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ORIGINAL ARTICLE / ARAŞTIRMA YAZISI

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Relationship between Stress Coping and Religious Attitudes of Patients' Relatives in Intensive Care Unit

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ABSTRACT

Purpose: The aim of this study is to investigate the relationship between stress coping and religious attitudes of patients' relatives in Intensive Care Unit (ICU).

Methods: This cross-sectional study was conducted with 104 relatives who agreed to participate in the study. Data were obtained using Personal Information Form, Stress Coping Attitude Scale, and Ok -Religious Attitude Scale.

Result: The relatives' Ok-Religious Attitude Scale mean score was found 4.27 ± 0.712 (high level) and Stress Coping Coping Attitude Scale was found 2.25 ± 0.459 (moderate level). It was found that there was a weak correlation in a positive way between the mean scores of religious attitudes and the mean score of stress coping ($p \leq 0.05$).

Conclusion: It is recommended that nurses should be aware of religious attitudes in stress manegement of patients' relatives in intensive care unit. It can also recommended that nurses should make arrangements toward their strategy for stress coping considering the religious attitudes and of patients' relatives.

Keywords: Stress, intensive care units, nurse's role, religion

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Yoğun Bakım Ünitesindeki Hasta Yakınlarının Stresle Başetme ile Dini Tutumları Arasındaki İlişkinin İncelenmesi

ÖZET

Amaç: Bu çalışmanın amacı, yoğun bakım ünitesinde yatan hasta yakınlarının stres yönetimi ile dini tutumları arasındaki ilişkiyi araştırmaktır.

Yöntem: Bu kesitsel araştırma, araştırmaya katılmayı kabul eden 104 hasta yakını ile yürütülmüştür. Veriler Kişisel Bilgi Formu, Stres Yönetimi Tutum Ölçeği ve Ok-Dini Tutum Ölçeği kullanılarak elde edilmiştir.

Bulgular: Hasta yakınlarının Ok-Dini Tutum Ölçeği puan ortalaması 4,27 ± 0,712 (yüksek düzey), Stresle Başetme Tutum Ölçeği 2,25 ± 0,459 (orta düzey) olarak bulunmuştur. Dini tutum puan ortalamaları ile stresle başa çıkma puan ortalamaları arasında pozitif yönde zayıf bir ilişki olduğu bulunmuştur ($p \leq 0,05$).

Sonuç: Yoğun bakım ünitesinde yatan hasta yakınlarının stres yönetiminde hemşirelerin dini tutumların farkında olmaları önerilmektedir. Ayrıca hemşirelerin stres yönetimi stratejilerine yönelik olarak dini tutumları ve hasta yakınlarının tutumlarını dikkate alarak düzenlemeler yapmaları önerilebilir.

Anahtar kelimeler: Stres, yoğun bakım üniteleri, hemşirenin rolü, din

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Intensive care unit (ICU) is a core component of comprehensive care for patients facing critical illness, regardless of age, diagnosis, or prognosis. The main domains of the intensive care unit include relieving perceived symptoms, effective communication of care goals, patient or family-focused decisionmaking, nearest outreach support, and continuity of care (1). ICU provide optimal protection for critically ill patients in terms of medical resources and technology (2).

The intensive care environment is seen as a source of stress for patients and their relatives (3). ICU, experienced by both patients and their relatives, have a frightening meaning for these people and often leave them alone with their concerns (4,5). Having a loved one in the ICU is a stressful experience, which may cause psychological distress for family members. Depression, anxiety and stress are the common forms of psychological distress associated with ICU patient's family members (6). The patient or their relatives' response to distress is related to the type, intensity and duration of triggering factors, for it leads to psychological chances, such as fear, anxiety, depression and post-traumatic syndrome, as well as physiological instabilities (7). The prevalence of anxiety varied from 15% to 24% in caregivers after discharge of their patients from the intensive care unit (8).

