

Correlates To Mental Health Promotion Spirituality And Life Satisfaction As A Correlates To Mental Health Promotion

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Abstract

Mental health conditions have been burgeoning over the years, crippling 450 million across the globe. For this reason, there is an imperative need to examine the extent of promotive measures and correlates to the mental health promotion interventions. This study examined the extent of implementation of mental health promotion interventions (MHPI) among nurses and the relationship between MHPI and two selected variables: degree of spirituality and life satisfaction level. The study used quantitative descriptive-correlational design. Respondents were 304 nurses employed in hospitals and city health department of Baguio City and Benguet, Philippines who were selected using quota sampling technique. The tool consisted of self-made items, have high validity (0.91) and high reliability (0.80). Adopted questionnaire are the following: Spiritual Assessment Scale by Mary Elizabeth O'Brien and the Life Satisfaction Questionnaire by VomSaal and Dauria. Data was managed using weighted means and Pearson Product Moment Correlation aided by SPSS version 20. This study ascertains the good implementation (not excellent) of MHPI. Nurses are highly spiritual and have a good satisfaction level. Degree of spirituality and life satisfaction level of nurses are strong factors to MHPI implementation. Finally, the higher the spirituality and life satisfaction the more tendencies to promote mental health.

I. INTRODUCTION

The main purpose of this paper is to determine the extent of mental health promotion and correlates to its implementation. Pragmatically during the previous decades until today, mental health promotion mandates and efforts have no tangible impact on mental health conditions. Empirical observation can be noted that oftentimes symptomatic treatments of mental health conditions are given more attention than prevention. Despite the impressive progress in research and treatment of mental health conditions, the effects on illness and death statistics have not decreased (Schmolke, 2005). Currently, World Health Organization (2010) reported exponential upsurge of mental health conditions. WHO (2010) establishes that mental health conditions cripple more than 450 million people across the globe. In mere five year hiatus, there is worldwide burgeoning of 30 million people suffering from depression, 2 million rise in schizophrenia, and 55 million are added to alcohol use disorders. Mental illness account for 13 percent of the total burden of disease and 31 percent of all years lived with disability. Globally, one person dies every four seconds due to suicide (WHO, 2013).

Regrettably, mental health promotion interventions are plagued by many factors leading to poor delivery to the clientele. Chief among the sources are the health personnel themselves, whereas the adage that "one cannot give what one does not have" marks personal, sound and holistic mental health including spirituality and life satisfaction that may influence effective mental health promotion interventions. Nurse's attitude- self-knowledge of feelings and behaviors- are fundamental to cultivating a positive nurse-client working relationship (Peplau, 1991 cited in Hauck, Harrison, & Motecalvo, 2013). Yet, innate to any human being is the relationship to a Higher Being. Spirituality is integral to mental health promotion interventions (Deal, 2010). Cornah (2013) recounted that 45 percent of mental health professional perceived that lack of religion could lead to mental health conditions while 39 percent perceived that spirituality is protective mechanism.

Despite this essence, Ozbasaran, Ergul, Temel, Gurol, & Coban (2011) found out that nurses' perception regarding spirituality is

inconclusive and indecisive. This resulted to McSherry (2011) concluding that majority of nurses still feel that they require more guidance and support from governing bodies to enable them to support and effectively meet their patients' spiritual needs. King et al. (2013 cited from Robson, 2013) made controversial argument concluding that people who profess spiritual beliefs in the absence of religious framework are more vulnerable to mental health conditions. This may stem out to many implications. Some of which are the utilization of religiosity as a way to cope with life and the factors that provides life satisfaction among nurses. Haejung, Sunkyung, & Daly (2004) found out that decreasing life satisfaction leads to increased incidence of burn out while work dissatisfaction contributes to poor delivery of services. Nemcek & James (2007) found also synergistic effect of nurses' life satisfaction to self-nurturance efforts. This greater life satisfaction improves connection to clients.

