

Religious Attitudes of Health Centers Clients and Social Capital: Examining the Relationships and Contributing Factors

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Abstract

Background and Objective: The related literature shows that religious attitude has noticeable effects on all aspects of human life. This study was designed to examine the status of religious attitudes of clients attending health centers and its relationship with social capital.

Method: This descriptive-analytical study was conducted on 160 clients of health centers in Kouchesfahan in 2014. To collect the required data, a standard 40-item questionnaire of religious attitudes and the 36-item Bullen's questionnaire concerning social capital were used. Then, correlation test, chi-square, t-test and ANOVA were employed to analyze the data. In this study, All the ethical issues were observed. Moreover, the authors did not report conflict of interest.

Results: The results demonstrated that total means score for religious attitudes was calculated 125.9 ± 28.7 . Minimum and maximum means were measured for "religious belief" and "religious behavior" dimension; they were 45.3 ± 11 and 37.6 ± 11.3 , respectively. Furthermore, no significant relationship between social capital and dimensions of religious attitudes was found.

Conclusion: According to the findings, it is safe to conclude that the more the religious behavior, the more favorable the social capital will be. Thus, promoting religious rites and practices in society can help to improve social capital.

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Summary

Background and Objectives: A review of the existing literature indicates that religious attitudes have significant effects on all aspects of human life. Numerous studies have shown that religion plays an important role in raising life expectancy, life satisfaction, and life meaningfulness, especially in the time of crisis (1, 2). Through promoting the values of cooperation, honesty, trust, and altruism, many religions bring about high social capital among their own followers (3). Religion has always been the most

important source of social capital in different social conditions; therefore, it can be assumed that the level of religiosity in every community affects social capital in that it weakens or strengthens it (4). Social capital is seen as a resource to facilitate relations between individuals. It includes institutions, norms, trust, knowledge and lots of other issues that mediate the relationships and interactions among individuals, which can affect the performance of individuals and communities, resulting in different outcomes (5). Pierre defines social capital as the aggregation of the actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance and recognition.

Iran has strong potential for social capital according to historical and religious background; but due to lack of proper management of social capital in the last century, it has not been exploited appropriately; as a result, social capital has gradually decreased (6). This study was designed to delve into the religious attitudes of health centers clients and their possible relationships with social capital.

Method: This study employed a descriptive-analytical design. 160 clients of Health Centers in Koochesfahan participated in this study. Koochesfahan is a city with two health centers. Given the population covered by the two health centers and Cochran formula ($N = 9500$, $Z = 1.96$, $p = 1 - q = 0.5$ and $d = 0.08$), 160 people were selected. The number of samples in each health center was selected in proportion to the population covered. Inclusion criteria were: Iranian nationality, residing in the city, attending one of the health centers, basic literacy, and informed consent for the study. It is worth noting that those clients under the age of 16 and those who delivered incomplete questionnaires were excluded. For social capital, the 36-item Bullen's questionnaire which has 8 dimensions (Participation in the domain of local communities, pioneer in the field of social activity, the field of trust and security, the field of communication with neighbors, the field of communication with friends and family, the field of tolerance of difference, domain of the value of life, domain Community work) was used for data collection; besides, religious attitudes were assessed by a reliable and valid religious attitude scale by which three components of religious belief, religious emotions and behavior were examined. Since the participants were all literate, the questionnaires were completed by them. Their informed consent where the emphasis was on the confidentiality of information was also received. Next, the data were analyzed via correlation test, chi-square, t-test and ANOVA.

Results: Of the 200 clients initially sampled in the study, 160 entered the final analysis: 93 clients (57.3%) were female, 65 (40.6%) of them with high school diploma, 100 (62.5%) were married and 86 (53.8%) were average in economic terms. The majority of participants were Shia (91.9%). Mean age was 33.9 ± 14 . Total mean score for religious attitudes was calculated to be 125.9 ± 28.7 . Minimum and maximum means were measured for "religious belief" and "religious behavior" dimension; they were 45.3 ± 11 and 37.6 ± 11.3 , respectively. The mean scores of social capital and standard deviation were as follows: participation in local communities: 13.8 ± 4.3 , pioneer in social activities: 15.4 ± 5.5 , trust and security: 11.5 ± 3.4 , communication with neighbors: 14 ± 3.6 , communication with friends and family: 7.9 ± 2.6 , tolerance of differences: 4.6 ± 2 , value of life: 4.1 ± 1.6 , job interactions: 4.2 ± 4.8 . The results of ANOVA and t-test demonstrated that average score of religious attitude and religious emotions and behavior have a significant difference when married and single people were compared, this means that married people had a high mean score. Analysis on measuring the correlation

between social capital and demographic variables showed that the total mean of social capital was only statistically significant when gender was taken into account ($p = .02$). There was no significant relationship between social capital and dimensions of religious attitudes.

