International Journal of Hospital Research 2019, 8 (1)
http://ijhr.iums.ac.ir
Research Article

IJHR
Open Access

Comparison of quality of life, self- efficacy, religious belief, and resilience between general ward and intensive care units nurses

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Abstract

Background and objective: Different occupational environments have serious effects on health and life quality. Paying attention to nurses' abilities and beliefs in work situation is important not only of keeping them healthy but also as people who are responsible for health of other society members. This study was performed to compare the religious belief, quality of life and resilience in nurses of special care units and general care units, and also how religious beliefs and quality of life can predict nurses' resilience.
Methods: This descriptive-cross sectional study was performed on 288 nurses working in special care units and general care units in all hospitals (public and private) in 2015 in Urmia city by systematic random sampling. Data collection tools were: 1- Quality of Life Scale (WHOQOL-BREF), 2- Systems of Belief Inventory (SBI-15-R), and 3- Caregiver Burden Inventory (Resilience). Data were analyzed using SPSS version 21 Software.
Results: Mean scores of quality of life, resilience, and religious belief showed no significant differences between nurses in two units. Results also showed that quality of life can predict nurses' resilience. According to results, the effect of religious beliefs on nurses' resilience (3.903) at 0.001 is negative and not significant, but the effect of quality of life on vibration (0.485) at 0.001 is positive and significant.
Conclusion: This study concluded that the better nurses' quality of life leads to increasing their resiliency. The findings showed significant effectiveness of spiritual- religious interventions on increasing the resilience of family members of patients.
Keywords: Resiliency, Quality of life, Normal and special nurses, Training

Background and objective:

Nursing as a career has a wide range of roles. This profession as a group is more than the sum of its components. To sustain its long-term sustainability, people in the profession must rely on personal ability, inner beliefs, personal self-awareness, and collaboration. 21st Century Nurses In order to cope with the problems of their care and mental health, they must be skillfully resilient, since resilience and resilient behaviors potentially help individuals overcome negative experiences. And turn these experiences into positive experiences[1]. Resiliency is a phenomenon that comes from the natural adaptive responses of humans and enhances him in achieving success and overcoming threats, despite the face of a serious threat. Resilience is not solely a passive resistance to damage or threatening conditions, but a resilient person is an active contributor to the surrounding environment. The resilience of the individual's ability to withstand the biological-psychological-spiritual equilibrium against risky conditions[2].

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In research of McAllister & McKinnon believe that resilient capacity is essential for the nurses' job success because they would otherwise find it difficult to work for nurses and would lead to psychological and biological damage to nurses[3]. Persons who are so resilient enough are generally able to use a combination of internal and external sources of problem-solving strategies to manage and recover from stress and adverse effects[4,5].

Describing personal resilience as a continuum of adaptability, which includes a set of capabilities that allow individuals to manage varied variations in their professional and personal lives. In addition, personal resonance is not a hereditary attribute of nature, and thus the potential itself against reinforcement by supporting people to recognize how to interpret the reaction to events, consider things, trust instincts, practice new methods, and contemplate the possible consequences. Adjustment[6]. Resilience also relies on the fit between the person and the framework in which the person is located. This involves a professional framework. For example, nurses' personal resilience is considered a valuable asset because it can increase the resilience and academic excellence in the professional career frameworks that are often overwhelming[7].

In determining the quality of life, the WHO emphasizes the understanding of each individual's position in the context of cultural and value systems around them in relation to their goals, expectations and standards and their interest. In this view, conceptual quality of life it is all-encompassing that influences physical health, personal growth, psychological states, and the level of independence, social relationships, and relationships with the prominent institutions of the environment. It is also based on individual perception[8]. Wayne Hwin distinguished between the opportunity (chance) for a good life and the outcome of a good life, and proposed four categories for quality of life:

1. Living Ability (Environmental Opportunities / Social Capital)
2. Abilities of the individual's life (individual abilities / psychological capital)
3. An external instrument of life (a good life should have another goal over its life, or higher values).
4. Internal appreciation of life (internal results of life / perceived quality of life)[9].

