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RELIGIOUS ORIENTATION, SPIRITUAL UNDERSTANDING, CONCENTRATION

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ABSTRACT

Introduction: concentration is a mental and intellectual state in which all mental, intellectual, and sensory powers of a person are focused on a particular subject, that ensures learning, accurate fulfillment of things, and avoiding possible dangers. **Method:** The present study is a descriptive-correlational one with respect to purpose and data gathering method. The statistical population included all nurses working in Imam Khomeini Hospital in 2017 including 160 people. 121 people were selected by simple random sampling. Alport and Ross's religious orientation questionnaire (1950), King's Spiritual Understanding (1993), and Bradbent's et al. (1982) Cognitive Failure Questionnaire were utilized for data gathering. Data were analyzed using SPSS and AMOS software. **Discussion:** Pearson correlation coefficient showed that there is a positively significant relationship between religious orientation and spiritual understanding and between religious orientation and nurses' concentration; however there is no significant relationship between spiritual understanding and concentration level. Also, the coefficient of the effect of structural equations showed that there is a significant relationship between nurses' gender and their spiritual understanding. **Conclusion:** Nursing either in the sense of taking care, minding, and assisting people who are in need or physically and mentally handicapped, as a medical profession requiring accurate execution of hygiene, treatment, and caring standards, or from the viewpoint of Islam's rich and productive culture is a holy valuable profession. Hence, considering factors that contribute to the quality of treatment and hygiene services including parameters mentioned in the title of the study should be prioritized.

INTRODUCTION

The issue of religion has been discussed by different researchers like James, Freud, Yung, and others and, later on, scientists like Alport (1986) have specified religion. Although theorization and investigation in the field of religion has a long history, studying religion from a psychological point of view has just started for a century. The development of religious studies

in the field of psychology started with Freud and Yung's studies each of whom had a different viewpoint towards religion. Freud treated religion as supposition and hallucination; in contrast, Yung believed that all phenomena including dreams and hallucinations are real; to him religious concepts can best explain human beings and psychology could never come to realization but through religion [1]. Internal religious orientation is identified through individuals' internally accepted opinion or religion and would realize within individual's struggle to live according to his/her principles [2]. On the other hand, spiritual understanding is defined as the adaptive application of spiritual information with the purpose of facilitating daily problems and attaining goals. People apply spiritual understanding when they want to use their capacities and spiritual resources for taking important decisions and thinking about existential subjects in order to solve their daily problems [3]. Further, he defines spiritual understanding as a framework for identifying and organizing skills and capabilities which requires adaptive application of spirituality. Spirituality is like having knowledge about the cosmos or powers beyond the material aspects of life which creates a profound feeling of unity or union with the universe. Spiritual understanding is awareness of facts, values, credits, and moral principles [4]. It includes several parameters: 1. Critical existential thinking: The capacity to critically contemplate the nature of existence, beyond existence (reality, death, and cosmos) and the ability to confront inferences and original existence philosophies 2. Personal meaning production: The ability to construct personal meaning and purpose in all physical and mental experiences. 3. Transcendental awareness (intrusive): The ability to know the transcendental dimensions and capabilities of self, others and material world 4. Conscious state expansion (expanding conscious experience): the ability to enter higher stages of transcendental awareness, unity, union, and integration [5]. Doorn, Long and Jeters (2012) stated that cognitive Failure is defined as a person's failure in doing duties that he/she could have naturally done before. These failures include different areas such as Memory, Distraction, amnesia, and Blunders. [6]. Due to their interference with daily activities, Cognitive failures can cause serious harms to individuals and even through feedback can lead to an increase in disorder symptoms . [7]

Olson et al. (2012) indicated that positive religious coping can significantly increase health score and predict it; on the contrary, negative religious coping would lead to lower health scores [8]. Findings of Wilkerson, Bells & Tylor's study (2012) revealed that there is a strong relationship between cognitive failures and some personal characteristics including depression, anxiety, and stress [9]. Horning et al. (2011), through comparing religious and unreligious people, concluded that people with higher religious thoughts would enjoy more stable levels of meaning and social support in their lives [10]. Raghbi et al. (2012) conducted a study to compare spiritual intelligence and mental health among addicts and non-addicts in Zahedan, Iran. Results of this study indicated that in both groups there were significant correlations between spiritual understanding and mental health; addicts enjoyed lower levels of spiritual understanding and mental health. Therefore, it can be said that people with higher levels of spiritual understanding would use religious coping styles efficiently, which in turn increases their mental health and compatibility with environment [11].

