

Consequences of Spiritual Health Literacy in Students: A Qualitative Study

Sedighe Badnava¹, Majid Pakdaman^{1*}, Mahdi Moshki², Hosein Sahebdel³

¹ Department of Psychology, Qaenat Branch, Islamic Azad University, Qaenat, Iran

² Department of Health Education and Health Promotion, School of Health, Social Determinants of Health Research Center, Gonabad University of Medical Sciences, Gonabad, Iran

³ Department of Counseling, Qaenat Branch, Islamic Azad University, Qaenat, Iran

*Corresponding Author: Majid Pakdaman, MD., Department of Psychology, Qaenat Branch, Islamic Azad University, Qaenat, Iran. Tel: +98-9155611992, Email: Pakdaman@iauq.ir

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Abstract

Background: Health literacy involves the ability to obtain, comprehend, and use essential information and services to make informed decisions in various life contexts. Spiritual health literacy, specifically, relates to applying principles that foster a balanced and harmonious relationship with oneself and others.

Objectives: This study aims to explore the outcomes of spiritual health literacy among students.

Methods: The present study is a qualitative research of thematic analysis type. The data collection tool was a semi-structured interview conducted with 13 experts selected through purposive sampling. Thematic analysis involving descriptive coding, interpretive coding, and integration through overarching themes was used to analyze the interviews.

Results: Based on the interviews conducted with experts and the subsequent coding, eight main themes and 28 sub-themes were identified under the consequences of spiritual health literacy among university students in Gonabad city in Iran. These themes include self-management skills, self-awareness, self-control, problem-solving, personal development, social development, and cultural development.

Conclusion: The results of this study reveal the significant outcomes of spiritual health literacy among students, showing that it has a multifaceted impact on their personal and social development. Accordingly, incorporating various aspects of spiritual health literacy into educational policy is of particular importance.

Keywords: Spiritual Health Literacy, Spiritual Health, Health Literacy, Thematic Analysis

1. Background

Health literacy in every dimension is defined by the correct application of the subject and operational capability based on it.¹ Health literacy is a new concept that first appeared in scientific texts related to health education in 1971, but it was not given attention for two decades until Kickbusch seriously brought it into the field of health promotion in 1977.² Health literacy is the capacity to acquire, process, and understand basic information and services needed for appropriate decision-making in social, communicative, and health contexts. This variable is an important element in individuals' ability to engage in health-related activities, make rational decisions, and make appropriate choices in social environments and surrounding conditions. Generally, the main goal of advancing public health is to facilitate effective health communication strategies and health information technology to improve health outcomes, health care quality, and public health equity. Over the period since the concept's inception, numerous studies have been conducted to answer how health literacy

impacts individuals' moral, psychological, and social health, showing that health literacy can affect health levels.³ Health literacy also includes various subcategories, such as e-health literacy, sexual health literacy, and mental health literacy.⁴⁻⁶

Spirituality in health is of great importance, as health and social care services often encounter a diverse range of individuals with various religious and belief systems. This diversity requires a comprehensive and systematic understanding of individuals as physical, psychological, social, and spiritual beings. This situation highlights the need for further development and precise definition of concepts related to spirituality and spiritual literacy in health.⁷ Therefore, spiritual health literacy is also considered as another subcategory of health literacy. Spiritual health literacy refers to the proper application of relationship models with others and oneself to create a correct balance in life and connections,⁸ which has received less attention. Spiritual health literacy underlies self-awareness, spiritual understanding, and condition analysis within this context. It is related to the quality of

spiritual life, social dimensions, and surrounding conditions. Spiritual health literacy is an essential skill that students need for appropriate decision-making in difficult situations. Improving individuals' health leads to outcomes such as increased potential for making informed decisions, reduced health-threatening risks, better disease prevention, enhanced safety, improved quality of life, and increased quality of care. Spiritual health consists of various dimensions: spiritual cognition, spiritual emotions, spiritual actions, and spiritual outcomes. These dimensions, based on understanding spirituality, belief, and efforts to apply it, refer to spiritual health and include health in the personal-social dimension.⁹

Various studies have been conducted in the field of health literacy. For instance, Ghasemi et al. (2024) examined the relationship between information literacy and mental health literacy among students¹⁰. Hemmatipour et al. investigated the impact of health literacy on the overall health of cardiac patients.¹¹ Other studies have also explored various types of health literacy and the factors associated with them.¹²⁻¹⁵

2. Objectives

Based on a review of the research literature from both foreign and domestic sources, it is evident that no study has specifically examined the consequences of spiritual health literacy among students. Therefore, the primary objective of this research is to address the following question:

What are the consequences of spiritual health literacy among students?