Spirituality is an efficient coping mechanism in stressful situations, especially in health-related problems. It controls the mind and gives meaning and hope. It helps people to find coping strategies and have a positive outlook on life after death (9). In the study by Barth et al., found that the stressors of greater impact according to the perception of the relatives in the study were the state of coma and difficulties in the communication between relative and patient. Such factors do not favor the interaction of families with the unconscious patient, and thus, it is impossible for the relative to stimulate the patient in his or her recovery (10). The findings of the another study indicate a very high level of anxiety and a high level of spiritual well-being and religious coping in relatives of CCU patients (11). In the study by Özdemir et all., found the stress perceived by the patient's relatives in the ICU is not related to religious attitude (12).

Consequently, the ICU environment can trigger behaviors and feelings such as doubt, helplessness, mental disorganization, inability to take action when faced with unexpected decisions (13). In stressful situations, people take refuge in a supreme power, prayer and worship, and receive support from their beliefs. Religious beliefs and practices contribute to the well-being of people, help them cope with stressful events, contribute positively to mental and physical health, and help the individual feel stronger with a tendency to show patience in the face of difficulties (14). People with higher level of spirituality are more resistant to illness and resilient to stress (15).

Spiritual care is believed to be a major part of the nurse's role (16). Additionally, nurses support patients' relatives with behaviors such as listening to problems and ensuring participation in patient care (17). Nursing care is among other things aimed at emotionaland spiritual support for patient and family because an ICU stay of a person can cause anxiety, depression and even posttraumatic stress disorder (18). It is becoming clearer that meeting spiritual needs for both caregivers and care receivers is important in developing more effective models of care (19). So, it is vital to improve the provision of spiritual care delivery; indeed the importance of assisting patients and relatives to meet their spiritual needs is recognised internationally (20).

This study intends investigating the relationship between stress coping and religious attitudes of patients' relatives in intensive care unit. The previously made considerations lead us to the following questions:

1. What is the relatives' stress coping level?
2. What is the relatives' religious attitudes level?
3. Is there a relationship between stress coping level and religious attitudes level of the relatives?

MATERIAL AND METHOD

The study was conducted as a descriptive cross-sectional design. The data of the study were collected in the general intensive care unit of a hospital in eastern Turkey. The universe of study consisted of 208 relatives and the study was performed. The sample of the study consisted of and sample of the study consisted of 104 relatives.

The inclusion criteria were as follows:

- Patients' relatives who were admitted the patient to the ICU at least one day between the dates of the study,

- Patients' relatives over the age of 18 years who admitted the patient to the ICU and voluntarily agreed to participate were included in the study.

Other inclusion criteria were having not an obstacle to reading and writing. The data were collected in a information room, which was designed for informing to the relatives by the researcher in face-to face interview method. It took approximately 20-25 minutes for relatives to complete data collection.

Data Collection Tools

The Information Form: The form consists of 8 questions about the age, gender, marital status, day of hospitalization, education level, occupation, income level, place of residence and religious education.

The Ok-Religious Attitude Scale: The Ok Religious Attitude Scale was developed by Ok (2016) to measure the perception of religiosity. It is a 5-grade likert-type scale that consists of 8 items in total. Each item in the scale is evaluated by recognizing scores between 1 and 5. The total score is calculated by adding up the points obtained from each item. A high total score obtained from the scale indicates an excessively positive attitude towards religion, and a low total score indicates a negative attitude towards religion. In the original study, cronbach alfa was reported as 0.810 and 0.910 (21,22). In this study, cronbach alfa was found as 0.870.

The Stress Coping Attidue Inventory: The inventory of the attitudes of coping with stress is the scale of coping with stress that was originally developed by Özbay aiming at foreign students studying at a university in the United States of America. The inventory was adapted to Turkish by Özbay and Şahin. At the process of adapting to Turkish, as a result of factor analysis, 43 expressions from 56 items of the original coping inventory were grouped into six factors. Inventory was developed by using with 5-point likert-type scale and participants were asked to read all the items and mark one of the options: never, occasionally, sometimes, often, always. Subjects were also asked to choose and mark the most appropriate choice for themselves for each item. 5 point likert type scale has 43 items and six sub-dimensions. The scale is scored between 0-4 points. These scores are 0: very low, 1: low, 2: medium, 3: high and 4: very high. These are inclining towards religion, looking for outside help, active planning, escape-isolation (emotional-operational), escape-isolation (biochemical) and acceptance-cognitive. In the original study, cronbach alfa was reported as 0.810 (23,24). In this study, cronbach alfa was found as 0.830.

