Correlation between Religious Orientation and Death Anxiety
(Case Study: Health Personnel of Zare Hospital of Sari)

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ABSTRACT Religion has positive and constructive effects on the entire social institutions and human cultures. The correlation between religion, science, philosophy, mysticism, morality, art, economy, politics, sociology, psychology and other humanities is one of the clearest issues. This research aims to study the correlation between religious orientation and death anxiety in the health personnel of Zare hospital of Sari. The current research is a descriptive-cross sectional and correlative study. The population includes all of the health personnel of Zare hospital located in the city of Sari and they are 226 individuals. Two questionnaires of Allport Religious Orientation Scale and Templer’s Death Anxiety scale were completed and surveyed by 144 individuals (97 females and 47 males) of health personnel chosen by simple random sampling. In order to analyze data the inferential and descriptive statistics including Kolmogorov-Smirnoff test, Pearson correlation coefficient, cut-point, and t-test were used for two independent groups. Research results showed that there is no significant correlation between variable of religious orientation and death anxiety. Also the results clarified that there is not much difference between the religious orientation of male and female staff, but another part of the findings showed that with 99% of confidence there is a difference between the anxiety of two groups of males and females, and according to the resulted means female staff has more death anxiety than the male staff.

KEYWORDS Religious Orientation, Death Anxiety, Fear.

INTRODUCTION

During the past 50 years several researches have been widely conducted about the fear of death, yet there is no precise definition available about this concept. One of the most basic definitions about fear of death is an emotional reaction consisting of unpleasant subjective feelings and worries resulted from thinking about death. Fear of death is defined as a discomfort combined with a fear concentrated on the one’s or others’ death, and also along with considering death as an end to life and also imagining the one’s funeral or dead body. This fear is a kind of emotional discomfort or insecurity sensed by the people who have lost someone. As it is observable although these definitions are different from each other, all of them have two common threads: Fear and feeling of discomfort (Ghorbanalipour, 2010). Death is an unavoidable fact and probably each person has a specific perception and reaction toward it. Due to its vague nature death seems threatening for many individuals (Naderi & Shokouhi, 2010). Since death has never been
experienced and nobody has been able to explicitly touch this experience everybody is somehow worried about it, but based on certain factors each person experiences some levels of death anxiety (Singh, Singh & Nizamie, 2003). Death anxiety is defined as a huge abnormal fear accompanied by feelings such as fear of death or apprehension while thinking about the death process or other things happening after death (Rice, 2009). Death anxiety is a considerable threat for mental welfare (Hunsberger, 2005). Also the researches have shown that females have more death anxiety than males and youth get more death anxiety than the older people (Mansournezhad et al., 2011). Although being engaged in thinking about the death in all the religions and religious people means preparing a meaningful life, researches have shown that preoccupation with death could result in formation of anxiety in some religious people (Maltby & Day, 2000). Religious behaviors and beliefs have a positive effect in giving meaning to life. Behaviors such as trust in God, praying, pilgrimage and etc, could bring hope and encouragement toward positive attitudes and result in an inner peace for the individual. Having meaning and purpose in life, sense of belonging to a superior source, having hope to the God’s help during the problematic situations of life, having social and spiritual support and etc, all of them are some of the methods by which the religious people could suffer from less damage during facing with stressful events of life (Yang & Mao, 2007; Quoted by Sayyadi et al., 2007). The belief that there is a God who controls the situations and monitors the servants significantly reduces the anxiety related to that situation, and often the faithful people describe their relationship with God as an intimate friend and they believe that through having trust in God you can somehow control the uncontrollable situations (Fountoulakis et al., 2008).

Psychological researches have shown that religion is the most basic and most important issue in a healthy character and the mental unity. Mental unity is related to a value system that could give meaning and purpose to life. Most of the scientists point out the role of religion when facing with death and mortality. The public opinion is that religion has an answer for all of the questions related to death and the cause of human existence, and it provides a sense of predictability and control in people which prevents from the recalled anxiety which is caused by a special attitude toward death and facing death. In different researches it has been shown that religion and religious beliefs result in a healthy immune system and a better mental health (Oraki et al., 2010; Quoted by Ali Akbari Dehkordi et al, 2011). About the correlation between religion and death anxiety there are ambiguous results available. Some researchers have reported that there is a significant and positive correlation between death anxiety and religion while other researchers have reported that there is a negative correlation between religion and death anxiety (Mansournezhad et al., 2011). Religious beliefs are some special aspects of religiosity that has an effective role in the mental health, and it protects the individual toward depression (Kate, Rebecca, Joseph, 2010). Religion is an organized system of beliefs including tradition, moral values, manners and participation in a religious community for having a more conviction to God or a superior power (Dezutter, 2009).

