

The Relationship between Mental Health and Religious Orientation with Emotional Cognitive Strategies among Trainee Medical Students of Shahid Beheshti University of Medical Sciences

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Abstract

Background and Objective: Mental health and promoting it at the community level are the most important responsibilities the World Health Organization has assigned to all governments. Also, religious orientation (internal and external) is one of the factors influencing behavior and cognition. The purpose of this study was to investigate the relationship of mental health and religious orientation with emotional cognitive strategies among medical trainees of Shahid Beheshti University of Medical Sciences.

Methods: This study is descriptive-correlational. The statistical population of this study included all students of Shahid Beheshti University of Medical Sciences, who were selected using a multi-stage random sampling method. In this way, out of the 12 hospitals affiliated to Shahid Beheshti University of Medical Sciences, five were randomly selected and among all the training classes of the hospital, two classes are randomly selected in each class, two thirds of the students were randomly selected. Questionnaires were distributed among 200 students and 150 questionnaires, which had been filled in appropriately, were received. The tools used in the study included: Quickly measure first-level symptoms of DSM-5, Religious orientation questionnaire and Cognitive Emotion Regulation Questionnaire. For data analysis, descriptive statistics and Pearson correlation coefficient were used. In the present study, all the ethical considerations have been observed and no conflict of interest was reported by the authors.

Results: The results showed that there was a significant relationship between mental health and emotional cognitive regulation. There was also a significant relationship between religious orientation and cognitive emotional regulation. A significant relationship was found between mental health and religious orientation. Mental health and internal religious orientation were also significantly correlated, but there was no significant relationship between mental health and external religious orientation.

Conclusion: The results of this study showed that mental health and religious orientation are important factors in using cognitive emotional strategies.

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Summary

Background and Objective

Mental health issues have attracted substantial interest worldwide. On an individual level, mental health is often the most important factor contributing to life satisfaction compared to physical health, unemployment and disability (1).

With population growth, urbanization and industrialization, mental illness has become one of the leading causes of disability and premature death, and the high prevalence of these diseases and the long-term and chronic disability caused by them has led these problems to be given priority in all societies (2). One of the groups at high risk of mental health is the students (3, 4). Previous studies in the United States have shown that mental health issues, including anxiety, depression, and communication problems among the college students has become one of the growing concerns (5).

Religious inclination and religious orientation are among the factors that influence mental health. Internal religious orientation is strongly correlated with the internal source of control, self-motivation, academic performance and emotional sensitivity (6). In external religious orientation, religious inclinations are considered as a means of achieving the personal and social goals (7). Issues related to emotions and cognitions are among the other influential factors related to university students. In essence, an optimal interaction between cognition and emotion is required in order to cope with negative conditions (8).

The aim of this study was to investigate the relationship of mental health and religious orientation with students' cognitive-emotional strategies.

Methods

Compliance with ethical guidelines: Before conducting the study, all the participants were informed about the purpose and the voluntary nature of the study. Written consent was also obtained and they were assured that their information would remain confidential.

The present study is correlational cross-sectional. The statistical population included all the students at Shahid Beheshti University of Medical Sciences. Five (Taleghani, Shohadaye Tajrish, Loghman, Masih Daneshvari and Imam Hossein Hospitals) out of 12 hospitals affiliated to the university were selected using multistage random sampling. The DMS-5 Level 1 Cross-

Cutting Symptom Measure, Allport Religious Orientation Questionnaire, and cognitive emotion regulation strategies was used for data collection in this study.

Results

The results showed that the coefficients of correlation between mental health and cognitive emotion regulation strategies, religious orientation, internal religious orientation and external religious orientation were 0.16, -0.15, 0.17 and 0.004, which were significant at the 0.04, 0.05 and 0.03 levels, respectively. However, the relationship between mental health and external religious orientation was not statistically significant (0.9). In addition, the correlation coefficient between religious orientation and cognitive emotion regulation strategies was 0.23 (which was significant at the 0.003 level). Consequently, there was a significant relationship between religious orientation and cognitive emotion regulation strategies.