Conclusion: The rate of religious attitudes in this study was found to be higher than the average rate, which is consistent with the findings of other studies on religious attitudes in Iran (7, 8, 9). In the present study, social capital rate was average, which is concordant to the findings of almost all studies conducted in Iran (10,11). Moreover, no statistically significant relationship between the constructs of the total social capital and religious attitudes was found. However, discordant from the findings of the present study, those of Afshani et al investigating the relationship between religiosity and social capital between different religious aspects and components of social capital in the city of Najafabad showed that there was a significant correlation (12).

The results of this study indicated that the mean scores of social capital had a significant correlation with gender, meaning that it is more among men than women. This finding is in line with other studies in Iran (e.g., Moradian et al) (13). In addition, the average scores of religious attitude, religious emotions and behavior were significantly different for married and single participants in that married participants gained higher average scores. Nevertheless, in the study of Rejali et al, the mean difference of religious belief between men and women was not statistically significant. Similarly, no significant difference was observed between single and married groups (9).

The results of this study confirmed that if we intervene in order to strengthen the social capital of people in a society like Koochesfahan, performing religious rites such as Congregational Friday Prayer should take priority. After considering the findings, we can conclude that the higher rate of religious practices, the stronger form of social capital. Therefore, it seems that advancing religious rites and religious practices in societies can lead to strengthening the social capital.

References

1. Rezaei Shahsavari Z, Lotfi M, Taghadosi M, Mousavi M, Yousefi Z, Amirhosravi N. Relationship between components of Spiritual well-being with hope and life satisfaction among elderly with cancer in Kashan, 2013. 2015;1(2):44-54. (Full Text in Persian)
2. Assaroudi A, Jalilvand M, Oudi D, Akaberi A. The relationship between spiritual well-being and life satisfaction in the nursing staff of Mashhad Hasheminezhad Hospital (2011). Modern Care Journal. 2012;9(2):156-62.
3. Riahi M, Aliverdinia A, Pourhossein Z. Relationship between social support and mental health. Social

Welfare Quarterly. 2011;10(39):85-121.(Full Text in Persian)

4. Ganji M, Halali Sotodeh, M. The Rrelation between the Type of Religiosity and Social Capital (the Oretical and Empritical Approach among the Police of Kashan City). Journal of Applied Sociology.2011;22(2):95-120.(Full Text in Persian)

5. Veismoradi A, Akbari P, Rostami R. A study on the effect of social capital on learning organization: A case study of Jihad Agriculture Organization of Kermanshah, Iran. Management Science Letters. 2012;2:2909-16.

6. Saadat R. The estimation of level and distribution of social capital in Iran's provinces. 2007;23(6):173-95. (Full Text in Persian)

7. Asadi A, Rezakhani Moghaddam H, Habibi A, Moazedi K, Hamidzadeh Y, Savadpour M. An Investigation of Social Capital and its Relationship with Religious Attitudes among the Students of Ardabil University of Medical Sciences. Journal of Ardabil University of Medical Sciences. 2016;15(4):451-61.

8. Aliakbari Dehkordi M, Peymanfar E, Mohtashami T, Borjali A. The comparison of different levels of religious attitude on sense of meaning, loneliness and happiness in life of elderly persons under cover of social wlfare organisation of urmia city. Iranian Journal of Ageing. 2015;9(4):297-305.(Full Text in Persian)

9. Rejali M, Mostaejeran M. Religious attitudes of freshmen at school of health, Isfahan University of Medical Sciences, Iran. 2012;8(3):314-19. (Full Text in Persian)

10. Rezakhani Moghaddam H, Habibi A, Fezollahi E, Mohammadi A, Pourhamzeh S, Kamran A. An Investigation of Mental Health and Its Relationship with Social Capital among the Students of Islamic Azad University-Khalkhal. Archives of Hygiene Sciences. 2015;3(4):204-15.

11. Shabani A, Nakhli S-R, Sheykhan M. The Effect of Social Capital on Human Development. The Journal of Planning and Budgeting. 2013;18(2):127-61.

12. Safiri K, Sadafi Z. meta-analysis of studies and research gender and social capital. 2012;23(3):37-74.

13. Moradian Sorkhkolaee M, Esmaeili Shahmirzadi S, Sadeghi R, Nikooseresht Z, Fard F. The relationship between quality of life and social capital among health workers in medical and health network of Rey city in 2012. Razi Journal of Medical Sciences. 2013;20(114):69-77.(Full Text in Persian)

دراسة معايير المواقف الدينية وعلاقتها برأس المال الاجتماعي في المراجعين للمراكز الصحية في كوجصفهان

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الملخص

السابقة و الهدف: تشير الدراسات الراهنة الى ان للمواقف الدينية اثر ملحوظ على جميع جوانب حياة البشر. وقد تناولت هذه الدراسة موضوع تحديد وضع المواقف الدينية عند المراجعين الى المراكز الصحية وعلاقتها برأس المال الاجتماعي.

