

Association of General and Spiritual Health with the Procrastination of Nursing Students and Faculty Members of Ferdows Paramedical College in 2017

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Abstract

Introduction: There is a great deal of hardship among students of medical sciences and it is considered as a common problem, which leads to numerous educational and personality problems. The aim of this study was to determine the relationship between general and spiritual health with the procrastination of nursing students and faculty members of Ferdows Paramedical School in 1396 was carried out.

Questionnaire and Method: In this descriptive-analytic study, 174 nursing students and practitioners operating in the field of physical education in 2012-2013 were selected in the Faculty of Par medicine and Health of Ferdows. To collect data, Takman's procrastination questionnaires, General Golden leaf health, Pulootzin and Ellison spiritual wellbeing. After collecting questionnaires, the data were entered into 18SPSS and descriptive and inferential statistics were used for data analysis.

Results: In this study, 164 subjects were studied. Of these, 85 (51.8%) were female and the rest were male. The results showed that general health disorders were positively associated with procrastination, but they were not significant. There was a significant relationship between physical symptoms ($p < 0.05$) and procrastination ($P < 0.05$). Spiritual health also had a significant negative relationship with procrastination. . Regression analysis

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showed that the mean score for the spiritual health score decreases by 0.17.

Conclusion: Since nurses play a key role in caring for the patient and have a direct relationship with the patient, the procrastination of their tasks can greatly influence the patient care process. Therefore, it is recommended to increase the general and spiritual health of nursing staff And the shuttle operated down.

Key words: General health, spiritual well-being, procrastination, nursing students

Introduction

For thousands of years now, procrastination has become a problem in rejecting today's work tomorrow. However, in recent years, it has focused on the areas of its creation and how it has been treated. It is the equivalent of negligence, negligence and postponement. (Albert , 1997). The Latin word of fortune is composed of the two words Peru and Crassus. Peru means the front and the crossover meaning tomorrow (Ferrari & Emmons, 1995). In Cambridge, the procrastination means the retardation of an act has been brought about because of its unpleasantness or disgrace (Procter, 1792-2003).

The main perspectives in procrastination are: 1. Procrastination as a behavioral problem: In this perspective, the goal of treatment is to reduce the proportion or percentage of the time of procrastination and to increase the proportion or percentage of study or activity. To reduce the procrastination of methods such as modeling, conditioning, Time management and planning techniques are used (Shahnnyalag et al., 2006). 2. Procrastination as a Cognitive Problem: In this perspective, the basis is the transference of thoughts and beliefs about the conditions and outcomes of the activities. A common feature of such beliefs is their unreason ability and the conventional treatment in this view is rational-emotional behavioral therapy. 3. Procrastination as a personality disorder: In this perspective, procrastination is a weakness of conscience (with features such as impracticability, lack of Perseverance, laziness, lack of attention and weakness of power). To reduce it, a variety of psychotherapy methods are used (koening, 2007).

McCone, Johnson, and Petzel (Rothblum et al., 1986). found that a lack of general health including depression, neuroticism, and

emotions based on lack of control of situations caused an increase in procrastination. Health is a dynamic process, which changes with the passage of time. Although there are a lot of health definitions. But the most accepted one is the definition provided by the World Health Organization, which includes full physical, mental and social well-being, and not just disease or disability (Darvishpur et al., 2009). One of the determinants of public health is mental health. According to the definition of the World Health Organization, the ability to communicate in a coordinated manner with others, change and modify the individual and social environment, and resolve conflicts and personal preferences are logically, fairly and appropriately. Kaplan, mental health includes continuous adaptation with changing conditions and attempts to realize the equilibrium between internal demands and the requirements of the environment (Farahbakhsh et al., 2007).

According to research conducted by the World Health School, mental disorders are considered as one of the most important components of the overall burden of diseases. 10- 11.5 percent of the Barclay disease is related to mental illness (Anbari et al., 2013).