In general, the results revealed that there was a negative significant relationship between mental health and cognitive emotion regulation strategies and a significant relationship between religious orientation and cognitive emotion regulation strategies. In addition, there was a significant relationship between mental health and religious orientation and between mental health and internal religious orientation, but there was no relationship between mental health and external religious orientation.

Conclusion

The results of the present study are consistent with the results of the studies by Anderson *et al.* (9) and Nolen-Hoxima *et al.* (10). The results suggest that when people are confronted with emotional and difficult situations, feeling good and optimistic is not enough to control emotion alone, and they also need to have the best cognitive function in these situations (8). In essence, emotion regulation requires an optimal interaction between cognition and emotion to deal with negative situations (11). It can also be stated that religious orientation in general has a role to play in regulating students' cognitive-emotional strategies; the role of religion in people's lifestyles, their use of coping strategies in internal and external events, and the way they manage psychological stress and psychological problems can be observed (12).

It can be also stated that increased religious orientation and religious faith promotes the process of self-control, hinders the effectiveness

of external or demographic conditions, and maintains mental health (13). In explanation for this finding, it can be stated that people with higher mental health are better able to adapt to stressful situations and have better planning in daily life, especially in dealing with unpleasant situations. In the face of stressful experiences and situations, these people use a variety of cognitive strategies to maintain their mental health and excitement. On the other hand, it suggests that in stressful situations, thinking about desirable things instead of the real issue, thinking about the positive aspects of the event, or personal improvement is associated with reduced anxiety and depression.

Another finding of the present study was that there was no significant relationship between external religious orientation and any of the components of positive and negative emotional cognitive regulation, which is inconsistent with the results of the study by Abdi et al (14). However, in general, it can be said that people with external religious orientation believe that external factors such as destiny, luck, powerful people and unpredictable environmental forces manage their success and failure, which is accompanied by psychological stress, depression and despair in the face of problems (15).

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Ethical considerations

The Ethics Committee in Biomedical Research of Shahid Beheshti University of Medical Sciences has confirmed this research.

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Conflict of interest

The authors declared no conflict of interest.

Authors' contributions

Initial idea and design; Writing the introduction, method and analysis and interpretation of data: First and second authors; Data collection: Third and fourth authors; Writing the discussion, conclusion, and review sections: Fifth and sixth authors.

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دراسة العلاقة بين الصحة العقلية والتوجه الديني مع الاستراتيجيات المعرفية والعاطفية بين الطلاب المطبقين في فرع الطب في جامعة الشهيد بهشتي للعلوم الطبية

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الملخص

خلفية البحث وأهدافه: إن من أهم الرسائل والمهام التي أوكلتها منظمة الصحة العالمية إلى كافة الدول هي الصحة النفسية وتعزيزها على مستوى المجتمع. كما وأن التوجه الديني (الباطني والظاهري) أيضا يعتبر أحد العوامل التي تؤثر على السلوك والإدراك. لذلك، هدفت الدراسة الحالية إلى التحقق عن العلاقة بين الصحة العقلية والتوجه الديني مع الآليات المعرفية والعاطفية لدى طلاب فرع الطب في جامعة الشهيد بهشتي للعلوم الطبية.

منهجية البحث: الدراسة الحالية عبارة عن دراسة وصفية ترابطية. شمل المجتمع الإحصائي كافة طلاب جامعة الشهيد بهشتي للعلوم الطبية الذين تم اختيارهم بأخذ عينات عشوائية متعددة المراحل. حيث تم اختيار خمسة مستشفيات من أصل ١٢ مستشفى من جامعة الشهيد بهشتي للعلوم الطبية، ومن بين جميع الصفوف التعليمية بالمستشفى، تم اختيار صفتين ومن كل صف تم اختيار ثلثي الطلاب بشكل عشوائي وتم توزيع استبيانات البحث على ٢٠٠ منهم وتم استلام ١٥٠ استبانة كاملة وصحيحة. اشتملت ادوات البحث على التقييم السريع لأعراض المستوى الأول لـ DSM-5، استبيان التوجه الديني واستبيان إستراتيجيات معرفة كيفية السيطرة على العاطفة، واستخدام الإحصاء الوصفي ومعامل ارتباط بيرسون لتحليل البيانات. تمت مراعاة جميع الموارد الأخلاقية في هذا البحث و إضافة إلى هذا فإن مؤلفي البحث لم يشيروا إلى أي تضارب بالمصالح.