The high quality of work life is known as the precondition for human resource empowerment required by the health care system. In every organization, especially health and medical organizations, a high quality of life is essential to attracting and retaining staff. Considering that occupational nursing is stressful, attention to psychological problems and their impact on quality of life is important. Existing studies of Spiritual and Religious religions have increasingly been studied in nursing research as a coping mechanism that lessens the negative impact of harmful stress on mental health. Existing definitions of spirituality in nursing research include elements of positive emotional states (meaning, purpose, general health) that have been created with the effects of mental health[10].

Religious Involvement has been dramatically investigated by other scholars on mental health[11]. And also defined as an organizational affinity, beliefs, practices, or acceptable behaviors guided by religious denominations and the belief community. Religious engagement (religious engagement and use) includes structures such as religious confrontation, inner religiosity, religious treatment, and religious support. It acts as a psychological tool for dealing with stress and injury[12].

Of the structures of religious conflict, there is a particular tendency towards the discussion of "inner religiosity" and as an internal commitment to a person's faith that leads to the integration of religious beliefs and practices in a person's life.

Koenig & Cohen "Inner religiosity" has been

used as a representative for spirituality[13].
The high definition of spirituality allows researchers to adequately measure spirituality while coordinating research with structures that are naturally distinct from mental health in the context of religious engagement (religious engagement)[10].
Religion and spirituality have emerged as a diverse source of study in the Western world. Spirituality refers to the purposefulness and meaning of life, and religion relates to the individual's beliefs and attitudes as well as participatory behaviors with others. Spirituality is a personal experience, while being religious as a collaborative experience. However, defining these two structures is still challenging.
According to research of Bonomi & Patrick in the context of Islamic societies, there is no difference between the two words of religiousness and spirituality. The concept of religiousness is surrounded by the umbrella of spirituality[14]. In Islamic societies, spirituality has no meaning without religion and worship, and in fact religion provides the path of spirituality, salvation and the way of life. This view of spirituality and religiosity is presented in the Holy Qur'an. The author suggests that there are differences between spirituality and religion in Islamic societies and the Western world, and that is why there is a need for further research and study on the relationship between religion and health in Muslim societies, because of what has been derived from Western research findings. It is not likely to be implemented in Islamic societies. The purpose of this study is to investigate the resilience and religious beliefs, as well as improve the quality of work life of nurses in order to increase their mental health as the main elements of health care providers. In addition, this research attempts to recognize and compare the resilience, religious beliefs, and quality of life among nurses in the ordinary and special sectors of hospitals in Urmia.

Methods

This research is a cross-sectional descriptive-analytic study. The research area consists of 5 hospitals of Urmia University of Medical Sciences and 2 private hospitals of Urmia. All nursing staff working in these hospitals with an undergraduate and postgraduate degree and MSc. First, the total number of nurses working in Urmia hospitals from Urmia Human Resources Center was requested. Of the 1,100 nurses working in Urmia, 288 people were selected according to Cochran formula. . In this method, the sampling according to the differences between the general and the special sections was divided into two classes, and then each randomly stratified class was selected according to their population. Statistical analysis was performed using SPSS ver. 22 and descriptive statistics.
Each part of the quality of life can also affect the other part. For example, maintaining independence and social participation may improve the emotional health, but the former largely depends on the health and financial status. They can also be affected by local transportation, housing, community resources to facilitate partnerships and social relationships. Therefore, the quality of life is multidimensional and its components affect each other and also as a sum. Additionally, quality of life is a dynamic concept that values and self-assessment of life may change over time in response to life, health, and experiences. For example, people may consciously or unknowingly, with the deterioration of their health, social, economic or other factors, adapt or adapt to the circumstances, because they want to feel good about themselves. Data Collection tools:
World Health Organization Quality of Life Questionnaire (WHOQOL-BREF): The WHO Quality of Life Group has developed a current questionnaire based on the definition of

