvanydr considered and no religion higher levels of depression and anxiety, and even thoughts (with increased suicidal related)^[16] and mention God as a force effective to deal with stress And anxiety is the same.^[23]

In this study, it was found that both groups did not have a significant statistical difference in terms of religious attitude and its dimensions and anxiety. Meanwhile, in the light study of Saeed, there was a statistically significant difference in religious attitudes between the two groups. The reason for this difference is that in the study of opioid Saeed, the group had significant coronary artery disease and they were mostly reminded of God. They believe that in the belief in God, there is an extraordinary force that gives humans a spiritual strength and helps to endure the difficulties of their lives.^[3] In this study, the highest mean religious attitude was in belief, and the lowest was in the consequence dimension. However, in Akbari *et al.*, it was found that there is a significant relationship between the dimensions of religious attitude in religious aspect and anxiety.^[25]

Furthermore, in assessing the effect of variables, it was found that there was no significant relationship between religious attitude and anxiety level with the gender variable. However in the light study Saeed, a statistically significant relationship was found between male and female religious attitudes. In the study of prosperity, it was found that girls had higher anxiety and depression than boys, but there was no difference in their belief in Islamic teachings. There was a significant correlation between gender and religious beliefs in the study of khorez, with the religious beliefs of women more than men^[23] and the fact that religious values are more prevalent in women than men, and the cause of this difference can be Different ways of socializing girls and boys There are no differences in some studies between the two sexes.^[23] In almost all cultures and countries, the prevalence of depression and anxiety in women was 3–2 times that of men.^[24-26]

There was no significant difference between the religious attitude and the level of anxiety in the present study, but an increase in religious attitude was associated with a low level of anxiety, which is in line with the study of Mozzene.^[26] In the study of Bulaari, the increase in God's faith in low stressed students has been accompanied.^[26] Meanwhile, in Glashvough *et al.*, There was a significant negative correlation between students with high religious

attitude and low level of anxiety.^[24] Sargulazy *et al.*, Miri *et al.*, Rosik *et al.* Obtained similar results in similar studies.^[26] Furthermore, the results of Sargolazi *et al.* Studying religious activities and depression with substance abuse anxiety showed that there is a significant correlation between spending more time in religious activities and decreasing anxiety, increasing lifestyle, and reducing suicidal thoughts.^[26] In explaining the reasons for such differences, in addition to the possible role of cultural, geographic and research methods, it can be pointed out that most students are native and resident in small cities.

CONCLUSION

Students during education can face a lot of problems, and as everyone's clear, mental health of students in every society is very important because students are the makers of tomorrow's community. In the meantime, mental health of nursing and midwifery students is very important regarding the relevance of their job to the Person's mental health. As the findings show, the existence of religious beliefs can reduce anxiety in individuals. The findings of this research also confirmed this. Therefore, the findings of the research can be guided by the planners and educational authorities of the universities to emphasize the importance of religious beliefs and their role in decreasing the level of anxiety in the students' curriculum. Needed more advisory classes.

Conflicts of interest

There are no conflicts of interest.

Authors' contributions

All authors contributed to this research

Financial support and sponsorship

This study was financially supported by Shoushtar Medical Sciences.

Acknowledgment

At the end of all of the students of nursing and midwifery of Shoushtar Medical Sciences, I will be grateful to the participant in the project.

