

The Relationship between Spiritual Health and Depression in Nursing and Midwifery Students

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Abstract

Background and aim: Spiritual health is the newest recognized health aspect. Considering the importance of spiritual health in improving student mental health, as well as the lack of adequate research in this field, we decided to do a study in this regard. Therefore, the present study was conducted with the aim of investigating the relationship between spiritual health and depression in nursing and midwifery students, so that the results could be used for more accurate and more systematic planning for controlling depression and promoting spiritual well-being of students. **Materials and Methods:** This cross-sectional descriptive study was conducted on 254 nursing and midwifery students of Zabol University of Medical Sciences. In this study, census method was used for sampling. For data collection, three demographic questionnaires, spiritual well-being and Beck Depression Inventory were used. After collecting the data, the spss version 24 was downloaded. The information was described using descriptive statistics and in the form of mean, standard deviation, and percentile percentage. Spearman correlation coefficient and Chi-square test were used in inferential statistics. P value <0.05 was considered as a significant level. **Results:** The mean and standard deviation of age was 21.54 ± 4.38 . The mean and standard deviation of depression among students were 10.74 ± 10.02 . According to Spearman's correlation coefficient, there was a significant and inverse relation between spiritual health and depression (p-value <0.001, $r = -0.271$), which means that with increasing spiritual well-being, depression decreased. **Conclusion:** According to the results of the research, strengthening of spiritual health is one of the preventive ways of developing psychological disorders such as depression.

Keywords: Spiritual Health, Depression, Nursing and Midwifery Students.

Introduction

Any psychiatric disorder is considered as a significant clinical or behavioral syndrome or mental pattern that appears to a person with a current discomfort or disability or loss of freedom. In addition, this syndrome or pattern should not be a response to a particular cultural event that is justified and expected, such as the death of a loved one, whatever the cause of this disorder, be it now as a behavioral, psychological or biological effect. The person considered Deviant behavior and conflicts that occur predominantly between the individual and the community are considered to be psychological disturbances, which, as noted above, are a sign of a person's behavior (Zare & Jahandideh, 2014).

Over the decades, health has been analyzed based on specific dimensions (physical health, mental health, and social health). The proposal to integrate the spiritual dimension in the concept of health, by Russell and Othman, placed an important dimension of individual and group life on health experts. About one quarter century ago, the World Health Organization has been discussing whether the spiritual dimension in the definition of health is included in addition to physical, social and psychological health. A few years later, the spiritual dimension was seen in a health promotion magazine, and as a result, in the definition of health, this dimension was added

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(Anonymous, 1979).

Human beings are multi-dimensional creatures, and ignoring each of their dimensions has a significant impact on their entire life (Zare & Jahandideh, 2014). Spiritual health is the newest recognized health dimension, along with other dimensions of health such as physical, psychological, and social health, and is the core of human health, and is the complex process of human evolution that coordinates the necessary forces between the forces. It is characterized by features such as stability in life, peace, close relationship with God, society, environment and self (Anonymous, 1979; Rezaei et al., 2007). Religious health and existential health are two components of spiritual wellbeing that religious health refers to being superior to God, and existential health is a sign of a person's perception of who he is, what and why he does and where he belongs (Assaroudiet al., 2011). The importance of spiritual health is such that in the year 1983, the World Health Organization has placed spiritual dimension along with physical, psychological and social dimensions as an aspect of spiritual health (Hedayati et al., 2016). Depression is one of the disorders that a person suffers if he or she is compromised by spiritual well-being (Gaur & Sharma, 2014).

Depression is one of the disturbances in old writing, for example, Hippocrates, in about 450 BC, raised the term "melancholy", which is a kind of officer, in his writings (Hosseini et al., 2016). Generally, depression is a sad feeling, cramping, boredom, heartbreak, despair, and a decrease in interest in everyday activities such as socializing and having fun that vary from mild to severe (Taziki et al., 2001). The main factors mentioned in the etiology of depression are physical illnesses, hormonal disorders, some drugs, inheritance, and psychosocial factors (Koushan & Vaghee, 2015). Depression is characterized by symptoms such as sadness, loneliness and despair, reduced self-esteem and individual health (Vaezzadeh & Hosseini, 2013). Physical discomfort such as headache, constipation, diarrhea, pain in the body, anemia, insomnia, fatigue, loss of libido, forgetfulness, tremor, tenderness, and breathlessness are mentioned. More than 80% of depressed patients consider themselves worthless, especially in areas such as intelligence, success, appetite, attractiveness, health and ability (Farahani et al., 2015). Depression is more than the four major diseases in the world and its costs are higher than many other chronic diseases (Ildarabady et al., 2004; Rashidi et al., 2017). In the whole world, 340 million people suffer from depression, of which 18 million live in the United States (Vakili et al., 2010). In Iran, about 15-25% of the population is experiencing mild to severe depression (Rahimzadeh et al., 2017). Students, a significant number of whom are young people, are tomorrow's builders, and this number is increasing with the expansion of universities and the development of excellent educational centers (Farahani et al., 2015). The existence of depression among young people is important because some 30% of them suffer from some degree of depression at the time of entering the university (Fallahzadeh et al., 2013).

