EFFECT OF RELIGIOSITY ON ANXIETY AND DEPRESSION IN NURSES

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ABSTRACT

The study aims to investigate the effect of religiosity on anxiety and depression in nurses of government hospitals. Participants include 96 trained nurses of age group 30-35 years selected through quota random sampling from government hospitals of Meerut City. A two groups design was employed in the present research. Obtained results indicated that the religiosity significantly influence anxiety and depression in nurses. It is recommended that some religious practices may be employed by nurses to reduce their anxiety and depression.

Key Words: Religiosity, Depression, Anxiety

In any type of hospital, nursing personnel constitute the largest proportion of the hospital staff. They are the one who serve the basic purpose of hospital after the medical observation of doctors. It is an acceptable fact that multi-facilitated hospitals have enhanced variety of sophisticated diagnostic machinery, operation tools and medical facilities for patients but the condition of nurses is not improved that much. Stress has become the most important factor influencing individual efficacy and satisfaction in modern day occupational settings. Poor moral support, lower coping skills, overtime, gender discrimination, subjective conflicts with patient relatives and insufficient pay are the unresolved stressors found to be associated with nursing profession. Consequently nurses experience high stress, poor job satisfaction, unhappy quality of life, and poor mental health at large (Adams & Bond, 2000). Some psychosomatic disorders like, acidity, back pain, stiffness in neck and shoulders, forgetfulness, anger, and worry are
common among nurses and in some cases symptoms of anxiety, depression, and burnout are also experienced by them (Fagin, et. al., 1996; Kane, 2009; and Tankha, 2006).

Studies have revealed that nurses commonly use social support, avoidance, alcohol consumption and problem solving coping strategies to fight with day today stressors but these strategies could not help them sufficiently to cope up with routine stress in long run. As a result in the scarcity of successful coping strategies nurses need to experience peace and satisfaction in traditional and religious methods of day to day life style (Brown, 1996; Fagin, et. al., 1996; Mcelfatrick, 1996; and Tyson, Pongruengphant, & Aggarwal, 2002).

Religiousness was defined broadly as any attitude, belief, motivation, pursuit or behavior involving spiritual or religious content or process (Durkheim, 1976). Studies have revealed that both emotions and religious feelings play an important role in health and managing immune system of body. Koenig et. al., (1997) and Seeman, et. al. (2003) evident that religiosity is linked to health related process including cardiovascular; neuro-endocrine and immune functions significantly influence the human behavior and its well being. The religiosity among nurses would be associated with greater mastery, self-esteem, self-care, less depression, displeasure as well as anxiety too. A large proportion of empirical research revealed that religious behavior and involvement shows positive association with better mental and physical health. Studies have shown positive effect of religious involvement in stress coping, health and life satisfaction symptom (Levin, Chatters & Taylor, 1995 and Taylor et. al., 1996). Other scholars have concluded that those adults who less likely to attend religious functions are more likely to be depressed (Ainlay, Singleton & Smigert, 1992 and Levin & Markides, 1986).

Religious behavior includes, through prayer, meditation, watching or listening to religious programs on T.V. or the radio, seeking spiritual direction on the Internet, reading the Bible or other religious literature, have a connectedness or a personal relationship with people with high levels of religiosity have been shown to have higher quality of life and negatively related to depression and anxiety (Beeg, 1994; Harlow, et. al., 1987; and Kaplan, et. al., 1997). Comprehensive research evidence (Koening, et. al., 1998) shows that religious and spiritual beliefs and practices help prevent many physical and mental illness, reducing both anxiety & depression and enhancing health of the individuals. The majority of studies show that religiosity could lower prevalence and incidence of depression (Corze, 1981; Murphy, et. al., 2000, and Peterson and Roy , 1985).

Recent research on mental health in U.S. indicated that low religiosity was significantly related to high level of anxiety (Crabbe & Alaexander, 2002). A sense of meaning and purpose in life in turn has been shown to be positively associated with life satisfaction and recovery from grief following bereavement (Edmonds & Hooker, 1992; and Ulmer, Range and Smith, 1991) and negatively correlated with negative emotions (Bolt, 1978; Rappaport, et. al., 1993; Tomar
& Eliason, 2000). Many studies show a negative correlation between an extrinsic religious orientation and death anxiety (Rasmussen & Johnson 1994; Templer, 1972 Tharson & Powell, 1990). Keeping above review in consideration the authors set an objective to examine effect of religiosity on anxiety and depression.

**METHOD**

**Sample**

The final sample was consisted of 96 trained nurses of age group 30-35 years, who were selected through quota random sampling from government hospitals of Meerut City. These subjects were randomly assigned to highly religious and low religious group with 48 subjects in each group from a total sample of 350 nurses on quartile basis. In this way two independent groups design was employed in the research.

**Tools**

Standardized tools did the measurement of variables under study. Data were collected through following tools:

1. Religiosity scale developed and standardized by Bhushan (1990). The scale contains 36 items used to measure religiousness of the subjects. The scale has reliability of .82-.78 and highly valid.

