

# Qualitative Analysis of Factors Influencing Spiritual Health Literacy among Medical University Students

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## Abstract

**Background:** Spiritual health literacy, as a multidimensional concept, encompasses the knowledge, awareness, and abilities necessary to understand spirituality, spiritual values, and spiritual connections in students' lives.

**Objectives:** This research was conducted with the aim of qualitatively analyzing the factors affecting spiritual health literacy in students.

**Methods:** The design of this qualitative research was based on the framework of thematic analysis. The statistical population included all specialists and experts in the field of health literacy and spiritual health at Gonabad University of Medical Sciences in 2024. By using a purposeful sampling and achieving data saturation, a semi-structured interview was conducted after explaining the purpose of the research. The interview guide was prepared with a combination of open-ended, probing, and supplemental questions regarding spiritual health literacy. With the consent of the participants, all interviews were digitally recorded and transcribed. Saturation was attained after interviewing 13 individuals. Interview data were analyzed using thematic analysis method.

**Results:** According to the findings of the present study, nine main themes emerged: culture, family factors, education, justice, characteristics of society, modeling, socio-economic conditions, belief in spirituality, and laws. These themes are based on 35 sub-themes, including existing values, Iranian culture, Islamic culture, cultural norms, ethnic structure, familial beliefs, types of relationships, quality of relationships, emphasized values, educational styles, formal education, informal education, methods of advertising, educational perspectives, social equality, individual equality, gender equality, equal conditions, types of democracy, types of policies, types of relationships, emphasized patterns, national heroes, historical heroes, etc., serving as precursors to the concept of spiritual health literacy.

**Conclusion:** The findings highlight that spiritual health literacy is a multifaceted concept influenced by cultural, familial, educational, and socio-economic factors, and can be cultivated through intentional practices and alignment with cultural values.

**Keywords:** Literacy, Spiritual Health, Qualitative Analysis, Students

## 1. Background

The information and news available to students today have increased to such an extent that various scientific sources discuss the need for different types of literacy.<sup>1</sup> Literacy generally refers to the ability to read and write. It can be defined as "specific ways of thinking and doing reading and writing" to understand or express thoughts or ideas in writing within a specific context. In other words, individuals in literate societies possess a set of practices for producing and consuming writing, along with beliefs about these practices. In this view, reading is always undertaken with specific goals in mind. Beliefs about reading and writing significantly affect teaching and learning methods.<sup>2</sup> The International Literacy Association defines literacy as "the ability to identify, understand,

interpret, create, calculate, and communicate using visual, auditory, and digital materials in any context." The term literacy is often used to denote knowledge or skills in a specific field, such as statistical literacy, financial literacy, environmental literacy, disaster literacy, media literacy, language literacy, social literacy, and health literacy, among others.<sup>3</sup>

Health literacy is defined as the knowledge required to access, analyze, and understand health information, enabling individuals to make informed decisions. It is evident that higher knowledge regarding infection, prevention, treatment, nutrition, and appropriate behavior in public spaces leads to reduced societal losses and costs.<sup>1</sup> Health literacy serves as a key factor in the adoption of decisions that promote appropriate health

behaviors and yield favorable outcomes for individuals. It represents knowledge and personal competencies accumulated through daily activities, social interactions, and intergenerational exchanges, which students can acquire. Organizational structures and the availability of resources empower students to understand, evaluate, and analyze their personal knowledge and competencies concerning spiritual health, motivating them to enhance their health and the well-being of those around them. Therefore, a serious examination of the factors influencing the spiritual health literacy of students, as an educated and effective segment of society, is warranted. Increasing students' spiritual health literacy skills facilitates access to information on health-related issues and enables informed decision-making regarding health and access to services connected to health and spirituality, which is critically important.<sup>4</sup>

In general, spiritual health literacy is defined as a multidimensional concept encompassing the knowledge, awareness, and abilities necessary to understand spirituality, spiritual values, and spiritual connections in both individual and social contexts. This type of literacy assists individuals in establishing a deeper connection with themselves, others, and the meaning of life, and allows them to benefit from spiritual values to improve their physical and mental health and that of others. Enhancing spiritual health literacy can strengthen social connections, boost motivation, foster inner peace, improve stress-coping mechanisms, and increase psychological flexibility. Such literacy enables individuals to make optimal decisions regarding their health and facilitates the enhancement of their quality of life and that of others.<sup>5</sup>