Results of a study by Yaghoobi (2008) indicated that there is significant relationship between students' mental health and spiritual understanding; that is, students with higher spiritual understanding enjoyed higher mental health as well [12].

According to the importance of nursing and nurses' tension and job occupations, and, consequently, lack of concentration in work environment and considering the role of religion and its parameters (religious orientation and spiritual understanding) in increasing concentration, this study investigates the relationship between religious orientation, spiritual understanding and the level of concentration among nurses working in Imam Khomeini hospital.

METHOD

This is a descriptive-correlational study with respect to purpose and data gathering method. Statistical population includes all nurses (males and females) working in Imam Khomeini hospital in Ilam which according to the reports of Health and Treatment Network of Ilam province, the total number of nurses (officially employed, temporary contract-based employed, permanent contract-based employed) working in this hospital from 2017-2018 was 160 persons. Of this number 121 persons were selected through simple random sampling. Data gathering instruments included: religious orientation questionnaire: this questionnaire was developed by Alport and Ross (1950) that includes 20 items measuring internal and external religious orientation. This scale is scored according to a 5-point likert format ranging from strongly agree to strongly disagree (1-5 point). [1]. Spiritual understanding scale: this scale was designed by King (2007) including 24 items with 4 subscales, Critical existential thinking, Personal meaning production, Transcendental awareness, and Conscious state expansion. This scale is scored according to a 5-point likert format ranging from 0-96. Higher scores indicate higher spiritual understanding or the presence of such capacities in individuals. King (2007) has determined the validity of this scale using several reliable questionnaires including transpersonal self-assessment scale, mysticism scale, and internal and external religiosity scale. The correlation coefficients for this scale as compared to other scales came out to be 67%, 63%, and 58%, respectively. The reliability of spiritual understanding scale was measured through test re-test method the Cronbach alpha coefficient of which was 95%. Cronbach alpha coefficient for the subscales were reported to be 88%, 87%, 89% and 94% for critical existential thinking, personal meaning production, transcendental awareness, and expanding transcendental awareness respectively. [13]. Cognitive failure questionnaire: this questionnaire was developed in 1982 by Bradbent, Cooper, Fitzgerald, and Park. This scale has 24 items and respondents answer this items based on a 5-point likert form (from never to always). This questionnaire has four parameters including: distraction, memory failures, unintentional mistakes, and forgetting names. In Vallas's investigation (2004) the Cronbach alpha coefficient for this questionnaire was reported to be 96% and the reliability coefficient came out to be 51%. Abolghasemi (2007) also calculated the Cronbach alpha coefficient for this questionnaire which obtained to be 92% [14].

All data were analyzed both descriptively (mean, frequency, standard deviation) and inferentially (regression analysis and Pearson correlation coefficient) using SPSS and AMOS software.

The present study has been granted an ethic code (IR.MEDILAM.REC.1396.134) by the ethics committee of Ilam University of Medical Sciences.

RESULTS

Results are presented in the following Tables and diagrams:

The results showed that number of participants in this study was 121. Descriptive statistics of demographic variables indicated that participants' ages ranged from 20-50. 75 persons (0.62 percent) of employees were married and 46 (0.38) of employees were single. With respect to education, 18.2 percent of participants had a diploma, 9.1 percent had an associate degree, 69.4 percent had a BSc degree, and 3.3 percent had an MSc (Table1).

Table 1: frequency and frequency percentage of demographic variables (gender, marital status, education)

Variables	Levels	Frequency	Frequency percentage	Variable	levels	Frequency	Frequency percentage
Age	Less than 30	43	35.5	Education	Diploma	22	18.2
	30-35	42	34.7		Associate degree	11	9.1
	36-40	18	14.9		BSc	84	69.4
	More than 40	18	14.9		MSc	4	3.3
Gender	Male	42	34.7	Marital status	Single	46	38.0
	Female	79	65.3		Married	75	62.0

Pearson correlation coefficient of (0.28) and significance level of 0.002 indicated that there is positively significant relationship between religious orientation and spiritual understanding. Pearson correlation coefficient of 0.49 and significance level of 0.000 showed a positively significant relationship between nurses' concentration and their spiritual understanding. According to a correlation coefficient of -0.13 and a significance level of 0.13 there was found no significant relationship between spiritual understanding and the concentration level among nurses' working in Imam Khomeini hospital (Table 2)