This increase in evidence pertaining to mental health promotion interventions' should not overshadow the fact that the pivotal role rests in the implementers. The nurses' tasks are to provide mental health promotion interventions so as to be able to make prudent decisions, responsive and relevant care that can impact clients and community quality of life. Thus, this present study answered the following questions:

1. What is the extent of implementation of mental health promotion interventions among nurses?
2. Is there a significant relationship between nurses' extent of implementation of mental health promotion interventions and the following nurse related factors: a) degree of spirituality and b) degree of life satisfaction?

II. METHODS

The study utilized descriptive-correlational design. A structured self-made and adopted questionnaire was used as tool for the study. The self-made questionnaire undergone content validity index (0.90 means high validity), reliability tests (0.80 means

high reliability), and pre-tested to 30 nurses which are excluded on the study. Adopted questionnaire were lifted from Vom Saal & Dauria Life satisfaction Questionnaire and Mary O'Brien Spirituality Assessment Scale (permission granted).

The study was conducted at six public and private health institutions in Baguio City and La Trinidad Benguet, Philippines. Institutional approval from the various institutions was primarily sought from the chief of hospitals and chief nurses in order to formalize data gathering. Each institution has unique research protocol and was followed diligently. The study underwent approval from the Ethics Review Board (ERB). The researcher was interviewed by the Baguio General Hospital and Medical Center Ethics Review Committee. The committee identified the respondent's vulnerability and research risk identified as low risk.

The data were tallied, tabulated and subjected to descriptive statistics (weighted mean) and inferential statistics (Pearson Product Moment Correlation) aided by Statistical Package for Social Science version 20 (SPSS).

III. RESULTS AND DISCUSSION

Marie Jahoda (1958) monograph were used as a guide tool in determining the extent of mental health promotion. The extent of implementation of mental health promotion interventions (MHPI) described by nurses were rated as good (M=2.91) but not excellent, across all mental health indicators as identified by Jahoda (1958). This generally attributed to nurses listening to patients during crisis situation, applying nursing concepts, and quality delivery of nursing care.

Among the items in table 1, the lowest mean score was 2.77 for the mental health indicator promotion of balance in life and environmental capacity interpreted as good. This is encapsulated as the ability to be adoptive and displays a creative capacity for love, work, and play. Among adults, one of this is promotion of balancing in life and environmental capacity, United Kingdom (UK) recollects the gravity and demands in work-life balance. This is the principal and

most pressing challenge to MHPI because it extends to different life aspects such as work (UK Mental Health Foundation, 2014). The cumulative effect of increased working hours is damaging to mental well-being. Likewise, UK Mental Health Foundation (2014) supported the empirical implications of the findings of this study elaborating that more

than half of the working population felt unhappy about the time devoted to work and almost 40% of employees neglected other aspects of their lives because of work. In other words, more hours is given to work than to more pressing needs like quality family time.

Table 1
Extent Of Implementation Of Mental Health Promotion Interventions

Mental Health Indicator	Mean (n=304)	Interpretation												
1. Balance in life/ Environmental Capacity	2.77	Good												
2. Self-acceptance	2.83	Good												
3. Integrative Capacity	2.88	Good												
4. Promotion of autonomy	2.90	Good												
5. Mental Health Assessment	2.94	Good												
6. Promotion of realistic perception	3.19	Good												
Overall Mean	2.91	Good												
<p>Legend</p> <table border="0"> <tr> <td><i>Description</i></td> <td><i>Mean</i></td> <td><i>Description</i></td> <td><i>Mean</i></td> </tr> <tr> <td>Always promoted/Excellent</td> <td>3.26-4.0</td> <td>Seldom promoted/ Fair</td> <td>1.76-2.25</td> </tr> <tr> <td>Frequently promoted /Good</td> <td>2.26-3.25</td> <td>Never promoted/Poor</td> <td>1-1.75</td> </tr> </table>			<i>Description</i>	<i>Mean</i>	<i>Description</i>	<i>Mean</i>	Always promoted/Excellent	3.26-4.0	Seldom promoted/ Fair	1.76-2.25	Frequently promoted /Good	2.26-3.25	Never promoted/Poor	1-1.75
<i>Description</i>	<i>Mean</i>	<i>Description</i>	<i>Mean</i>											
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This is reflected in the workplace, because they cannot promote something that they themselves are not doing.

