

Assessment of religious and spiritual beliefs dimension of life quality in a sample of fifth year medical college students of University of Baghdad

Ahmed. S. Al-Naaimi*
Maha.S.Younis**

MBChB, MSc, PhD
CAB Psych, IFMC Psych

Summary:

Background: Although studies regarding the role of religious beliefs in psychological well being are relatively recent, the importance of people's religiousness and spirituality for their health status has been widely acclaimed based on hundreds of published studies.

Patients and Methods: The Arabic Modified version of WHOQOL-SRPB (World health organization quality of life-spirituality, religiosity and personal belief) questionnaire was self administered to a systematic random sample of 100 fifth year medical students.

Results: Around a quarter (21-28%) of subjects perceived religiousness as very to extremely important. This percentage raised to 38% for spirituality and further to 61% for personal believes. The mean score for the "death and dying" facet was the lowest of all facets. The rate of students being satisfied on the overall SRPB measure was high ranging between 85 to 90%.

Conclusion: It was concluded that the students sample showed high rate of satisfaction by their QOL-SRPB instrument. It is realized that these religious and spiritual beliefs contributed to a good response to quality of life as it was similar to another sample in a nearby stable country (Jordan).

Key Words: WHOQOL-SRPB, Iraq, medical students.

Fac Med Baghdad
2010; Vol. 52, No.4
Received Mar.2010
Accepted Aug. 2010

Introduction:

The spiritual dimension became part of WHO Member States' strategies for health in May 1984. The WHO defines quality of life as "individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns (1).

The relationship between religion and mental health has been under debate for centuries, the idea and approach of moral treatment of mental illnesses actually originated from religious people and still a common practice(2).

Although studies regarding the role of religious beliefs in psychological well being are relatively recent, the importance of people's religiousness and spirituality for their health status has been widely acclaimed based on hundreds of published studies(3).

Since the World Health Organization established the WHO-QOL (World health organization quality of life) test two decades ago, many modifications has been introduced to modulate it according to different cultures. An important modification, which was adopted by WHO research team, was the implementation of religious and spiritual aspects into the original test. This was termed SRPB (Spirituality, religiousness and personal believes)(4).

The spiritual aspect of QoL makes a significant and distinctive contribution to QoL assessment in health and should be assessed routinely in health care populations (5).

SRPB is relevant to health-related QoL and consensually important facets should be included in generic health care assessments. Their inclusion permits a more holistic assessment and improves the case for a biopsychosociospiritual model of health (6).

Belief systems in the Arab world are derived from Islamic and non-Islamic roots, where Arab countries share similar values in which Islam is the prevailing religion along with some secular and spiritual personal beliefs distributed adopted by different populations(7).

Iraqi community was subjected to frequent regional and national wars and conflicts which are expected to have adverse effects on its population quality of life. However, studies that examine the religion and spiritual beliefs dimension of life quality in Iraq are not available yet, despite a scrutinized search of online medical literature libraries. The present paper aims to assess the quality of life in the religious and spiritual beliefs dimension in a sample of educated healthy students in Baghdad.

Materials and Methods:

Study Design

Cross sectional study.

Study sample

During March 2008, a random sample of 100 fifth year medical students from Baghdad College of

*Dept. of Community Medicine, College of Medicine, University of Baghdad

**Dept. of psychiatric, College of Medicine, University of Baghdad

medicine were recruited by “systematic sample” approach, selecting every 2nd name from the list of student attendees in the lecture room. Since the number of lecture attendees during this period of time was definitely smaller than 100, more than one session (on different days of the week) was needed to cover the targeted sample size. The worst sample estimate of proportion (50%) calculated with such a sample size would have a precision of $\pm 20\%$ at alpha error of 0.05 and 80% study power.

Study Instrument

The Arabic modified version of Quality of life, Spiritual, religion and Personal beliefs (QOL-SRPB) questionnaire was derived from the pioneer work of WHOQOL- SRPB (World health organization quality of life-spirituality, religiosity and personal belief) group who represented an international project to implementing this test on 18 different countries, The test was made available by the WHO department of research on quality of life to be used for the first time in Iraq.

The self administered questionnaire form included 8 scored facets concerned with spiritual aspects, each facet contains selected item questions where each item is rated on a 5 points Likert scale starting from 1 for low and negative perception to 5 which stand for high positive perception, the total facet scores are scaled in positive direction where higher scores indicate higher quality of life (8).

Formal and ethical clearance was obtained from the College authority along with oral consent from each participant. Date was collected by self administered questionnaire. The forms were distributed to the students after an explicit explanation of the study purpose was done by one of the authors.

The standard trans-cultural version of WHOQOL-SRPB instrument was used. An Arabic version was made available by the WHO. This instrument contains further sets of Facets concerned with the spiritual aspects in addition to the original WHOQOL-SRPB which included 8 facets only(8). Each facet contains selected item questions. individual items are rated on a 5 point Likert scale where 1 indicate low, negative perception and 5 indicates high, positive perceptions. As such, the total and facet scores are scaled in positive direction where higher scores denote higher quality of life. Some items are (such those related to death and dying) not scaled in a positive direction, meaning that for these facets lower scores do denote higher quality of life. All negatively framed items need to be recorded, so that all scores reflect better quality of life. These items need to be reverse score to ensure that higher scores reflect better QOL (8).

