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# Role of Religious Faith in Relation with Perceived Stress and Death Anxiety among Nurses: A Comparison among Married and Un-Married Nurses

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**Abstract**
The goal of the study was to check the role of religious faith in relation with perceived stress and death anxiety among nurses working at ICU unit. To approach the target sample a purposive sampling technique was used. The sample was justified through a-priori sample size calculator. Total sample was comprised of 160 nurses at ICU Unit. Data was collected from females. Data were analyzed by using SPSS version 27.0. Results of the study showed a significant negative relationship of religious faith in relation with perceived stress and death anxiety among nurses working at ICU unit. Results indicated a significant positive relationship between perceived stress and death anxiety ($r = 0.56$, $p < 0.01$), suggesting that higher stress levels are associated with increased death anxiety. However, religious faith revealed negative relationship with death anxiety and perceived stress among nurses working at ICU uni. Moreover, the comparison among married and unmarried nurses showed a higher level of death anxiety, and perceived stress among unmarried nurses. On the basis of the study findings it is revealed that in order to minimize the perceived stress and death anxiety it is necessary to increase the religious faith among nurses working at ICU unit in various hospitals in Pakistan.

**Key words:** Religious Faith, Perceived Stress, Death Anxiety.

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## Introduction

This is an acknowledged fact that the individual's religious beliefs are significant because they offer support in comprehending and communicating stressors of daily life particularly when faced with pressures that beyond their coping capabilities (Pargament, 2007). Furthermore, according to Koenig et al. (1997), religious coping is the degree to which a person uses and depends on their religious convictions and practices in order to manage and adjust to stress and lessen its effects. Recent studies by contemporary stress researchers are examining aspects of religious coping and how it relates to fostering nurses' well-being. Research shows that nurses' health and capacity to handle demands at work were negatively impacted by ongoing work-related stress when they lacked access to healthy coping mechanisms. These impacts significantly impair the effectiveness of health services delivery and the quality of care given (Lee, 2003; Farrington, 1995).

It is well known that excessive stress among nurses can result in burnout, a decline in organizational commitment and job satisfaction, absenteeism, poor work quality, turnover, and a deterioration in psychological and physical health (Canadas-De la Fuente 2012). The sources of occupational stress for nurses vary by region, organization, division, nursing specialty, and individual, according to research. According to Reinert (2013), these discrepancies can be attributed to disparities in health systems, culture, and resource availability, as well as variances in educational attainment, age, contract type, job experience, and personality. In addition to being under greater stress, emergency room nurses are at risk for serious events. According to Yang et al. (2002), some of these extra stressors include an unanticipated spike in patient volume at any given time, unforeseen rapid changes in patients' health, and upsetting or traumatic events like unexpected death, violence against people, problems with unsuitable department attendees, and daily physical or verbal abuse. Because they care for extremely ill patients, acute care nurses also reported feeling more stressed, which results in a heavy workload and emotional tiredness (Lee & Wang, 2002). Furthermore, Lindholm (2006) found that due to their high job expectations, nurse managers and clinical directors are likely to experience significant levels of work-related stress. Furthermore, compared to home care nurses, medical surgical nurses reported noticeably greater levels of occupational stress (Salmond & Ropis, 2005).

Religion is pervasive in society and has the power to affect morals, values, and ethical standards, which can then affect how people think and behave. It is essentially a fundamental component of human culture. According to Koenig et al. (2001), it offers a comprehensive and empathetic perspective on the human state and direction in the world. Religion is therefore multifaceted, explaining human motivations, emotions, thought processes, and action.

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essentially a fundamental component of human culture. According to Koenig et al. (2001), it offers a comprehensive and empathetic perspective on the human state and direction in the world. Religion is therefore multifaceted, explaining human motivations, emotions, thought processes, and action. Individuals with an inherent religious orientation attempt to evaluate significant facets of life via their religion and sincerely believe in their religion and everything it entails (Whitley & Kite, 2010).

## Review of Literature

The opinions of several recent scholars regarding religion are as follows:

The relevance or meaning that human approaches to the sacred realm of life signify is the primary way in which religiosity is regarded. Any area of life that seeks a spiritual tendency due to its association with the divine (such as God, divine entities, transcendent reality, or higher forces) is covered by this (Paloutzian & Park, 2013). The human endeavor is focused on finding the sacred, preserving it once it is found, and changing the sacred when demands from inside or beyond call for a change (Pargament, 1997). Every individual pursues a different religious route in order to accomplish their objectives, which are explained by a number of ordinal dimensions that are readily identifiable as sacred, such as ethics, ideology, social relations, experience, and emotion. Personal, societal, and holy aims are among the many distinct objectives (Tanvi et al., 2002). People usually have reasons to defend and preserve the sacred from different dangers and transgressions (Pargament et al., 2007). Spirituality, on the other hand, is a sense of within-person integration or connectedness as well as reliance on interior spiritual resources. It is an experience of one's own transcendence beyond the immediate circumstances. Self-reflection and self-knowledge are the hallmarks of spirituality.