2. SCAT Sinha’s Comprehensive Anxiety Scale (Sinha and Sinha, 1984). Anxiety scale developed and standardized by Sinha & Sinha contains 90 items. Test retest reliability is .85, internal consistency scores ascertained using odd-even procedure was .92 and the scale has high validity of .62.

3. Depression scale developed and standardized by Singh, et. al. (1974) and developed on the basis of sign and symptoms of depression contains 30 items with Yes or no response pattern. The scale has reliability of 0.82 and high validity of 0.75 compared with clinical diagnosis worked out.

**Procedure**

For this purpose of data collection about 350 nurses from government hospitals of Meerut city, were first screened with the help of Religiosity scale. On the basis of obtained scores quartile deviation was calculated and 48 Ss form the 1st quartile (considered as highly religious) and 48 Ss from IIIrd quartile (considered as low religious) were randomly assigned to highly religious and low religious group. Then assessment of anxiety and depression level was done individually after developing rapport with each selected subject.

**RESULTS AND DISCUSSION**

The present study was an attempt to find out the effect of religiosity on anxiety and depression among nurses of government hospitals. Tabulated data
were gathered through standardized tools and obtained data was compared and statistically analyzed by mean and t-test. The obtained results are shown in the following table.

**TABLE 1**
Mean and t-Values of Anxiety and Depression of High and Low Religiosity Groups

<table>
<thead>
<tr>
<th>Levels of Variable</th>
<th>ANXIETY</th>
<th>DEPRESSION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean Values</td>
<td>t-value</td>
</tr>
<tr>
<td>High Religiosity</td>
<td>18.86</td>
<td>2.94**</td>
</tr>
<tr>
<td>Low Religiosity</td>
<td>22.33</td>
<td>11.55</td>
</tr>
</tbody>
</table>

**Significant at .01 level,**

From the result Table it can be seen that the mean anxiety scores of high religious groups (18.86) was significantly lower than the low religiosity subjects (22.33). The calculated t-value (2.94, p<.01) was also found to be showing a significant difference in two groups. This means that the religiosity significantly affect the anxiety in nurses who practice religious behavior regularly and give importance to related activities.

The result Table also show that the mean depression scores of high religious group (4.79) was significantly lower than the low religious group (11.55). The calculated t-value (10.76, p<.01) was also found to be showing a significant difference between two groups. This indicated that the religiosity significantly influence depression in nurses of governmental hospital.

The results show that the groups of highly religious and low religious nurses. The highly religious nurses have scored significantly lower in anxiety and depression as compared to low religious nurses. The results were supported by empirical studies of Koenig, et. al. (2001) suggested that the religious and spiritual beliefs and practices help prevent many physical and mental illness and reduce both anxiety and depression and simultaneously enhance psycho-physical health of the individuals. This also revealed that those nurses who regularly participate in religious activities and believe in God, the supreme power are less anxious and less depressed (Kendler, et. al., 1997; and Onofrio, et. al., 1999).

There could be some other reasons of such significant mean differences in anxiety and depression among nurses. The lifestyle and scheduled of nurses is very hectic. In most of the governmental hospitals nurses have 12-hours shifts, over work load, imbalance nursing staff, high supervisory responsibilities, unknown frequency of patient handling injury type, conflict with other nurses & doctor etc. make them vulnerable to anxiety and depression for one or the other reason (Luo, et. al., 1997). The nurses who involve themselves in daily prayer, meditation, watching or listening to religious programs on T.V. or the radio, seeking spiritual informations and reading the Bible or other religious literature,
have better opportunities to manage their threats or losses by attributing them to the God or they can assure themselves that the God will help them to manage their problems at need or problems of chronic nature. The transcendent meditation, religious involvement or faith in god may promote health related problems and life style. The researches in the area of positive health reveals that these activities lower even disease risk behaviors like smoking, use of alcohol, psychological stress, self regard, inner directedness, spontaneity & capacity for worm interpersonal relations and obsession (Aukst-Margetic & Margetic, 2005; Carrington, 1998; and Roth, 1994).

In an another study Meador et al., (1992) found that high religious nurses may be more likely to express their emotions openly than do others because emotional expression can facilitate coping with distress (Kennedy and Watson, 2001). The majority of other studies have also shown that active participation in religious behavior like prayer meditation have been shown to have higher quality of life in the specific domain of chronic illness (Gupta, 1983; Fehring, Miller and Shaw 1997 and Harlow, 1987). Using religiosity as an illness management strategy appeared to provide a purpose or sense of meaning in life to those experiencing anxiety and depression (McCullogh & Worthington, 2000). Other study, it has been found that religiosity was found associated with greater self esteem and self care and less depression among nurses. Most broadly this pattern suggests that religiosity may bolster the internal coping resources of nurses who are caring for people with serious mental illness (Aaron, Murray & Medoff, 2006). From the above results and discussion it can be concluded that religiosity significantly reduce the anxiety and depression tendencies in nurses of government hospitals. It may also be suggested that some regular religious practices should be observed as per the faith of the respondents that may help every one to manage psychological problems like anxiety and depression.

REFERENCES


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