Table 2: Correlational coefficients between the variables understudy (religious orientation, spiritual understanding, and concentration level)

Variables	Correlation coefficient	Significance level	Number
Religious orientation and spiritual understanding	121	0.002	0.28
Religious orientation and concentration level	121	0/000	0.49
Spiritual understanding and concentration level	121	0.13	-0.13

Factor analysis for spiritual understanding variable

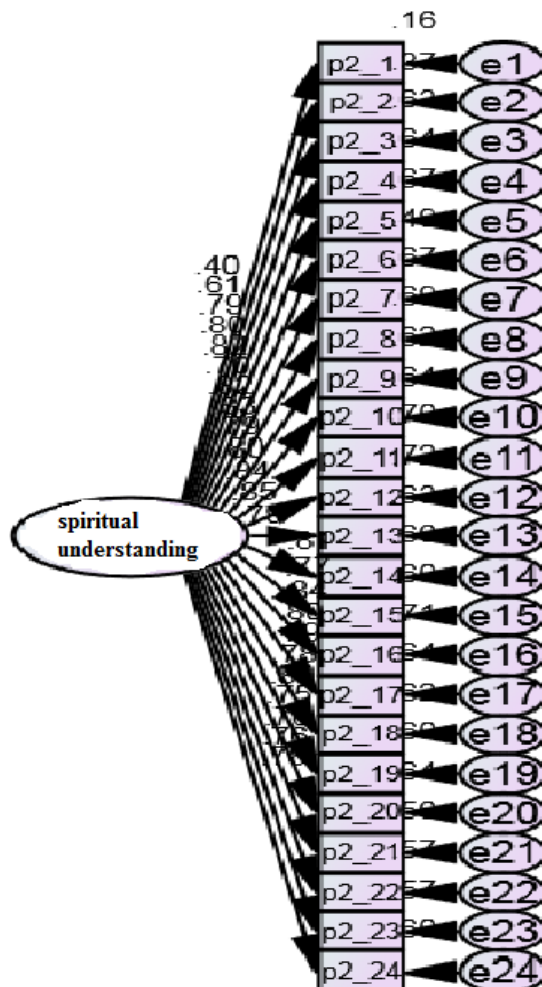


Diagram 1: Spiritual understanding measurement model

Diagram 1 shows spiritual understanding measurement model in the standard coefficient estimation mode. According to results presented in the diagram it can be observed that this is a fit model for spiritual understanding since all effect coefficients were higher than 0.3 which shows strong and suitable relationships between indices and the specified dimensions. On the other hand, the result of Chi-square/degree of freedom was smaller than 3, significance level of the model (0.000) was less than 0.05, and, finally, The Root Mean Square Error of Approximation (RMSEA) equaled 0.051 which was smaller than the critical value 0.08. Given that the model has all conditions required for being a fit model, with a 95% confidence, it can be said that the model is appropriately fit (Table 3).

Table 3: Factor analysis for spiritual understanding variable

Chi-Square	df	χ^2/df	P-Value	RMSEA
672	352	1.9	0.000	0.051

Factor analysis of religious orientation

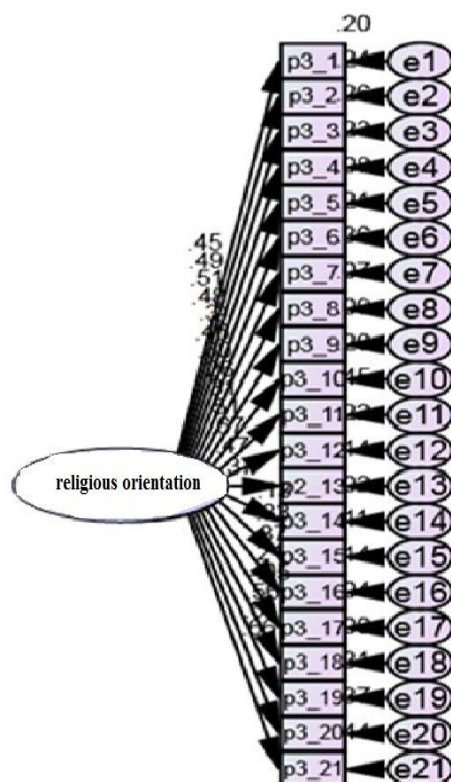


Diagram 2: Religious orientation measurement model

Diagram 2 shows the religious orientation measurement model in standard coefficient estimation mode. According to results shown in the diagram it is observed that for visual factors the model is fit because all effect

coefficients were more than 0.3 which is an indicator of strong relationship between indices and the specified dimensions. On the other hand, the result of Chi-square/degree of freedom was smaller than 3, significance level of the model (0.000) was less than 0.05, and, finally, The Root Mean Square Error of Approximation (RMSEA) equaled 0.063 which was smaller than the critical value 0.08. Given that the model has all conditions required for being a fit model, with a 95% confidence interval, it can be said that the model is appropriately fit (Table 4).