The belief that there is a God who controls the situations and monitors the servants significantly reduces the anxiety related to that situation, and often the faithful people describe their relationship with God as an intimate friend and they believe that through having trust in God you can somehow control the uncontrollable situations (Madnawat, 2007). Also people who are highly religious solve their problems through problem solving approach along with social support (Aghajani et al., 2010). Having meaning and purpose in life, sense of belonging to a superior source, having hope to the God’s help during the
problematic situations of life, having social and spiritual support, all of them are some of the methods by which the religious people could suffer from less damage during facing with stressful events of life (Yang & Mao, 2007). Also religion could bring a meaning to life, and also it provides its members with social support and the benefits of religion could be caused by social support (Karimi Vakil, 2012). Based on the factor analysis it has been determined that religion is among the problem-focused strategies (Mollazadeh et al., 2002).

In order to study the correlation between religious orientation, anxiety and depression of the students of Isfahan University of Medical Sciences Rezaei et al (2012) conducted a cross-sectional research. The research results showed that the mean scores of anxiety and depression in female students were higher but in the religious orientation there was no difference between males and females. Ali Akbari Dehkordi et al (2011) conducted a research with the aim of studying the correlation between religious orientation and death anxiety and self-alienation in elderlies of Tehran. Results showed that there is a negative correlation between the intrinsic religious orientation and death anxiety, and there is a significant and positive correlation between the extrinsic religious orientation and death anxiety. Also in females and males the intrinsic religious orientation predicted the death anxiety to be negative and the extrinsic religious orientation predicted the death anxiety to be positive. Also the results showed that in female and male elderlies there was a significant and negative correlation between intrinsic religious orientation and the self-alienation and there was a significant and positive correlation between extrinsic religious orientation and self-alienation. Also the intrinsic and extrinsic religious orientations are two strong variables for predicting self-alienation, and the amount of this prediction in male elderlies was more.

Madahi et al (2011) conducted a study named studying the correlation between religious orientation and psychological well-being in university students. The research population includes all of the university students of Islamic Azad University-North Tehran Branch. Results showed that the achieved correlation coefficient between the score of intrinsic and extrinsic orientation with psychological well-being was statistically significant. On the other hand, the results achieved from the stepwise regression analysis showed that both intrinsic and extrinsic religious orientation have the ability to predict the psychological well-being. These results could be explained as: the more intrinsic the religious orientation of the youth the more their psychological well-being will be, and the more the extrinsic religious orientation of the youth the less their psychological well-being will be. On the other hand the religious orientation has the ability to predict the psychological well-being.

The interviews conducted by Braam et al (2011) with families of the dead in Amsterdam surveyed the correlation between religiosity and behavior at the end of the week. None of the features of religiosity was significantly related to the depression or anxiety states, but the sense of calm in people who were present at the church and specially the people who believed in hell and heaven was very obvious. Briefly the current research showed that religiosity did not affect the depression or anxiety states at the end of the week, but religiosity could bring a sense of calm that shows the possibility of more aspect of existence and state and behavior which is related to the last period of life and bringing peace to the person. Dezutter et al (2009) conducted a research on 471 Belgian and the results showed that there is a correlation between intrinsic religious orientation and belief in afterlife, and people who have belief in extrinsic religious orientation have more
death anxiety. In a research performed on 615 young females sample Peters et al (2013) showed that individuals who have stronger religious beliefs have more power against mental, personal, academic and... pressures, and they have less illnesses and actually they have higher mental health.