This study aims to explore the implications and effects of spiritual health literacy on students, contributing to a deeper understanding of its significance in their overall well-being and academic performance.

3. Methods

The present research method is a qualitative approach using thematic analysis. Thematic analysis is a method for identifying, analyzing, and reporting patterns within qualitative data.⁶ It is also a tool for analyzing textual data by transforming scattered and diverse data into rich data. A key and important feature of this method is its flexibility.¹⁶ In order to select the sample under study, purposive sampling was used. It is noteworthy that the sample size is not mentioned in qualitative studies, and reaching data saturation is important. There is no precise criterion for determining sample size or participants in qualitative research; however, according to Holloway and Galvin, between 4 and 40 participants are sufficient for such studies.¹⁷

The study population comprised experts with sufficient knowledge and expertise in the areas of health literacy, spiritual health, and mysticism. The absence of these qualifications was a criterion for exclusion from the

study. Accordingly, data collection was halted after reaching saturation with 13 participants. Semi-structured interviews were used for data collection.

The interview questions were initially designed based on previous studies and the key indicators of various types of literacy, such as "health literacy", "spiritual health" and "spiritual literacy". Subsequently, additional questions were incorporated into this framework during the interviews, ultimately leading to the formation of the main structure of the interview questions.

The semi-structured interviews were designed so that the established framework, while focusing on the research topic, provided the necessary flexibility, allowing participants to address significant aspects. The interview duration ranged from 30 to 45 minutes, and the collected data from the interviews were transcribed and analyzed.

This method is based on the assumption that by analyzing linguistic messages, one can discover meanings, attitudinal priorities, ways of understanding and organizing the world, and extract concepts and meaning units from the texts under study as well as the lived experiences of the participants, presenting them in the form of organized and structured categories. In order to enhance the credibility of the data obtained from the study during the research process, Guba and Lincoln's criteria were used, as qualitative researchers employ various methods to ensure the accuracy of the study.

Guba and Lincoln's evaluation method is a validation technique for qualitative research based on four criteria of validity, confirmability, repeatability and provability of research.

Corbin believe that in qualitative research, the terms validity and reliability should not be used; rather, utilizing the four principles of validity, reliability, confirmability, and transferability is preferred. In this study, these four principles were used to increase the accuracy of the research.¹⁰

3.1. Validity

This principle refers to the accuracy of the research findings. According to this principle, the acceptability of the findings can be increased using various methods. In this study, the researcher continuously evaluated the data to enhance the data. Additionally, throughout the research process, the researcher sought the opinions and guidance of professors and experts specializing in qualitative research. The feedback from participants was also used to refine the concepts and findings.¹⁹

3.2. Reliability

This criterion refers to the degree of trust in the research findings. In this study, all stages of the research process, including data collection, coding, and extraction of concepts and categories, were conducted under the supervision and guidance of the academic advisors.¹⁹

3.3. Confirmability

This principle refers to the objectivity of the data in qualitative research. It indicates the extent to which the data and information obtained are related to the participant's experiences and are not influenced by the researcher's subjectivity and biases. In this study, the researchers endeavored to derive the results based on the interviews and quotes from the participants, setting aside their preconceived notions.¹⁹

3.4. Transferability

This criterion refers to the extent to which the findings

can be transferred to similar situations. Strategies to enhance transferability include providing a rich description of the study, detailing demographic characteristics, describing the research environment, and specifying the data collection tools. In this study, to increase transferability, maximum diversity among participants was ensured.¹⁹

4. Results

According to the findings, the age range of expert participants was from 30 to 67 years, and 69 percent of the participants in the study were men. Table 1 shows the characteristics of the study participants.

Table 1. Characteristics of Participants in the Qualitative Section

Interview No.	Gender	Responsibility	Experience	Code*
1	Male	Academic staff	14	St 1
2	Male	Expert	11	Man 1
3	Male	Expert in the Related Field	20	Man 2
4	Male	Academic staff	20	St 2
5	Male	Academic staff	18	St 3
6	Female	Academic staff	20	St 4
7	Female	Expert	20	Man 3
8	Male	Academic staff	15	St 5
9	Female	Academic staff	15	St 6
10	Male	Academic staff	30	St 7
11	Male	Expert	15	Man 4
12	Male	Academic staff	20	St 8
13	Female	Academic staff	20	St 9

Based on the semi-structured interviews with the study participants, Table 2 demonstrated the outcomes of the concept of spiritual health literacy among students in Gonabad.