Table 4: Factor analysis of religious orientation

Chi-Square	df	χ^2/df	P-Value	RMSEA
384	189	2	0.000	0.063

Factor analysis of nurses' concentration

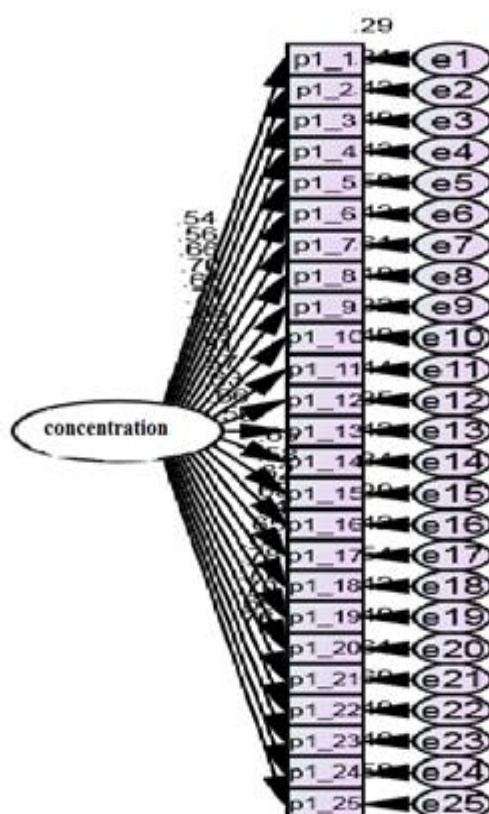


Diagram 3: Nurses' concentration measurement model

Diagram 3 shows the model measuring nurses' concentration in standard coefficient estimation mode. According to the results shown in this diagram it can be said that the model is fit for this variable because all effect coefficients were larger than 0.3 showing a strong relationship between the

specified indices. Moreover, the result of Chi-square/degree of freedom was smaller than 3, significance level of the model (0.000) was less than 0.05, and, finally, The Root Mean Square Error of Approximation (RMSEA) equaled 0.071 which was smaller than the critical value 0.08. Given that the model has all conditions, with a 95% confidence, it can be said that the model enjoys the required fitness (Table 5).

Table 5: Factor analysis of nurses' concentration

Chi-Square	df	χ^2/df	P-Value	RMSEA
561	275	2.04	0.000	0.071

Table 6: presents data as to the investigation of the conceptual model for structural equations through path analysis technique using AMOS software. In order for investigating the significance of path coefficient, the significance level should be less than 0.05 which here came out to be (0.000).

Table 6: Standard coefficient of structural equation path

Path		Path coefficient (standard)	Standard error	C.R	P-Value
Religious orientation	Spiritual understanding	-0.259	0.289	-2.236	0.025
Religious orientation	Level of concentration	0.599	0.052	20.080	***
Spiritual understanding	Level of concentration	0.030	0.335	0.088	0.93
Gender	Spiritual understanding	-0.312	0.974	-3.494	0.000

According to the table 7, the value of C.R. for the relationship between the two variables of spiritual understanding and concentration level was 0.088 which is smaller than the absolute value of 1.96 and based on the p-value (0.93) which is more than 0.05, it can be concluded that there is no significant relationship between spiritual understanding and nurses' concentration.