Most people even people who work with dying patients have difficulty in confronting death and they react differently (Marlo, 1998; Quoted by Naderi and Shokouhi, 2010). The health personnel of hospital such as nurses who consist most of the hospital medical staff have to be present for the patients most of the times and since they see death of patients, and it reminds them of death and they have increased anxiety and it makes them unhappy, although this is a very complicated issue. For confronting with emotional issues such as the reality of death the nurses need to have skills and experience for managing such fear (Peters et al., 2013). One of the ways for reducing this anxiety and fear of death is turning to religion and religious orientations, and it has been shown that negative orientations toward religion increase the fear of death (Quoted by Ali Akbari Dehkordi et al., 2011). Having enough understanding and maturity and positive attitude toward death could result in decreasing the death anxiety in nurses (Naderi, Shokouhi, 2010). Since the health personnel of hospitals have the most important role in providing health of the patients and also they face death the most thus regarding the fact that fear of death and attitude toward death has an important role in maintaining the mental health and level of concern of the health personnel, and since few researches about the death anxiety of health personnel of hospitals and its correlation with religious orientation have been conducted in Iran so the importance of this research seems necessary. Because few researches have been conducted about the religion and the death anxiety in Iran thus this research aims to figure out that: Is there any correlation between the religious orientation and death anxiety among the health personnel of Zare hospital of Sari?

**MATERIALS AND METHODS**

The current research is a descriptive-correlative research and it aims to determine the correlation between variables of religious orientation and death anxiety in personnel of Zare hospital of Sari. The research population includes the employed health personnel of Zare hospital located in the city of Sari. The sample size includes 226 individuals, and based on the Krejcie and Morgan table 144 individuals were achieved. The simple random sampling of sortation was used. So each of the personnel name was written on a piece of paper and the sortation took place according to their names. In the current research the library method was used for theoretic studies, compilation of research literature and background, and comments of experts about the research subject. The research tools include two questionnaires of Allport religious orientation scale and Templer’s Death Anxiety Scale. Allport religious orientation scale consists of 20 items, 11 items related to the extrinsic religious orientation and 9 items related to the intrinsic religious orientation. In 1963 Feagin designed a 21-item version in which all of the items of the Allport scale were chosen, and additionally another item has been added to it, and this item had a high correlation (0.61) with extrinsic orientation and since then this questionnaire has been used more often. According to the Allport’s research there was a correlation between the items of intrinsic religious orientation and extrinsic religious orientation (-0.21) (Quoted by Jafari, 2009). In some other studies such as the study conducted by Feagin there was a correlation between intrinsic and extrinsic religious orientations (-0.20) and it was very close to the calculated correlation by Allport.
The examinee chooses one of the options for expressing his/her feelings. The validity of Allport scale has been tested by Jan Bozorgi (2007) in a 235-individual sample of university students of Tehran with the validity of 0.737 based on the Cronbach’s Alpha. In another research conducted by Mokhtari on a 100 sample of students of University of Tehran the validity of this scale was calculated through Cronbach’s Alpha and the Alpha coefficient equaled 0.712 (Quoted by Jafari, 2009). In order to measure the test validity in Iran the intrinsic and extrinsic religious orientation scale of Feagin was translated to Persian and the translation accuracy was revised by a review of other experts and retranslation to English, and then during different rewrites efforts have been made to fit it with the cultural and religious context of Iran, and the options were set up based on the Likert’s scale (Quoted by Jafari, 2009). Templer’s Death Anxiety scale was designed by Templer in 1970. This scale is a tool for measuring the death anxiety, and it has the most practicality of its own. This scale is a self-operating questionnaire consisting of 15 true-false questions, and based on the true or false answer a score of 0 to 1 is given to it (score 1 if the respondent answer shows anxiety and score 0 if the respondent answer do not show any anxiety). For example, thinking about death never bothers me, the true answer indicates that the respondent has no anxiety and this means obtaining 0, and the false answer indicates that the respondent has anxiety and this means obtaining 1. The questionnaire scoring is from 0 (lack of death anxiety) to 15 (very high death anxiety) and the average level (6-7) is the cut-point, more than that (7-15) shows high death anxiety and less than that (0-6) shows low death anxiety (Masoudzadeh and et al, 2008). The Templer’s Death Anxiety scale is a standard questionnaire and it has been used in different researches worldwide in order to measure the death anxiety, and in the original culture the scale retest reliability coefficient has been reported to be 0.83 (Rajabi and Bohrani). In order to survey the validity of Templer’s scale two tests of death anxiety scale and overt anxiety scale were used, and the result for correlation coefficient of death anxiety scale with death concern scale was 0.40, and for the correlation coefficient of death anxiety and overt anxiety scale it was 0.43 (Rajabi and Bohrani, 2001). In order to conduct the statistical analysis in addition to the descriptive statistics, in the inferential statistics part the tests of Kolmogorov-Smirnov, estimated regression and t-test were used through SPSS16 software.