During the process of thematic analysis, a conceptual model of the consequences of spiritual health literacy in students was developed. In the course of achieving this model, the research initially approached experts with semi-structured questions and asked them to describe and explain the consequences of spiritual health literacy in students. The model was derived through multiple interviews, the analysis of the data obtained, and the elucidation of the relationships between the data collected from various experts.

4.1. Ethical Competency

"Spiritual benefits refer to possessing moral qualities that drive an individual toward the mentioned components. Stemming from all these is personal and social performance". (p3, academic member, 49 years old).

4.2. Inner Peace

"An individual with spiritual health literacy does not exhibit greed or envy. They have greater inner peace and exhibit proper behaviors. Regulating personal behaviors leads to the growth of other dimensions of health literacy". (p3, academic member, 50 years old).

4.3. Self-Control

"Human attitude and each individual's inner self-control lead to personal self-improvement, and in society, it

becomes an important element that fosters cohesion and a healthy community". (p2, academic member, 45 years old).

4.4. Moving Towards Progress

"The world around can have outcomes at the individual level and collectively affect the culture of society, leading to people with healthy beliefs who are driven towards progress and development. This shapes values in society, which, through repetition, become established values, and we will have proper norms". (p3, academic member, 34 years old).

4.5. Reducing Violence and Aggressive Behavior

"Reduced violence and social conflicts, a proper and true religious and spiritual community, and better life and job prospects are clear consequences of a high level of spiritual health literacy". (p3, academic member, 42 years old).

4.6. Improvement of Quality of Life

"Having spiritual health literacy plays an important role in improving living conditions and the surrounding environment in various aspects". (p3, academic member, 52 years old).

4.7. Coping with Mental Health Problems

"Additionally, spiritual health literacy acts as a shield against problems, challenges, and stresses arising from various life conditions, preventing mental disorders such as feelings of loneliness, anxiety, loss of life meaning, and consequently promoting overall health". (p3, academic member, 50 years old).

Table 2. Consequences of the Concept of Spiritual Health Literacy among University Students of Gonabad

Core Category	Row	Main Themes (Sub-themes)	Subthemes (Codes)	Frequency of Themes*	Narratives
Consequences of the concept of spiritual health literacy in students from the universities in Gonabad city in Iran	1	Ethical competency	Ethical pattern	12	"Spiritual benefits refer to possessing moral characteristics that guide an individual towards the aforementioned components. Stemming from all of these is personal and social performance".
			Epistemological manners	6	
			Being normal	7	
	2	Inner peace	Adaptability	7	
			Peace	7	
			Composure	5	
	3	Self-control	Self-management skills	9	
			Self-awareness	7	
			Self-control	8	
			Problem-focused	10	
	4	Moving towards progress	Personal development	4	
			Social progress	5	
			Cultural progress	7	
			Communicational progress	5	
	5	Reducing violence and aggressive behavior	Appropriate relationships	6	
			Anger management	5	
			Combating violence	5	
	6	Improvement of quality of life	Psychological	8	
			Personal	6	
			Social	9	
	7	Coping with mental health problems	Emptiness	9	
			Depression	9	
			Mental fatigue	8	
			Acute problems	5	
	8	Increasing emotional intelligence	Emotional intelligence	8	
			Cognitive understanding	6	
			Situational awareness	5	
			Emotional management	5	

* In an interview, a theme may be repeated several times

4.8. Increasing Emotional Intelligence

"Having spiritual health literacy enhances emotional intelligence and awareness in various situations and conditions, providing a crucial foundation for improving circumstances within this framework." (p3, academic member, 48 years old).

In this study, interviews were conducted with 13 professors and experts in the field of spirituality and health literacy. The details of the interviewees are shown in Table 1. Codes extracted from the interviews were categorized into eight main categories and 28 subcategories. The concepts and subcategories were integrated under the main themes, forming a thematic network related to the consequences of spiritual health literacy. The main categories are ethical competency, inner peace, self-control, moving towards progress, reducing violence and aggressive behavior, improvement of quality of life,

coping with mental health problems, and increasing emotional intelligence. These are based on 28 subthemes: ethical pattern, epistemological manners, being normal, adaptability, peace, composure, self-management skills, self-awareness, self-control, problem-focused, personal development, social progress, cultural progress, communicational progress, appropriate relationships, anger management, combating violence, psychological, personal, social, emptiness, depression, mental fatigue, acute problems, emotional intelligence, cognitive understanding, situational awareness, and emotional management. These consequences reflect the concept of spiritual health literacy among students of universities in Gonabad, Iran.

