

The effect of religious and spiritual beliefs on the quality of life among university students in Jordan measured by the modified version of (WHOQOL-SRPB) instrument	العنوان:
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# **The effect of religious and spiritual beliefs on the quality of life among university students in Jordan measured by the modified version of (WHOQOL-SRPB) instrument**

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## **تأثير المعتقدات الدينية والروحانية على جودة حياة الطلبة الجامعيين في الأردن باستعمال مقياس جودة الحياة الروحاني والديني المعدل (WHOQOL-SRPB)**

مها سليمان يونس، أحمد سمير النعيمي، محمد الدباس

### **Abstract**

**Objectives:** The aim of this study was to examine the role of the spiritual, religious and personal beliefs (SRPB) in enhancing the individuals' satisfaction with their quality of life through implementing the Arabic modified version of the World Health Organization Quality of Life-Spiritual, Religious and Personal Beliefs (WHOQOL-SRPB) questionnaire for the first time in Jordan. **Method:** A convenient homogenous sample of medical students attending the Jordan University of Science and Technology (JUST) completed 100 forms of the Arabic modified version of the self-report WHOQOL-SRPB questionnaire, which measures the subjective satisfaction of quality of life through spiritual and religious beliefs. The correlation between the students' beliefs and selected socio-demographic variables was investigated. The perceived importance of spiritual and religious beliefs was estimated. **Results:** There were moderate to high levels of satisfaction with the respondents' life quality assessed through the strength of their beliefs. The results showed no marked correlation of socio-demographic factors with the measured facets of the WHOQOL-SRPB instrument. The study sample represents healthy educated university students who cherished the same Islamic beliefs. **Conclusion:** This study reflects the positive effect of religious and spiritual beliefs on the student's subjective satisfaction of life quality which is consistent with previous literature. The authors call for future studies in other Arab societies.

**Keywords:** Spiritual, religious beliefs, quality of life, Jordan students

**Declaration of interest:** None

### **Introduction**

Although spirituality and religion were described as difficult topics to research, considerable literature on the relationship between spirituality, religion, physical and mental health has indicated a positive association between religiosity and psychological well-being<sup>1,2,3</sup>. Over the last two decades, many studies proved the beneficial and protective effects of religious involvement on peoples' mental and physical health<sup>4</sup>. This association has extended across various populations including physically vulnerable people such as the old, the ill, and the disabled.<sup>5</sup>

Despite the fact that religion and spirituality were studied as combined, it is necessary to separate the conceptualization of religion and spirituality. Religion is an organized belief system sustained by institutions, tribes or culture in which rituals and practice are applied. This requires a class of individuals maintaining its structure to mediate between believers and God like priests and clergymen<sup>1,2</sup>, while spirituality is a broader concept that focuses on supernatural power greater than oneself and more like an individual experience. Personal belief usually refers to the manner in which one follows individual thoughts, such as a particular philosophy or a scientific theory or may be just a moral and ethical code.<sup>1,2,6</sup>

In our Muslim culture, spiritual and or personal beliefs have not been identified as the majority of Arab populations are Muslims with other monosethic religious minorities. In the available literature, the religion of Islam embraced the spirituality and personal beliefs for the reason of lacking data about non-believers or secular Arab populations to compare with<sup>7,8</sup>. However, studies involving spirituality, religion and quality of life are scarce<sup>9,10</sup>. The gap for such studies in our culture motivated us to investigate the influence of religion and spirituality on the individual quality of life among selected Jordanian population by implementing the World Health Organization Quality of Life-Spiritual, Religious and Personal Beliefs (WHOQOL-SRPB) Test Instrument.

### **Material and method**

During the month of April 2008, 100 medical students from the fifth grade at the Jordan University of Science and Technology (JUST), Irbid volunteered to complete the self-report Arabic language modified version of the WHOQOL-SRPB following a thorough explanation of the purpose of the study. To ensure confidentiality, students were instructed not to put their names on the questionnaire forms. The exclusion criteria were any individuals who were non-Muslim, non-Jordanian nationals so as to ensure the homogeneity of the sample. The protocol was approved by the Research and Ethical committee of the Faculty of Medicine at JUST. Data was collected by self-administered questionnaire.