RESULTS

Results showed that among the 144 examinees 97 individuals were females and 47 individuals were males. 109 individuals were married and the rest were single, 88% of them residing at the city and 12% of them residing at village. 49% of the examinees were at the age range of 30-40. 108 individuals had bachelor degree. 105 individuals were nurse and the rest were employed at other parts of the hospital (Figure 1). Also mean scores of variable of religious orientation was 67.07 and the variable of death anxiety was 7.63. Results of Kolmogorov-Smirnov test also indicated that the variables had a normal distribution, thus the parametric tests were used.
The research main question was that is there any correlation between the religious orientation and death anxiety of health personnel of Zare hospital of Sari?

**Table 1.** Correlation between religious orientation and death anxiety.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Correlation coefficient</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religious orientation and death anxiety</td>
<td>0.078</td>
<td>0.355</td>
</tr>
</tbody>
</table>

According to table 1 it is observed that there is no significant correlation between religious orientation and death anxiety. When the correlation is insignificant thus it is not possible to conduct estimation through regression.

**Table 2.** Summary of results related to the death anxiety of sample.

<table>
<thead>
<tr>
<th>Status</th>
<th>Cut-point</th>
<th>Frequency</th>
<th>Percentage</th>
<th>1&lt;sup&gt;st&lt;/sup&gt; quartile</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt; quartile</th>
<th>3&lt;sup&gt;rd&lt;/sup&gt; quartile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy</td>
<td>Below 6</td>
<td>43</td>
<td>29.9</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Tendency toward death anxiety</td>
<td>6-7</td>
<td>28</td>
<td>19.4</td>
<td>-</td>
<td>6</td>
<td>-</td>
</tr>
<tr>
<td>Suffering from death anxiety</td>
<td>Over 8</td>
<td>73</td>
<td>50.7</td>
<td>8.5</td>
<td>10</td>
<td>11.5</td>
</tr>
<tr>
<td>Total</td>
<td>-</td>
<td>144</td>
<td>100</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Table 2 findings show that 29.9% of samples do not suffer from death anxiety, 19.4% have tendency toward anxiety and 50.7% of them suffer from death anxiety.

**Table 3.** Summary of results related to the comparison between religious orientation of male and female staff.

<table>
<thead>
<tr>
<th>Gender</th>
<th>No.</th>
<th>Mean</th>
<th>SD</th>
<th>Calculated t</th>
<th>dfs</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>97</td>
<td>67.01</td>
<td>7.40</td>
<td>0.148</td>
<td>142</td>
<td>0.882</td>
</tr>
<tr>
<td>Male</td>
<td>47</td>
<td>65.21</td>
<td>8.20</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 3 findings show that there is not much difference between the religious orientation of female and male staff (females mean 67.01 and males 65.21), and t-test also indicated that the slight difference is insignificant because the observed significance level equals sig=0.882 and it is bigger than both alpha levels of 0.05 and 0.01, thus the religious orientation in both males and females is nearly the same, but another part of the findings showed that with 99% of confidence there is a difference between anxiety of both groups of males and females, and according to the achieved means the death anxiety of female staff is more than male staff.

DISCUSSION AND CONCLUSION

This research has been conducted with the aim of surveying the correlation between religious orientation and death anxiety of health personnel of Zare hospital located in the city of Sari. Findings showed that there is no significant correlation between religious orientation and death anxiety. 44.4% of the samples had extrinsic religious orientation, and 56.6% of them had intrinsic religious orientation. The mean of females’ religious orientation is 67.01 and for males it is 65.21. Thus the religious orientation in both males and females is the same. With 99% of confidence there is a significant difference between the death anxiety of females and males, and based on the achieved means the death anxiety in female staff is more than death anxiety in male staff. There is a correlation between the religious orientation and death anxiety of the staff 0.078, but the Pearson correlation coefficient did not indicate that this correlation is significant. Thus there is no significant correlation between religious orientation and death anxiety.