Facets are scored through summative scaling. Each item contributes equally to the facet score. Mean scores are then calculated for each facet. Therefore

each facet can have a score between 1 and 5 as maximum. Each facet is taken to contribute equally to the total score. The total score is presented as score with a maximum of 100, this is done by multiplying the total score by 100 and divide it by the count of facets(8).

Importance items are additional items which ask respondents to indicate the importance to their overall QOL of each of the facets of QOL. The importance items were designed to be used to provide an estimate of the relative value of the facets of QOL. They were included in a separate form and can be administered independent from the SRPB instrument. A total of 21 questions measuring importance were included in the importance measure. Socio demographic data were also requested (8).

Statistical Analysis

Data analysis was computer aided using SPSS version 13 software. Frequency distribution for selected variables was done. Facets score was described by mean and standard deviation. The 95% confidence interval for observed proportions gave an idea about the range of observed percentages in the reference population with 95% confidence level.

Results

Table 1 showed that 70% of the studied groups were females and 10% of the students were engaged or married. The whole group resided in Baghdad urban areas.

Around a quarter (21-28%) of subjects perceived religiousness and being part of religious community as very to extremely important. This percentage raised to 38% for spirituality and further to 61% for personal believes, table 2.

As shown in table 3, the score on 16 facets of QOL-SRPB was described for the study sample. The mean score for the “death and dying” facet was the lowest of all facets, with only 8% subjects being satisfied in this aspect. Other facets with a noticeably low score were “Life control by self or others” and “Attachment / detachment” in which less than 50% were satisfied with. On the other hand facets with noticeably higher satisfaction include “Meaning and purpose” of life “Faith”, in which more than 80% of subjects were satisfied (rating it as good to very well) in these domains.

The mean total score on the standard and local versions of SRPB Quality of Life ranged from 67.5 to 66.1 (out of a maximum score of 100). The rate of students being satisfied on the overall SRPB measure was high ranging between 85 to 90%, table 3.

Table 1: Socio demographic variables of the sample

1.	Gender	N	%
	Female	70	70
	Male	30	30
2.	Engaged or married		
	Negative	90	90
	Positive	10	10
3.	Residence		
	Rural	0	0
	Urban	100	100
	Total	100	100

Table 2: Perceived importance of religiousness, spirituality and personal believes.

	N	%
1. To what extent do you consider yourself as religious		
Not important / A little important	21	21
Moderately important	51	51
Very important/ Extremely important	28	28
2. To what extent do you consider yourself part of a religious community		
Not important / A little important	32	32
Moderately important	47	47
Very important / Extremely important	21	21
3. To what extent do you hold on spiritual believes		
Not important / A little important	29	29
Moderately important	33	33
Very important / Extremely important	38	38
4. To what extent do you have strong personal believes		
Not important / A little important	12	12
Moderately important	27	27
Very important / Extremely important	61	61
Total	100	100

Table 3: The mean scores of 16 selected facets and two total score versions of SRPB quality of life measures of the sample.

		Mean +/- SE	
1.Spiritual connection	3. 5+/-0.06	73 (73%)	(64.3 - 81.7)
2.Meaning and purpose of life	3. 4+/-0.05	82 (82%)	(74.5 - 89.5)
3.Experiences of awe and wonder	3. 5+/-0.05	78 (78%)	(69.9 - 86.1)
4.Wholeness and integration	3. 2+/-0.05	55 (55%)	(45.2 - 64.8)
5.Spiritual strength	3. 4+/-0.07	63 (63%)	(53.5 - 72.5)
6.Inner peace (serenity, harmony)	3. 2+/-0.07	58 (58%)	(48.3 - 67.7)
7.Hope and optimism	3. 3+/-0.06	63 (63%)	(53.5 - 72.5)
8.Faith	3. 5+/-0.04	91 (91%)	(85.4 - 96.6)
9.Love and compassion	3. 6+/-0.07	76 (76%)	(67.6 - 84.4)
10.Death and dying	2. 5+/-0.04	8 (8%)	(2.7 - 13.3)
11.Kindness to others	3. 5+/-0.05	79 (79%)	(71 - 87)
12.Forgiveness and guilt	3. 2+/-0.05	58 (58%)	(48.3 - 67.7)
13.Acceptance of/by others	3. 5+/-0.07	73 (73%)	(64.3 - 81.7)
14.Freedom to practice believes	3. 4+/-0.04	77 (77%)	(68.8 - 85.2)
15.Attachment / detachment	3. 2+/-0.08	46 (46%)	(36.2 - 55.8)
16.Life control by self or others	3+/-0.08	35 (35%)	(25.7 - 44.3)
Maximum score of 100			
Total SRBP score for the standard WHO transcultural version of SRBP score (first &factors)	67.55+/-0.59	90(90%)	(84.1- 95.9)
The total SRBP score for the local version	66.1+/-61	85(85%)	(78-92)

Discussion

This study represented a pioneer work on Iraqi community based on analyzing the findings of a random sample of 100 advanced medical students in Baghdad University, who volunteered to complete the Arabic modified version of (QOL-SRPB). An instrument, which was designed to assess their satisfaction by their quality of life through the strength of religious and spiritual beliefs.