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Data analysis was computer aided using SPSS version 13 software. The difference in mean quantitative normally distributed variables (facet and total scores) between two groups was assessed by independent samples t-test, while between more than two groups ANOVA test was used. P value less than 0.05 was considered statistically significant. The end point was to collect 100 completed forms. The collected forms were entered into a computerized data base to be checked for errors and inconsistencies.

#### **Study Instrument**

The WHOQOL-SRPB Field Test Instrument consisted of 32 questions, covering quality of life aspects related to spiritual, religious and personal beliefs (SRPB). These questions respond to the definition of quality of life as an individual's perception 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<sup>11</sup>. This instrument was developed from an extensive pilot test of 105 questions in 18 centers around the world constructed by a coordinating group of collaborating investigators in each of the field sites and a panel of consultants to finalize a version to be used for field trials<sup>12</sup>. The original WHOQOL-100 instrument, designed to test the global quality of life, was issued from the Mental Health and Substance Dependence Department - World Health Organization (WHO)- in 1998<sup>1,12,13</sup>; it was reproduced in different versions across cultures with different modifications, including Arabic translations and has been implemented in many Arab countries<sup>9,10,14</sup>. The WHO recommended translating the original instrument according to language/cultural versions suitable for use which is available on the website<sup>11,15</sup>. The original SRPB transcultural version was translated into Arabic by senior bilingual psychiatrists working in the research unit of the WHO office in Amman, Jordan. Back translation into English and final approval of the Arabic translation was supervised by the same unit in accordance with the protocols of the WHOSRPB Group, Department of Mental Health and Substance Dependence, WHO, Geneva<sup>16</sup>.

#### ***The standard transcultural English version included the following 11 facets of SRPB:***

- Spiritual connection
- Meaning and purpose in life
- Experiences of awe and wonder
- Wholeness and integration
- Spiritual strength
- Inner peace
- Hope and optimism
- Faith
- Love and compassion
- Death and dying
- Kindness to others

#### ***The Arabic modified version of the WHOQOL-SRPB instrument contains another set of five facets in addition to the previously mentioned 11 facets. These include:***

- Forgiveness and guilt
- Acceptance of/by others
- Freedom to practice believes
- Attachment/detachment
- Life control by self or others

Each facet contains selected item questions. Individual items are rated on a 5 point Likert scale where 1 indicates low, negative perceptions and 5 indicates high, positive perceptions. For example, an item in the positive feeling facet asks "To what extent do you feel love from a higher power?" and the available responses are 1 (not at all), 2 (a little), 3 (a moderate amount), 4 (very much) and 5 (an extreme amount). As such, the total facet scores are scaled in a positive direction where higher scores denote higher quality of life.

Some items, such as those related to death and dying, are not scaled in a positive direction meaning that for these facets lower scores denote higher quality of life. All negatively phrased items need to be reversed, so that low scores reflect better quality of life. Facets are scored through summative scaling. Each item contributes equally to the facet score. Mean scores are then calculated for each facet. In this case, all the items in the respective facet are added and divided by the count of items. Therefore, each facet can have a score between a minimum of 1 and a maximum of 5. Each facet is taken to contribute equally to the total score. The total score is, therefore, the sum of all facets scores. To differentiate between total and facet scores, the total score is presented as a score with a maximum of 100. This is done by multiplying the total score by 100 and dividing it by the count of facets<sup>11</sup>.

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 to 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 counted.

## Results

The results presented in the current study were based on the analysis of 100 completed subjects' forms. Males constituted 67% of the study sample. Only 10% of subjects were married and about two fifths of them (41%) were from rural areas. Subjects perceiving their current health as good or very good constituted 86% of the study sample. Less than one fifth of the study sample considered religiosity (19%), spirituality (18%) and personal believes (12%) of little or no importance (see Table 1).