This finding is consistent with the results of Vink and Scott (2005). In the research by Vink and Scott (2005) they reported that there is no linear correlation between religiosity and fear of death. Also there is a correlation 0.051 between the extrinsic religious orientation and death anxiety of staff, but the Pearson correlation coefficient indicated that this correlation is not significant. Thus there is no significant correlation between extrinsic religious orientation and death anxiety. The research results are consistent with the research of Heydari et al. In their research they did not achieve any correlation between extrinsic religious orientation and death anxiety. Also there is a correlation 0.064 between intrinsic religious orientation and death anxiety, but the Pearson correlation coefficient indicated that this correlation is insignificant, thus there is no correlation between intrinsic religious orientation and death anxiety. The research results are consistent with the research of Ardlet (2003). In the research by Ardlet it has been reported that in the group of intrinsic religious orientation no significant correlation has been observed with mental welfare. The research results are consistent with the findings of Masoudzadeh and et al (2008), and Esmaeilpour and et al (2010). In their research they reported that 42.2% of individuals had less death anxiety and 57.8% of them had high death anxiety. Researches have shown that permanent dealing with patients, being responsible for individuals’ health, doing clinical procedures, facing dying patients, and dealing with emergency situations could decrease the optimal performance of nurses and could affect their physical and mental health (Greenid, Jim and Rugger, 2001; Quoted by Naderi and et al, 2010). The current research results are consistent with the findings of Rezaei and et al (2012). Their findings showed that there is no significant difference between the religious orientation of male and female university students. In the research by Heydari and et al (2009) it has been reported that there is no difference between the religious orientation of boys and girls. Also in a research Hunsberger (2005) showed that there is no significant difference between the religious
orientation of university boys and girls. Thus it could be said that gender differences do not have a role in this matter. But there are some inconsistent results available about this matter and maybe it is related to the religious attitudes toward religions and special cultures. The research findings are consistent with the research results of Mansournezhad and et al (2011).

In the research by Mansournezhad and et al it has been reported that female university students have higher death anxiety than male university students. In the research by Heydari et al (2009) the results showed that in case of variable of death anxiety girls have higher death anxiety than boys. Also Masoudzadeh et al (2008) reported that the degree of death anxiety has a significant correlation with gender. In a research Abdel-Khalek (2005) stated that women achieve higher scores in death distress (death anxiety, death obsession and death depression). Also the research results are consistent with the research results of Abdel-Khalek (2005). In a research Abdel-Khalek concluded that compared to the male students the female students had higher death anxiety in both time periods, one during the Lebanese Civil War (1986) and the other one after the truce (1991). In a research Abdel-Khalek and Lester (2006) reported that women have more death anxiety than men. Also Madnawat (2007) studied the correlation between death anxiety, age and gender. The result of this study indicated that females have more fear of death than males, and they think about death more than anything. Further survey of this result in Jan Bozorgi research (2007) also shows that due to their male gender characteristics males deal with anxieties more than females, and ultimately they have less anxieties than females (Quoted by Heydari, 2009). But about females Bumber (1974) pointed out two things: Maybe females act more realistically toward expressing their feelings of anxiety and fear, because they are not exposed to stronger social pressures for expressing their feelings and emotions the same as males, and probably females are emotionally more unstable and more excitable than males and thus they show more reaction toward the anxiety-provoking issues and names of objects causing fear. According to the above mentioned details the more death anxiety in females than males is justifiable.

According to the research findings and according to the unavoidability of some of the stressors and facing with patients’ death and the necessity of preventing stress on the people working in these jobs implementing some measures in order to improve the working conditions and providing supportive systems for meeting the mental-spiritual needs of the health personnel are some of the duties of programmers and health managers. Based on the lack of any correlation between religious orientation and death anxiety and based on the role of religious attitude in individuals’ mental health it is recommended to conduct some researches about this matter and also it is recommended to remind the health personnel of the role of religion as a defensive mechanism which could be effective in reducing death anxiety. Also for the future studies it is recommended to conduct similar researches by the use of qualitative methods (as a trial for example by training the individual’s attitude toward religion and the totality of life and death or performing interviews).

REFERENCES


Kate L, Jansena R, Motleya J, Hoveya, 2010. Anxiety, depression and students, religiosity. Department of Psychology, University of Toledo, OH, USA.