الكشوفات: أظهرت النتائج عن وجود علاقة سلبية كبيرة بين الصحة العقلية والتنظيم المعرفي العاطفي وعلاقة واضحة بين التوجه الديني والتنظيم المعرفي الانفعالي. كما كانت هناك علاقة ملحوظة بين الصحة النفسية والتوجه الديني وبين الصحة النفسية والتوجه الديني الباطني، ولكن لم تكن هناك علاقة بين الصحة النفسية والتوجه الديني الخارجي.

الاستنتاج: أظهرت نتائج هذه الدراسة بأن الصحة النفسية والتوجه الديني من العوامل المهمة فيما يتعلق بالحلول المعرفية والإنفعالية.

معلومات المادة

الوصول: ٤ شعبان ١٤٤٠

وصول النص النهائي: ١٩ رمضان ١٤٤٠

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بررسی رابطه بین سلامت روان و جهت‌گیری مذهبی با راهکارهای شناختی-هیجانی در بین دانشجویان پزشکی کارآموز دانشگاه علوم پزشکی شهید بهشتی

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چکیده

سابقه و هدف: سلامت روان و ارتقای آن در سطح جامعه از مهم‌ترین پیام‌ها و وظایفی است که سازمان بهداشت جهانی بر عهده همه دولت‌ها گذاشته است. همچنین جهت‌گیری مذهبی (درونی و بیرونی) یکی از عوامل تأثیرگذار بر رفتار و شناخت است. از این رو، پژوهش حاضر با هدف بررسی رابطه بین سلامت روان و جهت‌گیری مذهبی با راهکارهای شناختی-هیجانی در بین دانشجویان رشته پزشکی کارآموز دانشگاه علوم پزشکی شهید بهشتی انجام شده است.

روش کار: پژوهش حاضر از نوع توصیفی-همبستگی است. جامعه آماری شامل تمامی دانشجویان دانشگاه علوم پزشکی شهید بهشتی است که به‌روش نمونه‌گیری تصادفی چندمرحله‌ای انتخاب شدند. به این صورت که از بین ۱۲ بیمارستان دانشگاه علوم پزشکی شهید بهشتی پنج بیمارستان؛ و از بین تمام کلاس‌های آموزشی بیمارستان، دو کلاس و در هر کلاس دوسوم دانشجویان به‌صورت کاملاً تصادفی انتخاب شدند و پرسش‌نامه‌های پژوهش بین ۲۰۰ نفر از آنان توزیع و ۱۵۰ پرسش‌نامه کامل و صحیح دریافت شد. ابزارهای استفاده‌شده شامل سنجش سریع علائم سطح اول DSM-5، پرسش‌نامه جهت‌گیری مذهبی و پرسش‌نامه راهبردهای شناختی تنظیم هیجان بود و برای تحلیل داده‌ها نیز از روش‌های آماری توصیفی و ضریب همبستگی پیرسون استفاده شد. در این پژوهش همه موارد اخلاقی رعایت شده است و مؤلفان مقاله تضاد منافی گزارش نکرده‌اند.

یافته‌ها: نتایج نشان داد که بین سلامت روان با تنظیم شناختی-هیجانی رابطه منفی معنادار و بین جهت‌گیری مذهبی با تنظیم شناختی-هیجانی رابطه معناداری وجود داشت. همچنین بین سلامت روان با جهت‌گیری مذهبی و بین سلامت روان با جهت‌گیری مذهبی درونی نیز رابطه معناداری وجود داشت ولی بین سلامت روان با جهت‌گیری مذهبی بیرونی رابطه وجود نداشت.

نتیجه‌گیری: نتایج این بررسی نشان داد که سلامت روان و جهت‌گیری مذهبی عوامل مهم در رابطه با استفاده از راهکارهای شناختی-هیجانی هستند.

اطلاعات مقاله

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