5. Discussion

According to the findings, eight main themes — ethical competency, inner peace, self-control, moving towards

progress, reducing violence and aggressive behavior, improvement of quality of life, coping with mental health problems, and increasing emotional intelligence — based on 28 subthemes — ethical pattern, epistemological manners, being normal, adaptability, peace, composure, self-management skills, self-awareness, self-control, problem-focused, personal development, social progress, cultural progress, communicational progress, appropriate relationships, anger management, combating violence, psychological, personal, social, emptiness, depression, mental fatigue, acute problems, emotional intelligence, cognitive understanding, situational awareness, and emotional management consequences — form the concept of spiritual health literacy of students from Gonabad universities. These results align with the findings of Farhadyan and Moradi (2020), who conducted a study on the contribution of spiritual health, optimism, and forgiveness in predicting the psychological well-being of university students at Payame Noor University, Dowlatabad Center. The stepwise regression analysis results also showed that spiritual health significantly predicts students' psychological well-being.²¹ Additionally, Ehmann et al. (2020) conducted a study to examine the relationship between health literacy and quality of life in southwestern Germany. The results indicated that most individuals had a sufficient level of health literacy. Additionally, the findings showed a moderate correlation between health literacy and quality of life, as well as between health literacy and subjective health status.²²

Studies also indicate that spirituality and religious beliefs can prevent physical and mental health, reduce the severity of symptoms, and enhance recovery from various diseases.²³ Additionally, spirituality is associated with reduced depression and anxiety, increased longevity, and other psychological health benefits, providing individuals with a sense of purpose and meaning in life despite health challenges.²⁴

In this context, spiritual literacy is also a crucial and fundamental aspect of health, significantly impacting the quality of healthcare services. Increasing spiritual literacy in individuals and communities helps them establish a deeper connection with themselves, others, and the meanings of life. These spiritual connections can enhance social interactions, increase motivation and inner peace, aid in coping with stress, and improve psychological resilience. Thus, spiritual literacy plays a pivotal role in enhancing the physical and mental well-being of individuals and communities.²⁵

In this context, religious and spiritual coping is a method that utilizes religious resources like prayer, supplication, faith, and reliance on God for coping. Recent findings have shown that since these types of coping mechanisms serve as a source of emotional support and a means of positively interpreting life events, they can facilitate subsequent coping strategies and are

thus beneficial for most individuals. Having meaning and purpose in life, feeling a sense of belonging to a higher source, hope and trust in God's assistance during stressful situations, and benefiting from social support are all resources individuals with high spirituality can access to withstand less harm when facing life stressors. The outcome of such behavior and model has increased psychological skills and health and reduced negative patterns impacting psychological injuries.

Spiritual health literacy, described as a state where an individual integrates and aligns their strengths to address their psychological and social issues, helps reduce the incidence of mental disorders. From another perspective, when students see themselves connected to a higher power, they can adapt more effectively to academic challenges and environmental conditions, thereby experiencing fewer mental disorders. The results of this research can be utilized in future studies to identify factors affecting spiritual health literacy among students tailored to the cultural context of their academic environment. Some limitations of this study include the inability to control intervening variables such as the participants' motivation, attitude, and thinking style. Additionally, the studied population-imposed constraints that could have influenced the findings. Therefore, conducting supplementary research is recommended.

6. Conclusion

The findings of the present study indicated that higher levels of spiritual health literacy among students are associated with lower levels of stress, anxiety, and depression, resulting in better mental health. This result aligns with the World Health Organization's definition of health, which describes health from four dimensions: physical, mental, social, and spiritual well-being. Therefore, the study's results emphasize the necessity for appropriate educational planning and interventions to enhance the level of spiritual health literacy among students to increase their resilience and ability to cope with mental health issues during this critical period.

Research Highlights

What Is Already Known?

- Previous researches have only examined health literacy or health literacy separately.
- Spiritual health literacy and its consequences have not been considered in previous researches.

What Does This Study Add?

- Spiritual health literacy in students is a reflection of the research background and experts' point of view, which will be a step in the direction of examining the challenges in the field of students' education.
- The consequences of spiritual health literacy in the current research have been precisely determined.

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Author Contributions

All authors contributed equally to preparing this article. All the authors approved the final version of the manuscript for submission.

Conflict of Interest Disclosures

All authors declared that they have no conflict of interest.

Ethical Approval

This study was approved by the Research Ethics Committee of Gonabad University of Medical Sciences (code IR.GMU.REC.1402.122). Written informed consent was obtained from all participants after explaining the purpose of the research project.

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