Quenching, in a study, showed that mental and physical health of a person is positively associated with his spiritual life, and those who have higher religious beliefs show better compatibility with living conditions (koening, 2007). Spirituality is a common thing, and like emotions, degrees and different effects. The World Health Organization has introduced spirituality as the fourth dimension of human health. In the past 20 years, the concept of spirituality has risen from religion. The spiritual word is the positive perception of the meaning and purpose of life. According to Edelin et al., Spiritual well-being means "balance and order A person with himself and others, and the ability to balance the inner needs with the demands and demands of the rest of the world "(Hojjati , 2009).

Nursing and practice rooms are one of the most popular medical sciences in Iran. Students of these groups during the course of their studies due to the stressors such as the clinical educational environment, the exposure of patients and the intensive training of the units in the internship and internship of the mental and emotional stress of the hospital environment and dealing with the problems and problems of patients, more than Other students are at risk for psychiatric and emotional disorders (Abdi, 2007; Narimani, 2010). Unfortunately, there is a great deal of hardship among students of medical sciences and is a common problem, which leads to many educational and personality problems (Jeanne, 2008). Due to the need to pay attention to the long-awaited and new In the psychology community of Iran, it is possible to find useful measures to reduce this problem by recognizing the factors affecting negligence. Also, according to the studies, the simultaneous study of these variables has not been performed. Therefore, a study aimed at determining the relationship between general health and Spirituality with procrastination of nursing students and faculty members of Ferdows Paramedical School in 2017.

Tools and method of work

In this descriptive-analytic study, the nursing students and operating room in education in 2012-2013 were selected in the Faculty of Par medicine and Health of Ferdows. The number of samples according to the previous studies was considered with regard to the error level of 5% and the power of 90%, and using the correlation formula, 164 were obtained, which was considered considering the loss of 10 people in 174 people. Exit criteria were not willing to participate in the design and completion of questionnaires. To collect data, Tuchman proclamation questionnaires, Golden leaf general health and Pulootzin and Ellison's spiritual wellbeing were used to prove their validity and reliability in multiple researches as well as individual characteristics questionnaire. The first questionnaire was Tuchman's procrastination, which was used to measure students' procrastination. The questionnaire consists of 16 questions, which are quadrupled (fully agree, agree, oppose, totally opposed) and are based on the Likert spectrum, in such a way that they fully agree with the score of 4 and, accordingly, totally oppose score 1. Getting a higher score indicates a higher hovering. Tuchman reported the reliability of the questionnaire 0/86. In the research of (Kazemi et al., 2010), its validity was confirmed and the Cronbach's alpha value of the questionnaire was 0.71, which indicates the high validity of the questionnaire.

The second questionnaire was general health measurement, which was first set by (Goldberg & Hiller, 1979). The original form has 60 questions, but shortened forms have 30 questions, 28 questions, and 12 questions have been used in various studies. The 28-item questionnaire (used in this study) examines the person's mental status during a recent month. This questionnaire can be used at any age to detect disabilities in normal functions and life-threatening events. This questionnaire has 4 subscales (anxiety (questions 1 to 7), depression (questions 8 to 14), social dysfunction (questions 15 to 20), and physical symptoms (questions 21 to 28)). The questions of each subscale are quadrupled and rated as Likert (0 to 3). Validity and reliability of this questionnaire in Iran was confirmed by study of (Noorbala et al., 2008) per year. To assess the general health of students, a total cutoff of 23 and a cut-off point of 6 were used for each of the subscales. The higher level in this questionnaire indicates lower general health.

The third questionnaire was for measuring spiritual well-being. The 20-question questionnaire on spiritual well-being of Pulutzin and Ellison (1982), which measures 10 questions of religious health and 10 other questions of existential survival, was used. The spiritual health score is in the range of 20-20. The answers to these questions are categorized as a wholly disagreeable option of 6 Likert variants. In questions 4, 3, 20, 19, 17, 15, 14, 11, 10, 8, 7 I totally disagree with the score 1 and questions 18, 16, 13, 12, 9, 6, 5, 2, 1, totally disagree with the score of 6 At the end of spiritual health, people are divided into three groups: low (20-40), moderate (41-99) and high (120-100).