Table 7: Effect coefficient of structural equations (results of hypothesis testing)

Hypothesis number	Hypothesis	Effect coefficient	p-value	Result
1	There is a significant relationship between religious orientation and spiritual understanding of nurses' (male and female) working in Imam Khomeini hospital	-0.26	0.025	Accepted
2	There is a significant relationship between religious orientation and the level of concentration in nurses' (male and female) working in Imam Khomeini hospital	0.060	0.000	Accepted
3	There is a significant relationship between spiritual understanding and the level of concentration among nurses' (male and female) working in Imam Khomeini hospital	0.01	0.93	Rejected
4	There is a significant relationship between gender and spiritual understanding of nurses' (male and female) working in Imam Khomeini hospital	-0.31	0.000	Accepted

DISCUSSION

According to Table 1 the total number of participants in this study was 121. Descriptive statistics of demographic variables indicated that participants' ages ranged from 20-50. 75 persons (0.62 percent) of employees were married and 46 (0.38) of employees were single. With respect to education, 18.2 percent of participants had a diploma, 9.1 percent had an associate degree, 69.4 percent had a BSc degree, and 3.3 percent had an MSc. Further, Pearson correlation coefficient of (0.28) and significance level of 0.002 indicated that there is positively significant relationship between religious orientation and spiritual understanding. Pearson correlation coefficient of 0.49 and significance level of 0.000 showed a positively significant relationship between nurses' concentration and their spiritual understanding. According to a correlation coefficient of -0.13 and a significance level of 0.13 there was found no significant relationship between spiritual understanding and the concentration level among nurses' working in Imam Khomeini hospital. Table 6 presents data as to the investigation of the conceptual model for structural equations through path analysis technique using AMOS software. In order for investigating the significance of path coefficient, the significance level should be less than 0.05 which here came

out be 0.000. In addition, the absolute value of the critical value (C.R.) should be more than 1.96. Here, the values of C.R. for the relationship of the two variables of religious orientation and spiritual understanding with concentration level were -2.235 and 20.080, respectively which are more than 1.96. therefore, it can be said that there is significant relationship between religious orientation, spiritual understanding, and concentration level; however, the value of C.R. for the relationship between the two variables of spiritual understanding and concentration level was 0.088 which is smaller than the absolute value of 1.96 and based on the p-value (0.93) which is more than 0.05, it can be concluded that there is no significant relationship between spiritual understanding and nurses' concentration. Hence, the first and second hypotheses are accepted while the third one is rejected. Moreover, the effect coefficient of structural equation indicated that there is a significant relationship between gender and spiritual understanding of nurses working in Imam Khomeini Hospital thus confirming the forth hypothesis.

CONCLUSION

The present study was conducted with the purpose of investigating the relationship between religious orientation, spiritual understanding, and the level of concentration among nurses (males and females) working in Imam Khomeini hospital of Ilam (2017). The first hypothesis of the study predicts that there is a relationship between religious orientation and spiritual understanding of nurses (male and female). Results of the analysis indicated that there is a positively significant relationship between religious orientation and spiritual understanding of nurses. In other words, as the level of religious orientation increases, the nurses' concentration would also increase. This finding is in line with the findings of Olsen et al. Accordingly, it can be said that religion has a profound effect on human beings' life. Among other effects of religion upon which researchers have emphasized, we can refer to its effect on behavioral health. In addition, another finding indicated that there is a positively significant relationship between religious orientation and the level of concentration. Put it another way, as the level of religious orientation increases the level of participants' concentration would also increase. This finding supports the findings of Raghibi et al. This finding specifies that religious beliefs and viewpoints can have a positive effect on adults' physical and mental health although in some studies an ambiguous relationship between different aspects of religiosity and psychological compatibility has been reported. Moreover, results of the study show that there is a significant relationship between gender and spiritual understanding of nurses. Based on the majority of research findings women consider religious beliefs and instructions more than men. Reports of the life quality work group in World Health Organization (2006) shows that personal, religious, and spiritual beliefs are strongly correlated with different dimensions of life quality. Gender comparisons of this work group revealed that women, in spite of getting lower scores on psychological dimensions like weak cognitions and negative feelings, are reported to have stronger feelings of spiritual relations and faith. Spiritual understandings as one of the practical aspects of spirituality is defined as using abilities and spiritual sources in a way that individuals can make meaningful decisions, think profoundly about existential subjects, and try to solve their daily problems. Therefore, spiritual

understanding combines intellectual intangible aspects of spirituality with individuals' actions and problems in real tangible world.

LIMITATIONS

Limitations of this study include: statistical population was limited to Ilam province, the sample just included nurses working in Imam Khomeini hospital, and finally, some of the employees refused to answer the questionnaire and cooperate in this study.

SUGGESTIONS FOR FURTHER RESEARCH

It is suggested to expand the statistical population and include other jobs too and provide the required conditions for individuals to cooperate in research studies. Finally, reliable scientific sources should be provided through universities and other internal and external scientific centers' assistance.

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