quality of life provided by the quality of life group of the organization. This tool is designed simultaneously in over 15 countries and translated into different languages. Accordingly, the concepts of questions are the same in different cultures (15). WHOQOL-BREF questionnaire. Each question has a score between 1 and 5. The higher scores in this questionnaire indicate a higher quality of life. In Researcher and colleagues, the differential validity of the WHOQOL-BREF questionnaire with the difference in the score of healthy and patient subjects in different domains was shown that the significance of the coefficient of the group was confirmed after controlling potential confounding factors using linear regression. Also, in this research, the validity of the WHOQOL-BREF questionnaire was used based on the correlation between subcategories. The results indicated that this coefficient was between 0.33 and 0.53 which was statistically significant at the level of 0.05 (16).
Questionnaire of the belief system of Holland and colleagues: The Belief System Questionnaire (SBI-15-R) is developed by Holland and colleagues to measure religious beliefs and beliefs that are not so obvious. Exams that were mostly used to assess the religious attitudes of the people were mostly based on religious activities. The current form of the belief system questionnaire consists of 15 phrases that the subject should determine the amount of his agreement or opposition to each of these phrases in a 4-point Likert scale. The test consists of 15 phrases that can be answered on a 4-point Likert Scale. In all phrases, the score is zero, option b, 1 point, option C, 2 points and option d 3 points. The psychometric properties of the belief system questionnaire, as reported by (4), indicate the reliability and validity of this test. The reliability of the belief system questionnaire was also reported for both religious and non-religious groups (r = 0.95).

1. A questionnaire for patient caring tolerance assessment (resiliency): The caretaker's assessment questionnaire was designed to assess the tolerance of caregivers. Since this questionnaire measures 5 dimensions of tolerance capacity, it is more complete than other questionnaires that are made in this regard. The 5 sub-scales of this test are: time dependent tolerance, transient tolerance, physical tolerance, social tolerance, and emotional tolerance. This test has 35 entries, and the subject must specify on a Likert Scale how much each of these situations is experienced.

Results

For this research, 288 nurses from special sectors (41%) and normal nurses (59%) participated. They were 288 nurses from special sectors (41%) and normal nurses (59%). Also the 76% were females and 24% were male. Among them, 8% were diplomas, 85% were undergraduate degrees, and 7% were senior degrees. To compare religious beliefs, quality of life and resilience of nurses, independent t-test was used for t-test. The result of comparing these variables is given in (Table 1). The results of the analysis of (Table 1) indicate that significant levels of religious beliefs, quality of work life and resilience are significantly greater than 0.05. In other words, according to the views of nurses in the ordinary and special sector, there is no significant difference between them.

Table 1. Comparison of the mean of variables of the research based on independent t-test

Variable	Hospital section	*Main*	Def-Main	T	*Df*	Sig
Religious	Special	2.19	-0.01	-0.20	288	0.839

Variable	Hospital section	*Main*	Def-Main	T	*Df*	Sig
beliefs	Normal	2.21				
Quality of Life	Special	2.80	-0.06	-1.08	288	0.279
	Normal	2.86				
Resilient	Special	1.49	-0.12	1.51	288	0.132

According to (Table 2), this variable predicts 23% of changes in religious beliefs and quality of life.

Table 2. Summary of the results of the predictive model of resilience based on religious beliefs and quality of working life

R	R2	Adj (R2)	Estimated error
0.489	0.239	0.233	0.587

In (Table 3), the results of the analysis of variance of the model have been reported to examine the ability to predict the change of variable based on religious beliefs and quality of work life.

Table 3. Analysis of the variance analysis

Model	Sum of squares	DF	Main of squares	F	Sig
Reg	31.013	2	15.507	44.987	0.000
Residual	98.926	287	0.345		
Total	129.448	289			

To predict the effect of religious beliefs and quality of work life, nurses' resilience to multiple regression analysis was used in a step-by-step manner, the results of which are presented in (Table 2). According to (Table 3), the results of the F=44.987 are significant at the level of 0.001. Therefore, it can be concluded that the predictive variable of religious beliefs and Quality of life is the ability to predict the criterion variable, namely, the vibration.