The terms of the person's religious health index and phrases with the pair number of existential health are measured. The validity and reliability of this instrument in Iran was confirmed by the Abbasid study (Abbasi et al., 2006) in 1384. After obtaining a referral from the management of the respected university research, the nursing students of Ferdows Paramedical Faculty of Par medicine and Health were invited to participate in the research. After receiving their consent, they received a questionnaire. In order to keep the information confidential, they were completely assured. After collecting questionnaires, the data were entered into SPSS. Data was analyzed using descriptive statistics, Pearson correlation test and multiple regression.

Findings

In this study, 174 people were examined, 10 of them were excluded due to incomplete completion of the questionnaires and 164 were left. Of these, 85 (51.8%) were female and the rest were male. In terms of study, most of the participants ($n = 9.54$) were nursing and more than 70% (118) were nursing. The mean score of students' outsourcing in this study was 42.57 ± 6.25 (with a minimum of 19 and a maximum of 64). The average score of general and spiritual health was 25.03 ± 12.33 and 83.4 ± 16.64 , respectively (Table 2).

Table 1- Average, Standard deviation, Minimum and Maximum of variables studied

maximum	minimum	Standard deviation \pm average	Variable
64	19	42.57 ± 6.25	delay
72	4	25.03 ± 12.31	General health
120	42	83.40 ± 16.64	Spiritual health

Regarding the levels of spiritual well-being, as shown in Table 3, the majority of people (78.8%) were at the moderate level and 21.3% had high levels of spiritual well-being.

Table 2- Distribution of spiritual health levels

Percent	Abundance	Variable	Spiritual Health
0	0	Down	
78/8	126	Average	
21/3	34	Top	

In terms of general health, 50.6% (83 persons) had good general health students and 49.4% (81 people) had poor health, indicating that they were suspected of having a mental disorder. Considering the cutoff point of 6 in subscales, 45.1% of students were suspected of anxiety disorder, 49.4% suspected of depression, 40.9% suspected of physical inactivity and 40% suspected of social functioning disorder (Table 3).

Table 3- Average, standard deviation and frequency distribution of general health and its dimensions

Standard deviation \pm average	Suspected of disorder		Healthy		General health
	Percent	Number	Percent	Number	

$3/95 \pm 6/25$	45/1	74	54/9	90	Anxiety
$3/69 \pm 6/53$	49/4	81	50/6	83	Depression
$4/81 \pm 6/03$	40/9	67	59/1	97	Physical symptoms
$2/46 \pm 6/14$	40/2	66	59/8	98	Disruption of social function
$12/31 \pm 25/03$	4	81	50/6	83	Total

According to Kolmogorov-Smirnov test, all three variables were abnormal ($p > 0.05$). Table 4 shows the correlation between general health and its dimensions (depression, anxiety, social function, physical symptoms) with procrastination in nursing students and the operating room To give As it can be seen, there is no significant relationship between general health and procrastination ($r = 0.09$, $p = 0.23$). However, only postpartum physical symptoms have a significant positive correlation ($p < 0.05$). In other words, people with a physical impairment have had a higher level of outreach. The relationship of other dimensions of general health with procrastination is positive but not meaningful.

Table 4- The relationship between general health and its dimensions with procrastination

p-value	The correlation coefficient	Variable	General health
0.31	0.07	Depression	
0.83	0.01	Social Performance	
0.02	0.17	Physical symptoms	
0.69	0.03	Anxiety	
0.23	0.09	Total	

Spearman correlation test showed that spiritual well-being and its dimensions have a significant negative relationship with procrastination. As with the increase in existential health and religious health, procrastination or lack of work in students has decreased (Table 5).