الأساليب: ولقد اجريت هذه الدراسة الوصفية التحليلية على ١٦٠ عدد من المراجعين الى المراكز الصحية في قضاء كوجصفهان عام ١٣٩٣ (٢٠١٤). قد استخدمت اوراق استبيان لمواصفات الديموغرافية واستبيانات خدائاري للمواقف الدينية التي تشمل اربعين سوالا معياريا وكذلك استبيان بالن لرأس المال الاجتماعي التي تشمل ٣٦ سؤالاً. تم تجزئة المعطيات وتحليلها باستخدام الاحصاء الوصفي واختبار t وتحليل التباين. تمت مراعاة جميع الموارد الاخلاقية في هذا البحث وازافة الى هذا فإن مؤلفي المقالة لم يبلغوا عن تضارب المصالح.

المكتشفات: اظهرت نتائج الدراسة أن متوسط الدرجة الكلية للمواقف الدينية كان $9/125 \pm$ و $7/28$ والدرجة الأعلى والادنى التي تم الحصول عليها كانت $3/45 \pm$ و $11 \pm$ لبعدها المعتقدات الدينية و $6/37 \pm$ و $3/11 \pm$ لبعدها السلوك الديني. ومن الجانب الاحصائي فلم يكن هناك ارتباط قوي بين ابعاد المواقف الدينية ورأس المال الاجتماعي ($P < 0.05$).

النتيجة: تشير النتائج الى أنه كلما تنامي السلوك الديني، فسيكون رأس المال الاجتماعي افضل، لذلك يبدو ان الممارسات الدينية وترويجها يمكن ان تساعد على تحسين رأس المال الاجتماعي في المجتمع.

معلومات المادة

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الموقف الديني

رأس المال الاجتماعي

يتم استناد المقالة على الترتيب التالي:

Rezakhani moghaddam H, Babazadeh T, Joobjar F, Aghazadeh Z, Aletaha S, Habibi A. Religious Attitudes of Health Centers Clients and Social Capital: Examining the Relationships and Contributing Factors. J Res Relig Health. 2017; 3(2): 66- 77.

بررسی مؤلفه‌های نگرش مذهبی و ارتباط آن با سرمایه‌ی اجتماعی در مراجعه‌کنندگان به مراکز بهداشتی درمانی شهرستان کوچصفهان

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۴- آموزش و پرورش اردبیل، ناحیه‌ی ۲، اردبیل، ایران.

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۶- گروه آموزش بهداشت و ارتقای سلامت، دانشکده‌ی بهداشت، دانشگاه علوم پزشکی ایران، تهران، ایران.

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چکیده

سابقه و هدف: پژوهش‌های در دسترس نشان می‌دهد که نگرش مذهبی بر تمامی جنبه‌های زندگی بشر تأثیر بسیاری دارد. پژوهش حاضر به منظور تعیین وضعیت نگرش مذهبی مراجعه‌کنندگان به مراکز بهداشتی درمانی و ارتباط آن با سرمایه‌ی اجتماعی صورت گرفته است.

روش کار: این پژوهش از نوع توصیفی- تحلیلی است که نمونه‌های آن ۱۶۰ نفر از مراجعه‌کنندگان به مراکز بهداشتی درمانی شهرستان کوچصفهان در سال ۱۳۹۳ بودند. برای جمع‌آوری اطلاعات از پرسش‌نامه‌های مشخصات جمعیت‌شناختی، پرسش‌نامه‌ی استاندارد ۴۰ سؤالی نگرش مذهبی خدایاری و پرسش‌نامه‌ی ۳۶ سؤالی سرمایه‌ی اجتماعی بالن استفاده شده است. داده‌ها با بهره‌گیری از آزمون‌های توصیفی، آزمون تی و تحلیل واریانس، تجزیه و تحلیل شده است. در این پژوهش همه‌ی موارد اخلاقی رعایت شده است. علاوه‌براین، نویسندگان مقاله هیچ‌گونه تضاد منافی گزارش نکرده‌اند.

یافته‌ها: یافته‌های پژوهش نشان می‌دهد که میانگین کل نمره‌ی نگرش مذهبی ۲۸/۷ ± ۱۲۵/۹ بود. بالاترین و پایین‌ترین نمره‌ی به‌دست آمده برای بُعد باور دینی ۱۱ ± ۴۵/۳ و برای بُعد رفتار مذهبی ۱۱/۳ ± ۳۷/۶ بود. از نظر آماری نیز هیچ ارتباط معنی‌داری بین ابعاد نگرش مذهبی و سرمایه‌ی اجتماعی وجود نداشت ($p > 0.05$).

نتیجه‌گیری: نتایج پژوهش گویای این است که هرچه رفتار دینی بالاتر باشد، سرمایه‌ی اجتماعی نیز مطلوب‌تر خواهد بود. بنابراین به نظر می‌رسد ترویج و انجام اعمال و مناسک مذهبی، بتواند به بهبود سرمایه‌ی اجتماعی در جامعه کمک کند.

واژگان کلیدی:

سرمایه‌ی اجتماعی

مراکز بهداشتی

نگرش مذهبی

استناد مقاله به این صورت است:

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