Various studies on health literacy and spiritual health have been conducted separately, including Farhadian and Moradi (2020), who researched "The Contribution of

Spiritual Health, Optimism, and Forgiveness in Predicting the Psychological Well-Being of University Students".<sup>6</sup> Additionally, Padahban et al. (2020) conducted research titled "Relationship of Spiritual Health with General Health and Health Literacy in Navy Personnel," aimed at determining the state of spiritual health and its relationship with general health and health literacy in military personnel.<sup>7</sup> Moreover, Jin (2023) investigated the factors affecting the spiritual health of nursing students.<sup>8</sup>

**2. Objectives**

Based on a review of both domestic and foreign research backgrounds, no study was found that specifically examined the factors influencing spiritual health literacy in students. Therefore, the present study aims to qualitatively analyze the factors affecting spiritual health literacy among students of a University of Medical Sciences.

**3. Methods**

The design of this qualitative research was based on the thematic analysis framework. The statistical population included all specialists and experts in the fields of health literacy and spiritual health at the Gonabad University of Medical Sciences in 2024. An interview guide was developed, comprising a combination of open-ended, probing, and supplementary questions related to spiritual health literacy. With the consent of the participants, all interviews were digitally recorded and transcribed into a Word document. A total of 13 in-depth, semi-structured interviews were conducted and analyzed using the framework analysis approach.

At this stage, semi-structured interviews were carried out utilizing purposeful sampling. Due to data saturation, interviews continued until the research purpose was thoroughly explained to the participants.

**Table 1.** Descriptive Characteristics of Participants

Interview No.	Gender	Responsibility	Experience	Code*
1	Male	Academic staff	14	St 1
2	Male	Expert	11	Man 1
3	Male	Expert in the 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

\* St: Professor, Researcher, employed, etc.; \* Man: Manager, expert, related to international tourism.

**3.1. Validity of the Research**

The Kappa coefficient was used to measure the reliability of the final designed framework, indicating the level of agreement. In this case, either the entire work or all required items were provided to two experts in the form of a checklist with two values (yes/no) to facilitate answering and for saving time. After receiving their

opinions, the Kappa coefficient of agreement was calculated using the following formula, which yields a value between -1 and +1.

$$\kappa = \frac{P_0 - P_E}{1 - P_0} \tag{1}$$

Cohen's Kappa and Scott's Pi differ in their methods

for calculating expected agreement. In Scott's Pi formula, the observed ratios for each value in a class are squared, while in the Kappa formula, the ratio for a specific value in a class used by one coder is multiplied by the ratio of

the same value used by the second coder. These ratios are then summed to obtain the expected agreement. If the Kappa coefficient value exceeds 0.6, it indicates a reliable level of agreement.

**Table 2.** Kappa Statistic based on Expert Consensus

Kappa Statistic Value in the Present Study	Kappa Statistic Value	Agreement Power
0.867	0.00 - 0.20	Low
	0.21 - 0.40	Lower than moderate
	0.41 - 0.60	Moderate
	0.61 - 0.80	Good
	0.81 - 1.00	Excellent

According to the value obtained from the Kappa coefficient, which is 0.867, there is good reliability in this sector.

#### 4. Results

According to the findings, the age range of the experts was from 30 to 67 years, and 69% of the participants in the research were men.

The findings summarized in Table 3 reveal the multifaceted factors influencing spiritual health literacy. These factors span cultural, familial, educational, social, and structural dimensions, each playing a critical role in shaping individuals' spiritual health literacy.