Table 5- Relation of spiritual health and its dimensions with procrastination

p-value	The correlation coefficient	Variable	Spiritual Health
0.00	-0.22	Existential health	
0.02	-0.17	Religious health	
0.00	-0.21	Total	

Simple regression was used to investigate the effect of general and spiritual subscales. All dimensions whose significance was less than 0.2 were separately examined and the regression assumptions were reviewed for them. Regression analysis showed that with a unit of increasing the religious and existential health score, the average score of procrastination in nursing students and the operating room would be reduced to 1.26 and 0.18 respectively (Table 6). On the other hand, with an increase in the

score of physical symptoms disorder, the outsourcing rate increases by an average of 0.19.

Table 6- Results of regression fitting of general and spiritual health dimensions on nursing students and Operation Theater

p-value	Standard coefficient	The standard deviation	Regression coefficient (β)	Variable
0.11	-0.12	0.05	-0.07	Religious health
0.02	-0.18	0.06	-0.14	Existential health
0.01	0.19	0.1	0.25	Physical symptoms

Discussion and conclusion

The present study was conducted with the general purpose of determining the relationship between general and spiritual health with the procrastination of nursing students and faculty members of Ferdows Paramedical College in 1396. The findings showed that, according to the average population of the study (25.03 ± 12.31) (maximum 72 and at least 4 points), 50.6% (83 persons) had good general health students and 49.4% (81 persons) had health In general, it was inappropriate to indicate suspicion of mental disorder (mild), which was studied by (Shahabinejad et al., 2016; Hashemi et al., 2008; Tabrizi et al., 2012). The general health status of students was 9 / 50%, 53.5% and 51.8%, are almost consistent.

In another study, Mohammad Beigi et al. (2012) showed that medical students of Shahid Beheshti University of Medical Sciences had a mild degree of health (23.41 ± 96.23) who had symptoms of the disease as compared to the mean total score (Beigi et al., 2013). At

While the results of the present study are not consistent with the study by Yasmineh Nejad et al. (2014). They showed a general level of general health in the majority of subjects (61.15 ± 52.57) (Yaseminejad, 2013). Heravi's results also showed that the average score of health of undergraduate nursing students in universities of Tehran in 2012 indicates general health disorder, so that the majority of nursing students suffered from general health disorder (Heravi-Karimooi et al., 2014). The reason for the differences between the findings of the present study and the published studies can be due to the differences in the tools used, the differences between their domains, and how they are categorized, as well as the differences in the underlying conditions (individual, social, economic, and cultural) in the studied communities. Also, given that people in the community are reluctant to express and discuss their mental and psychological problems, their responses to these questions will be affected. By analyzing each of the domains of this questionnaire and considering the cut-off point 6 in the subscales, we found that 45.1% of students suspected of anxiety disorder, 49.4% suspected of depression, 40.9% suspected Physical inactivity and 2/40 were suspected of impairing social function (Table 4). In this study, the most prevalent disorder related to depression, which was

consistent with the study by (Zamanian et al., 2016; Jahani Hashemi et al., 2008). In the religious study of Qashqaei et al. (2014), paranoid thoughts and depression were the most common reported disorder among students of Golestan University of Medical Sciences (Qashqaei et al., 2014). Most students in this study were a dormitory, because of their lack of access to the facilities and amenities they had at their place of residence, and the experience of a new location and location and the academic stresses that they had upon entering the university by the student It is understood that obtaining such evidence is probable in them. And on the other hand, worrying about the future of the job adds to the severity of the problem. Considering the fact that students are the country's prospective students and because of the fact that there is always a feeling of depression and hopelessness among students, and this problem is a serious issue, students' economic issues and professors and authorities in terms of hoping for students on such issues as advancement And the future of the job can be effective and reduce this problem. In this regard, Lapsley et al. Contend that admission to college is for non-native students away from family, friends and acquaintances, which involves adaptation to changes in the new life and may endanger the general health of the individual (Lapsley et al., 2001). Also, the results of solaimanizadeh et al. (2011) showed that there is a significant relationship between the experience of stressors such as away from family, worries about the future, dissatisfaction with the field of study and financial problems with student's mental health (solaimanizadeh et al., 2011).