On the other hand, depressed students will turn the university into a cold and impoverished environment and, as a result, the society will go down, in addition to the fact that the human being is hit by the patient, the society will eventually suffer (Pasdar et al., 2013). As students form a large community of people, their spiritual orientation will have a significant impact on mental health and coping with depression. In addition, considering the importance of spiritual health in improving student mental health, as well as the lack of adequate research in this field, we have been forced to carry out studies in this regard. The aim of this study is to investigate the relationship between spiritual well-being and depression among students of Zabol University of Medical Sciences in order to use the results of a more correct and principled planning to control depression and promote the spiritual well-being of students.

Materials and Method

This descriptive-correlational study was conducted on a cross-sectional basis. In this study, 254 nursing and midwifery students of Zabol university of medical sciences entered the study by census method. A questionnaire will be used to collect information in this research. The questionnaire consists of three parts:

1. Demographic information examines age, sex, marital status, economic status, place of residence, field of study, and parental life status.
2. Palitzson Ellison Spiritual Health Test: This test consists of 20 Questions in Likert with a six-part answer, fully agree, to the exact opposite. The total score is between 20 and 120. In sum, the scores can be categorized as follows: low spiritual health 41-20, average of 99-41, high 120-100. This is a standard questionnaire and has been evaluated in various scientific contexts and its validity and reliability have been verified. The validity of this questionnaire after translation into Persian was determined by its content validity and its reliability was 0.82 by the alpha coefficient of Cronbach (Khezri et al., 2015).
3. Beck depression test (Zare & Jahandideh, 2014): This test consists of 21 questions. The minimum score for each question is zero and maximum of 3, and the total score of the test is from 63. After collecting the questionnaires, the students with a depression score of between 0-9 Has been excluded from the study and depression scores (Vaezzadeh & Hosseini, 2013; Farahani et al., 2017; Ildarabady et al., 2004; Rashidi et al., 2017; Vakili et al., 2010; Rahimzadeh et al., 2017; Fallahzadeh et al., 2013) are considered as mild depression, scores (Pasdar et al., 2013; Hashemi & Kamkar, 2001; Aghakhani et al., 2016; Saidimehr et al., 2015; Khezri et al., 2015; Allahbakhshian et al., 2010; Omid et al., 2015; Zamaniyan et al., 2015; Azizi et al., 2012; Vafaei et al., 2013; Gharehbohlou et al., 2016; Rahimi et al., 2017; khodaveisi et al., 2017; Ghanbari Afra & Zaheri, 2017), moderate

depression and scores above 30 as severe depression. The validity and reliability of this questionnaire on the Iranian population showed a Cronbach's alpha of 0.78 and a re-test validity of 0.73 for two weeks (Allahbakhshian et al., 2010).

Researchers gathered data after approving a research project at the Zabol Nursing and Midwifery Ethics Committee and obtaining permission from Zabol University of Medical Sciences authorities. The researchers sent a number of questionnaires to college students by referring to the Faculty of Nursing and Midwifery. In order to complete the research questionnaires, after receiving the cooperation of the individuals for participation in the research, a questionnaire will be provided to them. Along with each questionnaire, there was an instruction to complete it. First, the instructions for each questionnaire are explained to the individuals, and then they will be asked to accurately and accurately respond to the questionnaire by reading the guidelines again. The research data were collected by researchers in the SPSS version 24. The information was described by means of descriptive statistics in the form of average, standard deviation, and percentile percentage. Spearman correlation coefficient and Chi-square test were used in inferential statistics. P value <0.05 was considered as a significant level.