Females are over-re presented in the sample, since they are more inclined to attend lectures, beside the fact that their average rate in medical colleges were estimated to be around the half(9, 10). The majority of the students were single as expected and matching many previous studies done on university students. The absence of rural inhabitants was expected too as Baghdad Medical college usually drain the capital inhabitants, and presence of other colleges distributed in other provinces.

A noticeably higher percentage of students viewed spirituality and personal believes as extremely important than religiosity. This observation was also

stated in Büssing A, et al, 2005, which concluded that Spirituality and spiritual attitude are positively correlated with educational level(11).

It was found that the perception of the students sample was high to their SRPB quality of life. The sample shows means above the mid-point in all facets denoting reasonably good quality of life in the domain of spirituality. There was however lower scoring to the facet of death and dying which could be explained by the resistant nature of the Iraqis to this mishap, may be due the destructive events that prevailed in the country meanwhile. Comparing these results to a published paper in the same context about similar sample of Jordanian medical students showed comparative results with no important differences(12).

Although a systematic random sampling technique was used to recruit the study sample. The present study sample is not expected to represent the population of 5th grade medical students in a totally unbiased way. It is more accurate to say that the current sample is representative of students who had the will/opportunity to attend lectures in the volatile, unsecure atmosphere that was prevailing during the study period. Given the pioneer nature of the current study, one would not expect this limitation to undermine the usefulness of the exploratory nature of study results.

There seem to be a consensus that SRPB should be more routinely addressed in assessment of QoL, as it can make a substantial difference in QoL(13). However studies addressing SRPB are usually devoted to people with physical illness, victims of torture(14) and American veterans of Iraqi and Afghanistan wars(15). No study was found that assess the SRPB component of QoL in a post-war and terrorism conflict. The present study will help to raise the issue of SRPB, being an important component of QoL and may stimulate other interested researchers to explore this matter in a larger scale study at the population level.

It was concluded that the students sample showed high rate of satisfaction by the QOL-SRPB instrument. These religious and spiritual beliefs contributed to a good response to quality of life as it was similar to another comparable sample in the nearby stable country of Jordan. Only death and dying was associated with very low satisfaction.

References:

- 1) Boero ME, Caviglia ML, Monteverdi R, Braida V, Fabello M, Zorzella LM. Spirituality of health workers: a descriptive study. *Int J Nurs Stud.* 2005; 42 (8): 915-21.
- 2-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.

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

- 4-WHOQOL-SRPB 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.

- 5) O'Connell KA, Skevington SM. Spiritual, religious, and personal beliefs are important and distinctive to assessing quality of life in health: A comparison of theoretical models. *Br J Health Psychol.* 2009 Nov 27. [Epub ahead of print]

- 6) O'Connell KA, Skevington SM. The relevance of spirituality, religion and personal beliefs to health-related quality of life: themes from focus groups in Britain. *Br J Health Psychol.* 2005; 10 (Pt 3): 379-98.

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

- 8-WHO. *Mental Health Evidence and research. WHOQOL-SRPB, user manual.* <http://www.who.int/msa/qol>.

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

- 10-Al-Azzawi. R, Younis. MS. Psychneurotic Profile in Iraqi Medical Students; Three decades Comparison. *Iraqi Journal of Community Medicine.* Vol. 22. No. 2, 2009.

- 11) Büssing A, Matthiessen PF, Ostermann T. Engagement of patients in religious and spiritual practices: confirmatory results with the SpREUK-P 1.1 questionnaire as a tool of quality of life research. *Health Qual Life Outcomes.* 2005; 3: 53.

- 12-Younis. MS, Al-Nuiame, Al-dabbas. M. Field Testing of QOL-SRPB Instrument on a group of University Students in Jordan. *The Arab Journal of Psychiatry.* Vol 21. No 1, May 2010.

- 13) WHOQOL SRPB Group. A cross-cultural study of spirituality, religion, and personal beliefs as components of quality of life. *Soc Sci Med.* 2006; 62 (6): 1486-97.

- 14) Elsass P, Carlsson J, Husum K. Spirituality as coping in Tibetan torture survivors. *Ugeskr Laeger.* 2010; 172 (2): 137-40.

- 15) Jakupcak M, Luterek J, Hunt S, Conybeare D, McFall M. posttraumatic stress and its relationship to physical health functioning in a sample of Iraq and Afghanistan War veterans seeking postdeployment VA health care. *J Nerv Ment Dis.* 2008; 196 (5): 425-8.