The table highlights that cultural factors are highly influential, with "available values" being the most frequently repeated theme (21 instances). This suggests

**Table 3.** Indicators of Factors Affecting the Concept of Spiritual Health Literacy

Central Category	NO.	Main Themes (Subsidiary-content)	Subsidiary Themes (Codes)	Repetition of Themes*	
Factors affecting the concept of spiritual health literacy	1	Culture	Available values	21	Macro and cultural factors are interconnected. In the definition of spiritual health literacy, numerous correct behaviors or actions contribute to the formation of a positive culture. For instance, behaviors such as wearing a seatbelt or helping others can become habitual through societal pressure. Conversely, actions like driving under the influence are universally recognized as crimes, highlighting that individuals are accountable for their society. If a person with a mental disorder engages in such behavior, legal repercussions serve as a deterrent. "Literacy indicates that the family, as the primary factor, along with character literacy, can be taught to students. The concepts of good and bad carry different meanings across various societies and can be cultivated accordingly." "In order to expand spiritual health literacy, it is essential to strengthen practical training. Students should be exposed to real-life examples of spiritual health literacy behaviors, and this importance should be reflected in the teachers' performance." "According to Maslow's hierarchy of needs, physiological needs are the most fundamental. In alignment with this idea, Amir al-Momenin states that faith exits through the door where poverty enters. If we aspire to cultivate literate individuals with high spiritual health, we must first reform the macro-level aspects of livelihood and the economy. If we aim to create a utopia, both education and infrastructure must be improved. The outcome of such a society would be the convergence and movement toward justice and fairness, as well as the experience of peace and mental and physical well-being." "An important factor influencing spirituality is the society in which one is tested. Every individual possesses inherent characteristics that naturally lead to spirituality; however, external factors, such as the educational system, serve as significant secondary influences." "Modeling is the responsibility of leadership and management. In the context of education, we aim to shorten the learning process and,
			Iranian culture	12	
			Islamic culture	13	
			Cultural norms	7	
			Ethnicity structure	6	
	2	Family factors	Beliefs in family	11	
			Type of relationships	9	
			Quality of relationships	6	
			Acceptable values	7	
			Parenting styles	12	
	3	Education	Formal education	13	
			Non-formal education	7	
			Type of advertisement	4	
	4	Justice	Educational view	6	
			Social equality	6	
			Individual equality	4	
			Gender equality	4	
	5	Features of society	Equal conditions	5	
			Type of democracy	6	
			Type of policies	5	
6	Modeling	Type of relationships	6		
		Emphasized patterns	13		
		National heroes	6		

		Historical heroes	4	through the use of appropriate and effective methods, enhance the models that positively impact the youth." "Characteristics such as age, gender, the location where a person lives or was born, the type of education received, the region of study (whether in the First World or Second World), and the religion practiced in that country all play a significant role." "Certainly, spirituality and literacy, within the framework of a belief system accepted by society, can be developed and expanded." "Another aspect that we should consider in this context is the issue of legislation and laws, as their form, structure, and governing patterns in society play a significant role in shaping the patterns of spiritual health."
		Behavior of famous people	3	
7	Socio-economic conditions	Regional situation	10	
		Employment status	8	
		Social status	11	
		Economic situation	15	
8	Belief in the concept of spirituality	Internalization	11	
		Respect	9	
		degree of belief	8	
9	Laws	Upstream documents of the country	5	
		Developed perspectives	5	
		Principles of law in the country	6	

that macro-level cultural norms, including Iranian and Islamic cultural values, significantly contribute to forming positive spiritual behaviors. Actions such as helping others or avoiding societal harm reflect the cultural emphasis on accountability and ethical conduct.

Family factors emerge as another cornerstone, with themes such as beliefs, parenting styles, and the quality of relationships playing a significant role in transmitting spiritual values. Families act as primary agents of socialization, shaping children's understanding of morality and acceptable behavior.

Education is identified as a key mechanism for fostering spiritual health literacy, with formal education being the most emphasized (13 repetitions). Practical training and exposure to real-life examples of spiritual health behaviors are highlighted as critical strategies for embedding these principles.

### 5. Discussion

The qualitative analysis of factors influencing spiritual health literacy among medical university students reveals a multifaceted interplay of personal, academic, and social dimensions. Spiritual health literacy is crucial for medical students as it impacts their emotional stability, academic well-being, and overall quality of life. The integration of spiritual practices and education in medical curricula can enhance students' ability to manage stress and improve their academic performance.

The findings of this study reveal that spiritual health literacy is a complex and multidimensional concept influenced by a wide range of factors, including cultural, familial, educational, socio-economic, and legal dimensions. The nine main themes identified—culture, family factors, education, justice, community characteristics, modeling, socio-economic conditions, belief in spirituality, and laws—along with their 35 sub-themes, provide a comprehensive framework for understanding the precursors of spiritual health literacy. These findings align with and expand upon existing research in the field, offering a deeper insight into the interplay of these factors in shaping spiritual health literacy.