The results of the present study are in agreement with the study of (Ebrahimi et al., 2016) and religious (Qashqaei et al., 2014). But the results of this study are contradictory with a study in Birjand that reported anxiety levels of 10.3% (Dastjerdi & Khazaei, 2001). Different factors can reduce or increase anxiety and these differences are justifiable and may also be caused by the environment. Considering that Ferdows is from Birjand and is not far from Birjand, there is a significant difference in the level of anxiety reported by Ferdows students with Birjand, so that Ferdows students suffered from more anxiety than they might be justified. Ferdows students are less well-off than Birjand's students who can fill their leisure time with recreational and cultural programs and extracurricular classes because students who are not happy with their leisure time are more anxious and depressed. They experience it. While the existence of recreation and entertainment is a factor that can reduce anxiety and depression, it is also a province in Birjand and Ferdows province, and the city's uniqueness and brilliance may push students coming from other provinces to Ferdows. Giving them anxiety. Sadeghian and his colleagues concluded that the presence of physical and mental illnesses or stress during the last year may increase the likelihood of anxiety and depression. It seems that good teacher's attitude and mutual understanding can also be effective in reducing this problem. Since anxiety can also affect other aspects of life, attention to this issue is essential (Sadeghian & HeidarianPour, 2009).

In the present study, the subscale of physical symptoms in the general health questionnaire indicates the probability of a person

suffering from a physical illness. In this study, 40.9% of students suffered from physical disorders, which seems to be due to the fact that students in The present study reported a high degree of depression and anxiety. As a result, under pressure from students psychologically, their effect on the body was also influenced by Ansari et al., Which has a 33.8% lack of physical health (Ansari et al., 2008) and in the study Dibaj, it reported 38%, is almost consistent (Dibajnia & Bakhtiari, 2002).

Another subscale of general health was social disorder, with the results of this study reporting this disorder 40.2%, which is consistent with (Moradi et al., 2012; Dibajnia & Bakhtiari, 2002). The lack of familiarity of many students with the university environment at the time of admission, separation and distance from the family, incompatibility with other people in the living environment, lack of amenities and economics, and the use of smoking and other addictive disorders among students are among the conditions that can cause mental illness and loss of performance (Alizadeh-Navaei & Hosseini, 2014). Students, due to specific age conditions, are in a period of time communicating for the first time and independently with the community, probably because of this, they are more likely to suffer from social impairment, and as the future students of the country Socially, they must be in the best position, especially nursing students and the operating room where their major part is their job, and the inability to function properly is vital and is likely to endanger the patient's life. Therefore, with the help of specialists And the professors must stop this problem and bring the student to work Encouraging good rejection and increasing student self-esteem in different ways (Ansari et al., 2008), to bestow the bestowed opportunity. Therefore, it is suggested that more effort be made by using counseling programs to improve their social performance and their social status, which will play an important role in the future of the country.

Also, the study showed that the average score of students' spiritual health was 83.4 ± 16.64 with a maximum of 120 and at least 42 points, which showed that the majority of participants in the research (78.8%) had a moderate spiritual health and 21.3 Percentage was a high level of spiritual well-being, which is consistent with the results of the study by (Hsiao et al., 2010; Marzban et al., 2016), who reported the spiritual health level of the majority of the students at the moderate level. Associates (2016), entitled "Comparative Study of the Spiritual Health of Nursing Students", showed that most of the students were in the range of medium-high score (71-99) (Tavan et al., 2015).

Shahbazi-Rad and colleagues (2016) in their study titled "The role of spiritual well-being in explaining the quality of life of students at Razi University of Kermanshah in the academic year of 1994-94 showed that most of the students had moderate spiritual health status, which suggests an attitude Religion is dominated by Iranian society and families use religious principles and teach their children to raise their children. Therefore, in order to promote spiritual well-being in society, appropriate measures and plans should be made by religious and religious activists (Shahbazirad et al., 2015; King & Decicco, 2009) in their study showed that students who had a high spiritual level were

struggling to relieve and mitigate their stress and worry when confronted with the horrific events of life, while trusting in God.) In the study of Iningsgard and Arno (2008), the teaching of spirituality to students reduces the use of negative religious confession among students, and students do not regard any difficulty or difficulty as punishment from God after learning religious confession (Henningsgaard & Arnau, 2008) In a study conducted by students at Zare et al. (2012), individuals with a higher degree of spirituality reported a lower incidence of depression in their personal lives (Zare et al., 2012)