Ethical Committee

The study was approved by The Ethics Committee of Atatürk University Faculty of Nursing (Number: 2015/19). Verbal and written consent was obtained from the relatives who met the criteria for being included in the research sample and agreed to relatives in the research. The relatives who accepted to participate in the study were informed about the study, and their written consent was obtained. The study was conducted in accordance with the Declaration of Helsinki.

Statistical Analysis

SPSS (Windows 22.0) software was used for data analysis. Descriptive statistical methods (mean, standard deviation, mode, median, frequency, minimum and maximum) were used for statistical analysis. Chi-Square tests were calculated for determining the relationship between the descriptive tests and scale. All tests were conducted with using $p \leq 0.05$.

RESULTS

The sociodemographic characteristics of the relatives are shown in Table 1. Overall, 32.7% of the relatives were female and 56.7% of the relatives were female were married. Also, it was determined that 82.7% of the relatives lived in the Mardin province and 47.1% of them had religious education in both family and school (Table 1).

It was determined that 4.27 was the average of Ok-Religious attitude scale score average (Table 2).

The average score of Stress Coping Attidue Inventory Score was 2.25. It has been determined that intensive care patients relatives more prefer to inclining towards religion ($X = 2.75$) than escape-isolation (bio-chemical $X = 0.54$) in order to cope with stress (Table 3).

It was found that there was a weak relationship in a positive way between mean scores of religious attitude and mean scores of stress coping ($P < 0.05$) (Table 4).

Table 1. Sociodemographic characteristics of relatives (n = 104)		
Characteristics	**n=104**	**%**
Sex		
Female	34	32.7
Male	70	67.3
Marital Status		
Married	59	56.7
Single	45	43.3
Job		
Unemployed	17	16.3
Housewife	22	21.0
Retired	5	4.8
Officer	22	21.3
Student	9	8.7
Self employement	29	27.9
Income level		
High	18	17.3
Moderate	49	47.1
Low	37	35.6
Age groups		
18-24	24	23.0
25-34	47	45.2
35-59	32	30.8
60 and over	1	1.0
Education level		
Literate	4	3.8
Primary school	11	10.6
Junior High school	19	18.3
High school	34	32.7
College	34	32.7
Postgraduate	2	1.9
City		
Mardin	86	82.7
Şırnak	8	7.7
Diyarbakır	3	2.8
İstanbul	5	4.8
Mersin	1	1.0
Adıyaman	1	1.0
Religious Education Status		
No education	7	6.7
Mosque Chief	12	11.5
Family	16	15.4
Imam Hatip High school	1	1.0
Religious culture and ethics course	12	11.5
Quran course	6	5.8
Religious books	1	1.0
Family and religion culture and ethics	49	47.1
TOTAL	**104**	**100**

Table 2. Distribution of Ok-Religious attitude scale score average of relatives			
	n	**Min-Maks.**	**X ± SD**
Ok-Religious Attitude Scale Score Average	104	2-5	4.27±0.712

Table 3. Distribution of stress coping attidue inventory score average of relatives			
	n	**Min-Maks.**	**X ± SD**
Stress Coping Attidue Inventory	104	1.48-3.51	2.25±0.459
Active planning	104	1.30-6.40	2.62±0.742
Looking for outside help	104	0.44-4.00	2.44±0.652
Inclining towards religion	104	0.50-4.00	2.75±0.842
Escape-isolation (emotional-operational)	104	0.14-3.43	1.83±0.682
Escape-isolation (bio-chemical)	104	0.00-3.00	0.54±0.553
Acceptance–cognitive	104	0.43-3.71	2.35±0.662