**Table 1: Frequency distribution of the study sample by demographic variables and the importance of their beliefs.**

		N	%
	<b>Gender</b>		
1.	Female	33	33
	Male	67	67
	<b>Marital status</b>		
2.	Single	90	90
	Mamed	10	10
	<b>Residence</b>		
3.	Rural	41	41
	Urban	59	59
4.	<b>Subject opinion about current health status</b>		
	Bad/Very bad	3	3
	Equivocal (Not bad not good)	11	11
	Good/very good	86	86
	<b>Importance of religiosity as perceived by subject</b>		
5.	Little /No importance	19	19
	Moderately important	54	54
	Very/extremely important	27	27
	<b>Importance of spirituality as perceived by subject</b>		
6.	Little /No importance	18	18
	Moderately important	29	29
	Very/extremely important	53	53
	<b>Importance of personal believes as perceived by subject</b>		
7.	Little /No importance	12	12
	Moderately important	31	31
	Very/extremely important	57	57
	<b>Total</b>	100	100

As shown in Table 2, the SRPB-QOL facets concerned with wholeness and integration, meaning and purpose of life, and faith, in addition to the facet of love and compassion, showed the highest mean score among all facets (mean scores ranging between 3.5 to 3.8). More than three quarters of study subjects had a high satisfaction in these facets (good to very good). While the mean score was lowest in the facets concerned with death and dying, attachment/detachment, and life control by self or others. These facets were associated with the lowest frequency of subjects with (good/very good) as measured by them. A significant number of the students (83%) showed a high satisfaction in the SRPB quality of life as summated by the total score. No important or statistically significant differences in mean score on individual facets or total SRPB-QOL score were observed between males and females. An exception was the significantly higher mean score death and dying facet among males (2.9) compared to females (2.5). The mean score on spiritual connection, experiences of awe and wonder and spiritual strength facets was significantly higher among singles compared to married subjects. Similarly, the mean total score was significantly lower among married individuals (60.9) compared to singles (67.3). No important or statistically significant differences in mean score on individual facets or total SRPB-QOL was observed between rural and urban groups. No important or statistically significant differences in mean score on individual facets or total SRPB-QOL was observed between subjects who perceived their current health as good or very good and those with bad or equivocal opinion. The only two exceptions were the significantly higher mean score on death and dying and spiritual strength facets among those with good to very good rating of their physical health compared to those with bad to equivocal ratings.

**Table 2: The relative frequency of good to very good ratings for the Arabic modified version of SRPB-QOL in different facets together with their mean scores**

Facets	Good/ very good quality			
	N	%	Mean	SD
Spiritual connection	66	66	3.4	0.9
Meaning and purpose of life	80	80	3.6	0.7
Experiences of awe and wonder	76	76	3.4	0.7
Wholeness and integration	82	82	3.5	0.6
Spiritual strength	61	61	3.3	0.9
Inner peace (serenity, harmony)	63	63	3.3	0.7
Hope and optimism	61	61	3.3	0.6
Faith	80	80	3.8	0.8
Love and dying	78	78	3.5	0.7
Death and dying	32	32	2.8	0.8
Kindness to others	73	73	3.4	0.5
Forgiveness and guilt	59	59	3.2	0.5
Acceptance of/by others	66	66	3.4	0.7
Freedom to practice beliefs	72	72	3.3	0.6
Attachment/detachment	43	43	3	0.8
Life control by self or others	40	40	3.2	0.8
Overall score	83	83	66.7	9.2

As shown in Table 3, the total SRPB-QOL scores showed no important or statistically significant association related to gender, residence and subject's opinion about their physical health while the mean score was significantly higher among singles compared to married subjects. The mean total SRPB-QOL score showed a statistically significant positive correlation to the subject's perceived importance of spirituality, religion and personal beliefs.

**Table 3: The difference in mean total SRPB-QOL score for the Arabic modified instrument by selected identified variables.**

	(Mean +/- SD)	P (t-test)
<b>Gender</b>		0.54[NS]
Female (n=333)	(67.5 +/- 8.3)	
Male (n=67)	(66.3 +/- 9.6)	
<b>Marital status</b>		0.036
Single (n=90)	(67.3 +/- 8.7)	
Married (n=10)	(60.9 +/- 11.4)	
<b>Residence</b>		0.58[NS]
Rural (n=41)	(67.3 +/- 8.9)	
Urban (n=59)	(66.3 +/- 9.4)	
<b>Subject's opinion about current health status</b>		0.19[NS]
Bad/Equivocal (n=14)	(63.7 +/- 8.7)	
Good/very good (n=86)	(67.2 +/- 9.2)	

## Discussion

Although many studies investigated the quality of life of different population samples in the Arab world using various modifications of the original WHO-QOL instruments, to the best of our knowledge, there were very few studies of spiritual and religious aspects related to quality of life among Arab Muslim communities<sup>17,18,19,20,21</sup>. We perceived the importance of implementing the Arabic modified WHO-SRPB instrument in Jordan where Islamic morals and rituals are highly esteemed by the majority of its population<sup>22</sup>.