Also, having spirituality in the life of students is accompanied by forms of behavior such as honesty, compassion, sympathy and forgiveness. Individuals with spirituality have a holistic perspective and are open minded to their own problems and are more flexible (Abdollahzade et al., 2009). Since a large number of samples have good spiritual health, designing care and nursing interventions for spiritual support of the patient can be done. Caregivers can use spirituality and religion to train for adaptation to the illness and emphasize religious practices in partnership with others. Since Iran is a religious country, doing such actions can provide a chance for success, that is to say, a faster patient recovery. (Baljani et al., 2011). Nurses as a professional group with the collaboration of the Department of Health for the implementation of the religious law, which is now considered as religious care, should accompany him during the hospital stay and stay, as the hospital is a good place to detect spiritual disturbances That nurses can help with nursing support and meeting spiritual needs, in addition to creating a sense of tranquility and promoting spiritual well-being, will accelerate the recovery process and increase the general health of patients (Hojjati et al., 2010; Cavendish et al., 2003).

The present study showed that the mean score of students' delay in this study was 42.57 ± 6.25 (with a minimum of 19 and a maximum of 64), which is consistent with the findings of the study by (Fadaee et al., 2015). According to the results of the 2009 Balks and Dora study in Turkey, 32% of students suffered from severe negligence and 27% were moderately poor (Balkis & Duru, 2009). In 2010, civilization showed that 84.4% of students were educated (Tamadoni et al., 2010). Studying procrastination, considering its motivational aspect in education, learning and progress, has negative consequences in the educational process, success and quality of life of learners, and also due to its relatively high prevalence, is an important phenomenon (Hashemi et al., 2012) Therefore, considering that the students' procrastination makes them do not carry out their assignments on time and cause their educational downfall, it is recommended that with necessary educational planning it is necessary to reduce the procrastination rate in the students so that Enhancing their motivation and academic achievement. The most important thing is that today, nurse's form the largest group of health workers around the world. Therefore, the quality of health care depends to a large extent on the delivery of nursing care (Moosavi et al., 2013). Therefore, due to the importance of nurses' duties to be carried out in a timely manner, any negligence, delay and

procrastination will not only create heavy financial burdens but also financial costs (Farzi et al., 2015).

It should be noted that among the general health areas there is only a significant relationship between physical symptoms and procrastination ($p < 0.05$). Which is consistent with the study by (Nasri et al., 2013) who argue that student outsourcing can cause problems such as reduced academic achievement, physical problems, anxiety, disorder, confusion, lack of accountability, and mental health. Tavakkoli and colleagues also argue that neglect, especially in the long run, threatens the physical and mental health of individuals and causes economic and social harm (Tavakoli, 2013). Khosravi et al. (2009) also showed that procrastination caused fatigue, despair, failure, and physical and mental problems (Khosravi et al., 2009). The results of study of Asadi Zakir et al. Showed that 45% of the units had physical health problems (Asadizaker et al., 2012).

The present study showed that existential health had a significant relationship with students' procrastination at the level of 0/05 and religious health at the level of 0.1. As with the increase in existential health and religious well-being, the procrastination of students has decreased. The researcher did not find a similar study in the database that he did, which is similar to the results.

The present study showed that general health with procrastination was not significant ($p < 0.05$). While the results of the research, Yasmineh Nejad et al., Entitled "The relationship between general health and procrastination" showed that there is a positive and significant relationship between procrastination and general health, and among general health variables, depression is a predictor of procrastination (Yaseminejad, 2013).. Stead et al., in a study called the relationship between procrastination and mental health, showed that with increasing levels of procrastination and procrastination, the level of mental health and helping behaviors of mental health decreases (Stead et al., 2010; Nasri et al., 2013) argue that academic procrastination in students can lead to problems such as reduced academic achievement, physical problems, anxiety, disorder, confusion, lack of accountability, and general health.