The role of culture, particularly Iranian and Islamic

cultural norms, emerges as a significant factor in shaping spiritual health literacy. This is consistent with the work of Lotfian et al. (2020), who found a positive correlation between spiritual health and daily spiritual experiences among military university professors.<sup>9</sup> Their study underscores the importance of cultural and spiritual contexts in fostering spiritual well-being, which resonates with our findings on the influence of cultural values and norms. Similarly, Nahardani (2020) emphasized the importance of religious values and effective communication in spiritual health education, further supporting the notion that cultural and religious frameworks are integral to the development of spiritual health literacy.<sup>10</sup>

Family factors, including the quality of relationships and the values emphasized within the family unit, also play a critical role. This aligns with the broader literature on the family as the primary foundation for moral and spiritual education. For instance, Khoshbakht Pishkani et al. (2019) highlighted the dynamic nature of spiritual health, particularly among the elderly, where familial and social relationships contribute to mental balance and a sense of connection to a higher power.<sup>11</sup> This suggests that spiritual health literacy is not only an individual endeavor but is deeply rooted in relational and communal contexts.

Education, both formal and informal, is another key theme identified in this study. The findings emphasize the need for educational systems to incorporate spiritual health literacy into their curricula, a point echoed by Nahardani (2020), who called for the revision of educational programs to include spiritual and religious values.<sup>10</sup> This is particularly relevant in the context of Iran, where educational policies and cultural norms often intersect to shape individuals' spiritual development. The emphasis on social justice, equality, and democratic principles within educational frameworks further reinforces the importance of aligning spiritual health literacy with broader societal values.

Socio-economic conditions and community characteristics also significantly influence spiritual health literacy. The findings suggest that economic stability, job security, and social equality are essential for fostering an environment

where individuals can focus on their spiritual growth. This is supported by the work of Khoshbakht Pishkani et al. (2019), who found that socio-economic factors, along with spiritual beliefs, contribute to the overall well-being of individuals, particularly in later stages of life.<sup>11</sup> In addition, students from rural areas or those studying nursing may experience higher levels of spiritual health.<sup>12</sup> The quality of interpersonal relationships with oneself, others, and the environment are essential components of spiritual health, emphasize the need for a supportive social environment.<sup>13</sup>

The interplay between socio-economic conditions and spiritual health literacy highlights the need for holistic approaches to health promotion that address both material and spiritual needs.

The concept of modeling, particularly through national and historical heroes, as well as the behavior of influential figures, also emerged as a significant theme. This aligns with the idea that spiritual health literacy can be cultivated through observation and emulation of positive role models. This finding is consistent with the broader literature on social learning theory, which emphasizes the importance of modeling in the development of values and behaviors.

In addition to these themes, personal and emotional factors play a crucial role in shaping spiritual health literacy among students. Engaging in spiritual health significantly predicts academic satisfaction and reduces burnout, highlighting the importance of hope and positive outlooks in academic settings.<sup>14</sup> Academic and institutional factors also contribute to the development of spiritual health literacy. Integrating spirituality into medical education curricula can improve students' mental health, reduce anxiety, and enhance their adaptability to stress, underscoring the need for institutional support in incorporating spiritual education.<sup>15</sup> Spiritual health and academic hope are critical predictors of academic well-being, suggesting that fostering these aspects can lead to better academic outcomes.<sup>14</sup>

Finally, the study highlights the dynamic and evolving nature of spiritual health literacy, which is not fixed but can be developed and expanded over time. This aligns with the notion that spiritual literacy involves continuous reflection, skill development, and a commitment to social orientation and altruism. The findings suggest that spiritually literate individuals are not only sensitive to their environment but also experience a deep sense of kinship with nature and others, reinforcing the interconnectedness of spiritual, social, and environmental well-being.

## 6. Conclusion

In conclusion, this study contributes to the growing body of literature on spiritual health literacy by providing a detailed and nuanced understanding of the factors that

influence its development. The findings underscore the importance of cultural, familial, educational, and socio-economic contexts in shaping spiritual health literacy and highlight the need for integrated approaches that address these dimensions. Future research should further explore the interplay between these factors and their impact on spiritual health literacy across different cultural and socio-economic contexts. Additionally, comparative studies with other regions and populations could provide valuable insights into the universal and context-specific aspects of spiritual health literacy.