More male students responded to our study questionnaire being the majority of the population studied. The majority of the students were unmarried reflecting the expected profile of medical school students. An interesting observation was that the ratio of residents in rural and urban regions was approximate 41:59, which may be explained by the fact that most of the Jordanian students came from scattered provinces and suburban society surrounding JUST compared to the inhabitants of the capital. The majority of students reported good and very good ratings for their opinion about their health status as expected for young students. Regarding the issue of importance of religion, spirituality and personal beliefs, there was a small percentage, 19%, 18%, and 12%, who reported these issue as not important while most of the students described them as important for their wellbeing, which was consistent with our expectation about the students' attitudes of cherishing Islamic values being part of the Jordanian

conservative culture where religious and spiritual roots are strong and the difference between rural and urban areas is not high<sup>22</sup>.

This attitude was observed also in 16 different quality of life facets as the majority of the students scored good and very good for most of the facets except for the questions related to the facet of death and dying, followed by life control by self or others, and attachment/detachment facets, which may be explained by the fact that Islamic belief focuses on the aftermath of death, which may reveal an inner anxiety about death issue and may also apply to the strong belief of serenading to God almighty. For Muslims, life is sacred because Allah is the origin and destiny and death occurs by God's will, as dictated by the Holy Quran<sup>23,24</sup>. It seems that Jordanian culture is not different than other Arab Muslims' collectivistic societies in which an individual's behavior is determined more by norms, rules and goals of the collective rather than by personal attitudes, perceived rights and dislikes; on the other hand, traditional values are emphasized in favor of social constancy<sup>8</sup>.

The differences in mean scores and standard deviation of the demographic variables mentioned in the results were slight and observed in two or three out of the total 16 facets, which indicated that these variables played little role in affecting the students' view about their quality of life from spiritual, religious and personal beliefs perceptions. The total mean scores of QOL-SRPB for the used version and standard deviations in the issue of importance, were of similar figures to other facets with no significant statistical differences suggesting the hypothetical positive effect of spiritual and religious (Islamic) beliefs on the believers' perceptions about their life quality in the majority of tested spiritual facets in our studied sample<sup>25, 26</sup>.

### Conclusion

This study aims to test the Arabic modified version of WHOQOL-SRPB instrument for the first time in Jordan on a sample of educated, young Muslims who showed moderate to high levels of satisfaction with their life quality measured by the strongly held religious and spiritual beliefs. Also, it revealed no significant role of socio-demographic correlations with the measured WHOQOL-SRPB different facets which indicate the positive effect of religious and spiritual beliefs on the students' psychological well-being.

### Recommendations

This small study sample was not adequate to pilot the important role of religion and spiritual beliefs on people's quality of life and, therefore, requires a much larger sample of similar socio-demographic qualities to ascertain its effect<sup>10, 12, 27</sup>.

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### **المخلص**

تهدف هذه الدراسة إلى التطبيق العملي لمقياس جودة الحياة اليومية العقائدي المعرب والمقنن الصادر من منظمة الصحة العالمية، على مجموعة من طلبة كلية الطب في جامعة العلوم التكنولوجية، لدراسة تأثير مستوى الرضا النفسي عن صفات الحياة اليومية بعمق الجوانب الروحية والعقائدية لأول مرة في الأردن. في شهر نيسان ٢٠٠٨ شارك ١٠٠ طالب وطالبة بصورة طوعية في الإجابة على استمارة الاستبيان أخضعت النماذج للتحليل الإحصائي. أظهرت النتائج وجود معدلات وسطية وعالية القوة لأهمية التوجه العقائدي والإيمان الديني للطلبة في تحسين مستوى الرضا النفسي عن صفات حياتهم اليومية.

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