Results

Table 1: Frequency distribution of students in terms of demographic variables

Demographic information		Frequency	Percent
Sex	Male	58	22.8
	female		77.2
marital status	Single	196	61
	Married		39
Permanent place of residence	City	155	94.1
	Village		5.9
Accommodation in the hostel	Dormitory	99	67
	Non-dormitory		33
Major	Nursing	238	49.6
	Midwifery		51.4
The economic situation	Weak	15	5.9
	Medium		66.9
	Good		27.2

Demographic data showed that 196 (77.2%) were female and 58 (22.8%) were male, the mean age was 21.54 ± 4.38 . Other demographic information is presented in Table 1.

Table 2: Correlation coefficients between depression scores and spiritual health scores and their dimensions (Spearman test)

Variables	Total score of spiritual health	Score of existential dimension of Spiritual Health	Religious dimension of the spiritual dimension
Depression Score	$r = -0.271$	$r = -0.356$	$r = -0.122$
	$p = 0.000$	$p = 0.000$	$p = 0.051$

The mean and standard deviation of depression scores in the research units were 10.74 ± 10.02 years and 27.2% of students had mild depression, 14.6% had moderate depression and 7.9% had severe depression. Mean and standard deviation of spiritual health were 96.06 ± 11.99 and 63.8% of students had moderate spiritual health and 36.2% had strong spiritual health students. The mean and standard deviation of the existential dimension of the spiritual health was 46.81 ± 7.22 and the religious dimension of spiritual well-being was 49.31 ± 6.80 . Spearman correlation coefficient showed that there is an inverse relation between spiritual health and depression, which is statistically significant (p -value <0/001). Also, there was a reverse correlation between existential dimension of spiritual well-being and depression (p -value <0/001). There was also an inverse relationship between the religious dimension of spiritual well-being and depression, which does not mean statistically (p -value > 0.05). (Table 2).

Discussion and Conclusion

The purpose of this study was to investigate the relationship between spiritual well-being and depression among students of Zabol University of Medical Sciences. In the study of Zanjani et al., which was performed on students of Shiraz University of Medical Sciences, 46.3% of subjects had degrees of depression (Omidi et al., 2015), sixty-nine percent of our subjects had degrees of depression. Most people had mild depression. In a study by Azizi et al. On nursing students in one of the selected universities in Tehran, 30.8% had mild depression, 17.7% had moderate depression and 6.2% had severe depression. (Zamaniyan et al., 2015). Another study by Vafaei et al.

On nursing students at Azad University of Tehran showed that 19.44% had mild depression, 13.44% had moderate depression, 0.33% had severe depression (Azizi et al., 2012). Also, according to study results in India, the prevalence of depression in nursing students is 63.9. The results of a study conducted by MOREIRA et al. In Brazil on nursing students indicated that 18.2% of the subjects had mild depression, 6.8% had moderate depression and 5.7% had severe depression (Vafaei et al., 2013). As you can see, depression statistics for students vary, which can be attributed to factors such as the conditions of the place of study, the gender of the subjects studied, the extent to which supportive systems, as well as the use of different instruments for measuring depression. In the field of spiritual well-being, the results showed that most students had moderate spiritual health. These findings are consistent with the results of the research of Neda'i et al, Rahimi et al. (Gharehbohlou et al., 2016, Rahimi et al., 2017). It seems that the religiousness of the Iranian community is one of the factors affecting the spiritual health of the students. According to Table 2, there was a significant and inverse relation between spiritual health and depression (p-value <0/001), so that the higher the spiritual health, the depression decreases. This part of the results is also consistent with the research by Aghakhani et al., Which was conducted on students of Urmia University of Medical Sciences. In another study, which was conducted on 294 patients with coronary artery disease and consistent with the results of our study, it was found that depression has a significant correlation with spiritual well-being, which leads to an increase in the spiritual health of depression and those who have a spiritual health The more they experience less depression.

Perhaps the average spirituality of the majority of our students reflects the focus of the educational system on the transfer of knowledge and its lack of attention to the spiritual health of students. Also, due to the inverse relationship between spiritual health and depression and the role of strong spiritual health in decreasing the incidence of depression, and consequently in increasing the quality of care, the attention of educators to spiritual well-being of students is essential. Today, the training of efficient and creative human resources is the most important part of a higher education system. And the student community is one of the largest community groups that provides the human resources needed by the community. In the meantime, nursing and midwifery students are more likely to be depressed due to academic conditions than other students. They also deal with clients who need strong support and must be mentally prepared to accept this role with full competence. As a result, paying attention to the students' spiritual well-being can be used as a preventive tool for depression.

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