The present study showed that there is a significant negative relationship between spiritual health and procrastination ($p < 0.05$). So that with a unit of increase in the spiritual health score, the average score of procrastination in nursing and operating room students is reduced by 0.17. In the search for a researcher, no similar study found to be consistent with or consistent with the results of the study.

Another finding of the study was to investigate the extent of mental disorders in students in terms of sex, native and non-native, which showed that girls more than boys and dormitory students suffered from mental disorders than non-dormitory, which was studied by Ghodasara and Associates agree that they have identified gender as one of the most important factors affecting student mental health (Ghodasara et al., 2011). In studies by (Biro et al., 2010; Shahabinejad et al., 2016), in line with the present study, female students had more mental disorders

than boys; it could be argued that the restrictions of most girls before entering the university community We, biological and hormone agents, environmental stresses, and the sensitivity of this stratum to their surroundings are among the factors that predispose them to emotional and psychological problems, but in the study of (Sadeghian & Heidarian Pour, 2009; Namdar et al., 2013; Imani et al., 2013) There was no significant difference between the sexes and the number of mental disorders. In study of (Rafati et al., 2012) and study of (Asadi et al., 2014) living in dormitory, there was a significant statistical relationship between psychiatric disorders and the findings showed a lower level of mental health status among dormitory students. The results of (Fallahi et al., 2013) also showed that 54.3% of dormitory students had mental disorder. Based on the results of Shahibinejad et al study, the status of mental health of present students between variables such as habitat, native and non-native, and ... psychological disorders were not found (Shahabinejad et al., 2016). Also, the results of Jadoon et al., Conducted in Pakistan, showed that the place does not have a significant effect on the prevalence of mental disorders (Jadoon et al., 2010). Perhaps his native-born students in universities in recent years could justify this finding, so that the students of Rafsanjan University of Medical Sciences were also more natives of Kerman province, and most of the late weeks could meet with their family members, and in this regard, the stress of residence in The strange city experiences less dormitory problems, so less depression was reported in them.

In this study, general health disorder in nursing students was more than other students, which could be negative attitudes towards nurses due to reasons such as dissatisfaction with the field of study and future concerns and financial problems, mental and psychological stresses of the hospital environment. Student mental health problems such as absence and academic failure are expected for students (olaimanizadeh et al., 2011; Cleary et al., 2012). By examining the degree of mental disorders among students, mental health can be studied among them and increased awareness of students about the negative effects of disorders and their reduction. Nursing students will be key future forces in the healthcare sector, which plays an important role in providing care, treatment and physical and mental support to patients. Therefore, in order to have a healthy, creative and able-bodied human being, it should now be taken into account the health of these students (Shahabinejad et al., 2016).

Research constraints

A remarkable point about the subject of research is that, unfortunately, in Iranian culture, there is resistance to negative themes and concepts, and it is always viewed as an unusual subject to concepts such as burnout, procrastination, depression, and so on. This does not make people self-disclose, and the results of research are less than the expectations of similar research abroad. In addition, cultural differences and other influential factors should not be ignored. Also, collecting the questionnaire at a time when the students in the classroom were delaying the process. Also, considering that this study was

conducted on the students of Paradise Paramedical School of Paramedicine and Health, it is necessary to be cautious to generalize the results to the students of other cities. Therefore, it is recommended that this research be carried out in the wider and wider community of the Al-Jeddah of Ferdows. Since psychological and spiritual disorders of individuals cannot be considered alone with the questionnaire tool, it is suggested that future research uses other methods, including clinical interviews, to identify the extent of depression and procrastination and mental health disorders.

In light of the ongoing research on work done in the world, this discussion is limited to the domain

Organizations and related businesses, especially sensitive hospitals, including nursing staff, and the fact that nurses play a key role in patient care, have a direct relationship with the patient, impairment in their physical health, their spiritual health, and the existence of procrastination in their assigned duties. It can greatly influence the patient care process.

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