Table 4. Comparison of relative attitude levels of stress coping and levels of religious attitude				
	n	**X ± SD**	**r**	**p**
Stress Coping Attidue Inventory	104	2.25 ± 0.459	0.218	**0.026**
Ok-Religious Attitude Scale	104	4.27± 0.712		

DISCUSSION

The intensive care units can be a source of stress both for the patients and their relatives due to having complex equipment inside, and visitation in certain hours (25). As a result of the literature review, it was determined that there are a limited number of studies examining the relationship between the perceived stress of the relatives of intensive care patients and their religious attitudes and behaviors (12, 26). Nurses should provide spiritel support in managing their stress and be aware of their religious attitudes (25).

Considering the questions formulated for this study, we highlight that relatives'religious attitue was high. In a study, individuals characterized by an affirmative religious attitude were found to have a significantly higher level (27). In the study conducted by Batman, the majority of

the participants stated that they prayed to cope with difficulties, while the other part stated that people should believe in religion. They stated that believing in religion makes it easier to overcome their problems (28). In his study, Kavas stated that there is a very weak relationship between the attitude of managing stress and religious attitude (14). In other a study was found parents' religious and secular coping was significant in relation to family relationship functioning (29). Sekhavatpour et al. stated that high spirituality reduces stress and improves quality of life (30). In our study, the high level of religious attitudes can be expressed that beliefs are used as a kind of coping attitude for people who react to stressful events. Otherwise, it can be thought that the religious attitude makes the companions stronger in looking at events positively and solving problems.

When the stress coping attitudes of the relatives of the patients were examined, it was seen that the total score of the scale was moderate. In the study conducted by Çabuk, there was a statistically significant difference in the level of anxiety, depression and quality of life of the attendanting mothers in the intensive care unit compared to those of the attendanting mothers (31). In the study of Özdemir et. al., was found that 60% of caregivers had low stress levels (12). In the study conducted with the mothers of premature neonates in the intensive care unit, the stress level of 30% of the mothers was found to be moderate (25). In another study; family members were at high levels of stress, which is harmful to their well-being and health (26).

The results of the study of Karale et al., showed that 3.33% relatives had severe stress, 73.33% relatives had moderate stress, and 23.34% relatives had mild stress (32).

Despite regional and sample differences in our study, intensive care may actually cause stress for people. In addition, it can be thought that these people have experienced stress in meeting their basic needs.

In current study, it is determined that there was a weak-positive correlation (p=0.026) between stress and positive religious coping. In a study, it found that there was a very weak relationship in a positive way (14). Also the relationship between stress coping and religious attitudes of patients' relatives has been examined in many studies (12, 25, 26, 29). There are many methods to reduce stress. The religion is one of them. The positive effect of religious belief on people's spiritual life is a well-known issue. Prayers and worship are religious practices that relieve the individual in adverse situations (33). In the cities where the research was conducted, the rate of religious orientation and practices is high. Religious attitudes and stress can affect each other positively or negatively in many situations and times. It can be thought that the religious attitudes and stress levels of the patient companions in the intensive care unit are evaluated in line with the physical conditions and facilities of the hospital where the research was conducted.

CONCLUSION

The nurses should not ignore religious and spiritual support of intensive care patients and their relatives. It is suggested that nurses should be aware of their beliefs, values and attitudes during spiritual care. The nurses should provide information about beliefs and attitudes of different religious groups. This study, which examines the stress and religious attitude of patients' relatives in intensive care, emphasizes the importance and necessity of holistic care and spiritual care. This research was limited to the province where the research was conducted. It may be recommended for future studies to conduct similar studies in other cities and countries.

DECLARATIONS

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Conflict of Interest

The authors have declared that there is no conflict of interest.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

Author Contributions

LA: Collected the data, contributed data or analysis tools, wrote the paper

AY:Conceived and designed the analysis, performed the analysis, wrote the paper, other contribution

Ethical Approval

The study was approved by The Ethics Committee of Atatürk University Faculty of Nursing (Number: 2015/19).

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