REFERENCES

- Sahraian A, Gholami A, Omidvar B. The relationship between religious attitude and happiness in medical students in Shiraz University of medical sciences. *Q Horiz Med Sci* 2011;17:69-74.
- Sadri J, Jafari A. Investigating the relationship between religious beliefs and mental health (Case Study of Abol Students in Islamic Azad University). *Behav Sci* 2011;2:123-38.
- Nourisaed A, Salari A, Nourisaed A, Rouhi Balasi L, Moaddab F, Akbari B. Comparison of religious attitudes in patients with coronary artery disease and healthy people. *Iran J Nurs Res* 2015;10:18-25.
- Jadidi A, Farahaninia M, Janmohammadi S, Haghani H. The relationship between spiritual well-being and quality of life among elderly people residing in Kahrizak senior house. *Iran J Nurs* 2011;24:48-56.
- Hosseini Ghomi T, Salimi Bajestani H, Zakeri N. Relationship religious orientation and hope with health anxiety among women nurses in Imam Khomeini hospital of Tehran. *Iran J Nurs Res* 2014;9:17-24.
- Musarezaie A, Naji Esfahani H, Momeni-Ghaleghasemi T, Aminoroaia M. Relationship between religious orientation, anxiety and depression of students in Isfahan University of medical sciences. *J Res Behav Sci* 2012;10:509-19.
- Noor Ali Zadeh Mianji M, John Great M. The relationship between existential anxiety and anxiety and their comparison in three groups of delinquent, normal and religious. *Psychol Relig* 2011;10:29-44.
- Tahmasebi H, Hasani S, Akbarzadeh H, Darvish H. Trait anxiety and state anxiety before coronary angiography. *Q J Health Breeze* 2012;1:41-6.
- Qasem Nejad S, Barkhordari M. Frequency of anxiety and its relationship with depression and other personal characteristics in nursing students. *J Holistic Nurs Midwifery* 2012;22:40-7.
- Movahhedi Rad NK, Ajvadi HA, Ahmadi M, Fakhar Moghadam F, Akbarian M, Malmir I. A comparison of prevalence of clear anxiety among the students with different demographic characteristics. *J Instr Eval* 2012;5:131-46.
- Saadat S, Asghari F, Jazayeri R. The relationship between academic self-efficacy with perceived stress, coping strategies and perceived social support among students of University of Guilan. *Iran J Med Educ* 2015;15:67-78.
- Abesini S, Davachi A, Sahbaei F, Mahmoudi M, Omid S. Prevalence of depression in nursing and medical students of Hormozgan University of medical sciences. *Med J Hormozgan Univ* 2007;11:139-45.
- Rambod M, Soudagar S. Prevalence of Stress, Anxiety and Depression and Their Associations with Spiritual Well-being in Patients with Diabetes. *Sadra Medical Sciences Journal* 2018;6.
- Yaqoubi H, Sohrabi F, Muhammadzadeh A. A comparative study of the effectiveness of cognitive-behavioral therapy and spiritual-religious psychotherapy on covert anxiety reduction. *Clin Psychol Stud* 2012;2:151-69.
- Salehi I, Mosalman M. Evaluation of the relationship between religious attitude and depression, anxiety and stress in students of guilan university. *Relig Health* 2015;3:57-64.
- Agorastos A, Demiralay C, Huber CG. Influence of religious aspects and personal beliefs on psychological behavior: Focus on anxiety disorders. *Psychol Res Behav Manag* 2014;7:93-101.
- Flannelly KJ. *Religious Beliefs, Evolutionary Psychiatry, and Mental Health in America*. New York: Springer; 2017.
- Firuzi A, Amini M, Asghari Z, Moghimi-Dehkordi B. The relationship between religious belief and mental health: A study on high school students in Dargaz, Iran, 2010-2011. *J Health Dev* 2013;2:138-0.
- Pourghane P, Sharif Azar E, Zaer Sabet F, Khorsandi M. Survey the effect of religious beliefs in stress reduction in students of Langroud Faculty of medical sciences. *J Holistic Nurs Midwifery* 2010;20:10-5.
- Ashouri FP, Rasekhi S. Correlation between religious beliefs with mental health and academic performance in medical students. *Int Electron J Med* 2016;5:1-6.
- Mansour R, Tahmasian M, Khazaei H, Ghadami MR, Ghasemi Mobarra A, Shiri E. Relationship between religious values and anxiety among Kermanshah University of medical sciences students. *J Kermanshah Univ Med Sci* 2011;14:66-72.
- Darvishi M, Ghazi Vakili Z, Mohammadi A. The relationship between

- religious beliefs and mental health in students of Alborz University of medical sciences and health services and Karaj Islamic Azad University in 92-93. *Alborz Univ Med J* 2017;6:145-52.
23. Akbari B. The religious attitude within psychological hardness attachment styles among students who appeal for divorce. *J Holistic Nurs Midwifery* 2016;26:1-8.
24. Kazemian A, Parvin N, Raeisi Dehkordi Z, Rafieian-Kopaei M. The effect of valerian on the anxiety and depression symptoms of the menopause in women referred to shahrekord medical centers. *J Med Plants* 2017;16:96-101.
25. Moazeni Z, Miri MR, Sharifzadeh G, Behdani S. The relationship between self-efficacy, trust in god, and anxiety in mothers of hospitalized children in Valiasr hospital of Birjand. *Mod Care J Sci Q Birjand Nurs Midwifery Fac* 2014;11:211-7.
26. Golshekeh F. The relationship between religious attitudes, anxiety, and self-concept in students. *J Sci Res Dev* 2015;2:59-64.