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Developing a purpose in life is another benefit of spirituality. A person's sense of loneliness will lessen the more they believe they are finding meaning in life. Fundamentally, it is claimed that spirituality serves as a social cohesiveness mechanism, an evolutionary advantage, and a release for worry. Higher degrees of spiritual striving were associated with higher levels of life purpose, marriage contentment, and overall life satisfaction, according to Harrowfield and Gardner

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(2010). Spiritual aspirations are those that exhibit a desire to go beyond oneself, acknowledge oneself as part of a larger, more complicated entity, or show the process of establishing or preserving a relationship with a higher power.

The amount of study on religion and spirituality has increased dramatically in recent years. Despite tremendous progress in identifying spirituality and religiousness, it is still unclear how they relate to one another. Spirituality and religiousness were used interchangeably and without difference in the early days of study on spirituality and religiousness. Eventually, there seemed to be a shift in definitions, with spirituality being described as an interior expression that is more personal and introspective, while religion was perceived as being more formal and institutional (Tanyi, 2002).

According to Zinnbauer and Pargament (2005), the majority of people identify as both spiritual and religious, but only a small percentage identify as spiritual but not religious and attempt to reject religion. These imprecise generalizations, however, do not specify which facets of spirituality and religion are similar and which are not. Few studies have tried to identify this relationship in order to identify the spiritual elements that are more autonomous and those that are more directly linked to religiousness.

According to some recent studies, spirituality rather than religion should be the primary focus of nursing education. The topic of spirituality has grown in importance in nursing literature. Many definitions, however, cause conceptual imprecision and make it difficult to reach an agreement on what spirituality is (Reinert & Koenig, 2013). Although it is important to approach religiousness and spirituality as two distinct entities, the majority of religious coping strategies incorporate a spirituality dimension inside religiousness. Unquestionably, every religion in the world forces or persuades its adherents to experience particular feelings. Researchers have discovered that a person's religious or spiritual views can influence the majority of their emotions. Therefore, if people genuinely and deeply identify with their religion, they are more likely to experience particular feelings. For example, Buddhism advocates passive sentiments of pleasantness, whereas Christianity advocates feelings of love for one's fellow humans (Kim-Prieto & Diener, 2009).

According to nurse researchers, healthcare workers frequently engage in emotionally taxing professional relationships with others and are subjected to a high emotional labor demand. Because they must constantly engage in these encounters with high emotional labor demands, nursing practitioners are observed to exhibit a significantly higher level of burnout (Lee & Oak, 2012). It is clear that belonging to a religious belief system or spiritual community gives a person a solid network of social support and helps them regain the socio-emotional resources they have lost while attempting to control their emotions (Byrne et al., 2011).

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### Objectives of the Study

1. To check the relationship of religious faith with perceived stress and death anxiety among nurses working at ICU unit.
2. To compare the level of religious faith, perceived stress and death anxiety among working nurses at ICU unit.

### Hypothesis of the Study

1. There will be a significant relationship of religious faith, perceived stress and death anxiety among working nurses at ICU unit.
2. Level of death anxiety and perceived stress level will be higher among unmarried nurses as compared with married nurses.

## Materials and Methods

### Research Design

The current study used a correlational study research design and is a quantitative in nature.

### Participants

Participants in this study were ICU nurses aged 25 to 55, representing diverse backgrounds and religious beliefs. They were selected from various hospitals to assess the relationships of their perceived stress with death anxiety, and religious faith.

### Sample Size

In this study the sample size was (N=160) working nurses. This sample size was acquired with a desired statistical power level of 0.9, an anticipated effect size of 0.3, a probability level of 0.05, and one predictor. Denialsoper.com was used to calculate the sample size.

### Sampling Technique

Purposive sampling method was used to collect the data from the Nurses Working at ICU Unit.

### Inclusion Criteria

Registered nurses (RNs) or licensed practical nurses (LPNs) currently workings in ICU settings in different Hospitals in South Punjab Pakistan were included.

### Exclusion Criteria

Nurses who have a history of mental health disorders or other conditions that may significantly impact their perception of stress or death anxiety were excluded from the research.

### Measures and Co-Variates

**Demographic Sheet.** Participants completed a demographic sheet that contained information on their age, gender, marital status, socioeconomic level, education, family structure, and Shift schedule, Years of experience and Religion.

**Informed Consent.** Informed consent form was filled by the participants of the study before collecting the data as a part of ethical consideration.

**Religious Faith Scale (RFS).** Religious Faith Scale (RFS) Developed by Allport and Ross in 1967 was used to quantify the level of religious faith. This scale assesses

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individuals' intrinsic and extrinsic religious orientations, reflecting their motivation for religious beliefs and practices.