### Research Highlights

#### What Is Already Known?

- Previous studies have examined health literacy using a quantitative method.
- Previous research has examined health literacy or spiritual health.

#### What Does This Study Add?

- Spiritual health literacy is a multifaceted concept influenced by cultural, familial, educational, and socio-economic factors.
- The present study, using a qualitative method, examined the factors affecting spiritual health literacy among students.

### Author Contributions

Authors contributed equally to this work.

### Conflict of Interest Disclosures

All authors declared that they have no conflict of interest.

### Ethical Approval

This study was approved by the Ethics Committee of Gonabad University of Medical Sciences under the code IR.GMU.REC.1402.122. Written informed consent was obtained from all participants.

### References

1. Shahbazi R. Development and Validation of the Health Literacy Assessment Questionnaire of Azarbaijan Shahid Madani University Students. *Health Inf Manag.* 2023;20(2):116-22. doi:10.48305/him.2023.39149.1016
2. Rowsell J, Pahl K, editors. *The Routledge handbook of literacy studies.* London: Routledge; 2020.
3. Virta A. Historical literacy: Thinking, reading and understanding history. *J Res Teach Educ.* 2007;14(4): 11-25.
4. Karagözoğlu M, İlhan N. The effect of health literacy on health behaviors in a sample of Turkish adolescents. *J Pediatr Nurs.* 2024;77:e187-94. doi:10.1016/j.pedn.2024.04.028
5. Chan WA, Sitek J. Religious literacy in healthcare. *Relig Educ.* 2021;48(1):102-20. doi:10.1080/1507394.2021.1889453
6. Farhadian F, Moradi A. Contribution of spiritual health, optimism, and forgiveness in predicting the psychological well-being of university students. *J Appl Psychol.* 2020;21(2):104-93.
7. Padehban V, Barasteh S, Rahimi A, Chobin M. The

- relationship between spiritual health with general health and health literacy in Iranian naval personnel in 2016. *J Mar Med.* 2020;2(3):157-63. doi:10.30491/2.3.157
8. Jin J. Factors influencing spiritual health among nursing students in the prolonged COVID-19 situation. *Int J Environ Res Public Health.* 2023;20(4): 3716. doi:10.3390/ijerph20043716
  9. Lotfian L, Asadzandi M, Javadi M, Sepandi M. Correlation between daily spiritual experience and spiritual health of military university professors (daily spiritual experience and spiritual health). *Mil Caring Sci.* 2020;7(4):330-9. doi:10.52547/mcs.7.4.330
  10. Nahardani SZ. Applied education of spiritual health in Iranian Medical Sciences. *J Med Edu Dev.* 2020;22(3): 276-82. doi:10.18502/jmed.v15i1.3325
  11. Khoshbakht Pishkhani M, Mohammadi Shahboulaghi F, Khankeh H, Dalvandi A. Spiritual health in Iranian elderly: a concept analysis by walker and avant's approach. *Iran J Age (Salmand).* 2019;14(1):96-113. doi:10.32598/sija.13.10.380
  12. Riasaty A, Hashempour-Sadeghian M, Maghami H, Parhizkar H. Investigating the relationship between spiritual health, social factors and hypochondriasis among students at Shiraz University of Medical Sciences in Iran. *J Public Hlth Dev.* 2023;21(2):168-7. doi:10.55131/jphd/2023/210209
  13. Ghanbari R, Mohammadimehr M. Identification of dimensions and indicators of spiritual health: A qualitative study. *J Educ Health Promot.* 2020;9(1): 352. doi:10.4103/jehp.jehp\_448\_20
  14. Taheri-Kharameh Z, Khalili Z, Sharafi H, Khahan-Yazdi I. Academic well-being in medical students: the role of spiritual health and academic hope. *Health Prof Educ.* 2024;10(3):8. doi:10.55890/2452-3011.1289
  15. Mosadeghrad A. The necessity of teaching spirituality in universities of medical sciences. *Payesh (Health Monitor).* 2023;22(6):781-4. doi:10.61186/payesh.22.6.781