Table 4. The coefficients of stepwise regression analysis of nurses' resilience forecasting model

Model	B	Beta	Stand Error	T	Sig
Constant	-3.38	0.000	0.267	26.166	0.147
Religious beliefs	-0.017	-0.015	0.061	-3.9.3	0.780
Quality of working life	0.650	0.485	0.071	9.177	0.000

In (Table 4) standardized and non-standardized regression coefficients have been reported. According to (Table 4), the effect of religious beliefs on nurses' resilience (3.903) at 0.001 is negative and not significant, but the effect of quality of life on vibration (0.485) at 0.001 is positive and significant. Therefore, according to the results of Table 4, the variables of religious beliefs cannot predict the survival of nurses. But in relation to the quality of work life variable, it can be said that the quality of work life of nurses is high, the level of their resilience also increases.

Discussion

The purpose of this study was to compare

religious beliefs, quality of work life, and resilience of nurses in normal and special departments of hospitals. The results of this study showed that there is no significant difference between these variables in normal and special sectors. In the present study, from the resonance point of view, no distinction has been made between the two parts of the ordinary and special. As research of Alaf found in their study, nurses, using the resilient element, would be able to withstand many psychological pressures[16]. In a study of Yazdi Moghadam & Heydari, the mean score of quality of life of nurses working in internal and surgical wards in terms of physical, psychological, lower health Nurses are a special section[17]. In research of Atash zadeh also showed that the highest average quality of life in the care unit was[18]. However, the results of this study did not differ from the point of view of quality of life among nurses in special and normal sectors. Religious beliefs of nurses on their nursing care have a significant impact. Religious beliefs of nurses can create emotional and spiritual relationships with the patient. In other words, nurses' attitudes towards religion can be effective in providing or not meeting the spiritual needs of patients. In the present study, the mean of religious beliefs in both sectors is not significantly different. It maybe because of: First, the Iranian community is a religious community, and secondly, recruiting people in organizations, including hospitals, is subject to religiousness and the testing of religious beliefs and beliefs. In a study by ang et al, the religious responses of ICU nurses were related to ethical distress[19]. These responses are sometimes in the spirit of correspondence, and some are also negative[19]. The results of this study showed that the effect of religious beliefs on nurses' resilience (3.903) was negative and not significant at the level of 0.001, but the effect of quality of life on vibration (0.448) at the level 0.001 is positive and significant. The experience of positive excitement helps people with relief to be able to cope with everyday stress[20] . In research of Manion have argued that professional maturity can be strengthened and supported by strategies to maintain professional identity[21].

Conclusion

It can be concluded that religious beliefs variable does not have the ability to predict nurses' resilience. However, in relation to the quality of life variable, it can be said that the quality of work life of nurses is high, the level of their resilience also increases. Persistence of significant variance of psychological and emotional well-being. Higher levels of perseverance predict positive and negative excitement. In fact, job satisfaction may well be a protective factor in the context of the workplace's unfavorable context. Promoting the quality of work life in a stressful workplace is a contemporary art work. Therefore, professional resilience is an individual and organizational personality and a responsibility. Based on the research findings, it is suggested, under the most demanding conditions of a hospital, a fully strategic and effective organization is to support and reinforce the resilience of its employees, and this cannot be achieved unless the quality of work life is taken into account. The findings indicate that the role of resilience of nurses is one of the important components of the process of quality of work life, which should be considered in future studies. The work limitation was the study area, future studies with a larger sample size in the hospital by planners and consultants are recommended.

Competing Interests

The authors declare no competing interests.

Authors' Contributions

The authors contributed equally to the writing of the article

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Please cite this article as:
Negar Ranjbarhajabadi, Marzieh Arefi. Comparison of quality of life, self- efficacy, religious belief, and resilience between general ward and intensive care units nurses. Int J Hosp Res. 2019; 8 (1).