**Kansas Marital Satisfaction Scale (KMS).** The Perceived Stress Scale (PSS) was developed by psychologists Sheldon Cohen, Tom Kamarck, and Robin Mermelstein in 1983. It was designed to measure the degree to which individuals perceive situations in their lives as stressful.

**Death Anxiety scale (DAS).** The Death Anxiety Scale (DAS) was developed by researchers Edwin Shneidman and Norman L. Farberow in 1957. Shneidman, a psychologist, and Farberow, a psychiatrist, collaborated to create the scale as a tool for assessing individuals' levels of anxiety or fear related to death.

## Analysis Plan

Data analysis was done using Statistical Package for Social Sciences (SPSS 26.0 version).

## Ethical Consideration

All ethical considerations according to APA guidelines were adopted in this research, including informed consent, anonymity, confidentiality, and previous permission from the author to use the questionnaire, was taken into account in this study. Additionally, formal approval from the ethical review committee was obtained.

## Results of the Study

Table 1: *Correlation among religious faith, perceived stress and death anxiety among nurses.*

| Clinical variables | Age | Religious Faith | Perceived Stress | Death Anxiety |
|---|---|---|---|---|
| Age | 1 | | | |
| Religious Faith | -0.143 | 1 | | |
| Perceived Stress | 0.029 | 0.586** | 1 | |
| Death Anxiety | -0.313 | 0.167 | -0.263 | 1 |

**. Correlation is significant at the 0.01 level (2-tailed).

Note: The bivariate correlation matrix of the study's overall demographic factors among individuals chosen from the target population is displayed in the table. There is a positive correlation between variables; certain variables can exhibit negative correlations with one another. The table displays data with a star (*) indicating a significant correlation at the 5% level and double stars (**) indicating a significant correlation at the 1% level.

Table 2: *Level of Religious Faith, Perceived Stress and Death Anxiety in relation with marital status among nurses working at ICU unit*

| Clinical variables | Marital Status | | Mean Difference | T-Score | P-Value |
|---|---|---|---|---|---|
| | Married | Unmarried | | | |
| Religious Faith | 23(12.15) | 15(9.33) | 8.16(2.20) | 0.22 | 0.889 |
| Perceived Stress | 33(13.25) | 14(8.13) | 19.47(3.19) | 0.23 | 0.716 |

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| | | | | | |
|---|---|---|---|---|---|
| Death Anxiety | 21(15.47) | 12(7.19) | 7.17(3.20) | 0.21 | 0.346 |

Note: The comparison of the measures of Religious Faith, Perceived Stress and Death Anxiety among the target population with respect to marital status that is, whether the respondents are married or unmarried is displayed in the above table. The researcher came to the conclusion that married respondents' greater levels of Religious Faith, Perceived Stress, and Death Anxiety as compared to unmarried respondents' T-score results are not statistically significant at the 5% level.

## Findings and Discussion

The core aim of this study was to check the expected correlation among religious faith, perceived stress and death anxiety among working nurses at ICU unit in different hospitals of Pakistan. It was supposed that there will be a significant correlation among the study variables. In this regard the first hypothesis that was aimed to check correlation among religious faith, perceived stress and death anxiety among the working nurses. The findings of this hypothesis revealed a significant positive correlation among death anxiety and perceived stress among nurses. While the results showed a negative correlation between religious faith and death anxiety or perceived stress among nurses. Hence, the hypothesis accepted. The results of this hypothesis was supported by the researchers conducted in past, such as, Bahrami et al., (2016) conducted a study to find out the role of religious faith in relation with mental health issues among nurses revealed a higher level of mental illness among the working nurses. They also found the negative correlation between religious faith and mental illness. The second hypothesis was aimed to compare the level of religious faith, perceived stress and death anxiety among the married and unmarried nurses working at ICU unit. It was hypothesized that the level of death anxiety and perceived stress will be higher among the working nurses. The findings of this hypothesis showed a higher level of death anxiety and perceived stress among unmarried nurses as compared with married nurses. Hence, the hypothesis accepted. The results of this hypothesis are in line with the previous researches such as, Byrne et al., (2011) conducted a study and found a higher level of death anxiety and perceived stress among married nurses. Similarly, another study Fonseka et al., (2014) explore the mental health issues among the working nurses and found a higher level of stress, anxiety and depression among the nurses. They also explored the gender differences and reported higher level of stress among unmarried nurses. Hence, on the basis of the study findings it is necessary to start curative programs for addressing the mental health issues of the nurses to improve the quality of life and their work quality at ICU unit.

## Conclusion

Nursing is a profession that demands good mental and emotional well-being in order to serve with dedication for the humanity. It has been observed that the nurses who are less resilient could not stand with the pains and sufferings of the

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patients particularly in ICU unit. From the findings of the study this concluded that religious faith play a buffering role in relation with death anxiety and perceived stress among nurses. So this is concluded that to minimize the mental illness like death anxiety and perceived stress it is necessary to improve the religious faith level of nurses particularly working in ICU unit.

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