Parallel to that, environmental mastery involving promotion of competence in managing environment, controlling external activities and creating context suitable to needs should not be underestimated. Hammer (2012) contended that environmental mastery is the antidote of feelings of helplessness, further expounding that this is a process of enabling to have an influence on the events of one's life. The lack of attention given to balancing life and environmental mastery leads to lack of personal development, mental problems, poor relationships and poor home life. Aside from these conflicts happening externally, hypothalamic-pituitary-adrenal (HPA) axis works to maintain internal equilibrium. The hypothalamus is the control

center for most hormonal systems. During imbalance brought by the demands of balancing life and environmental mastery manifested by distress. Hypothalamus secretes corticotrophic-releasing hormone (CRH), which in turn binds to specific receptors on pituitary cells, which produce adrenocorticotrophic hormone (ACTH). The adrenal glands that are located on top of the kidneys then increase the secretion of cortisol. The release of the cortisol affects metabolism changes, sexual drives, and reaction to stress. Normally this mechanism has to stopped however, once this process runs incessantly disequilibrium happens. The client's susceptibility to medical cases increases such as ulcers, cancer, diabetes mellitus and autoimmune diseases.

Significant pressure are shouldered by people inside or outside the hospital such as

family problems, hospital constraints or those who are in crises whether situational or maturational. Generally, this turned-in negative experience, and considerable external pressure may lead the client to susceptibility to poor self-acceptance or even worst self-discrepancy. The empirical indicator along promotion of self-acceptance has mean score is 2.83 interpreted as good. This means that nurses recognize the importance of unconditional self-acceptance. A mentally healthy person is self-reliant, self-confident, and self-accepting. Baffling is the result of the study describing the implementation as good rather than excellent. In the clinical setting, oftentimes nurses are rendering nursing procedures without explaining the process to the clients. This regular action if done conscientiously by nurses creates the connection that forms the foundation of MHPI. More so, demanding clients were treated with disdain by nurses. Instead of respecting and accepting the behavior of the client, their unconventional ways of ventilations are taken literally. For instance, demanding clients would mean they need attention instead this is responded with derision. The disdain responded by nurses impedes MHPI rather than recognizing the untoward client's reactions as neurotic need that necessitates satisfaction or attention.

Responses concerning integrative capacity were interpreted as good with mean score of 2.88. This is defined as the balancing of the psychic forces (including the psychoanalytic point of view of unconscious intrapsychic conflict among id, ego, and superego), the unifying of one's outlook (which is expounded by the existentialist theory of *dasein* leading to gaining power over nature), and resistance to stress and frustration. Promotion of this aspect decreases client's tendency to develop depression and anxiety disorders. However, the degree of difficulty in the implementation of integrative capacity is evident. Integration in the hospital setting is mere verbal and has no tangible outcome once outside the hospital making evaluation on the effectiveness rather more difficult. For example, a discharged post-stroke client needs to reintegrate in the community. Seldom nurses would educate the client as well as the relatives that in order to this balance the intrapsychic conflict, holistic approach is necessary. Real evaluation would be difficult because of the limited capacity

provided to nurses explaining the finding of the research.

Promotion of autonomy was evaluated with mean score of 2.90 interpreted as good. This means that nurses respect the ethical right of persons to govern themselves, according to their own reasons and desires even if it contradicts their personal beliefs. These protracted beliefs include emotive states, preferences, values, commitment or character traits. Obvious during admission, clients were asked to sign consent to care or during procedure were there should be explanation of the pros and cons. This finding is supported by Bakir, Arens, & Barnow (2013) establishing autonomy satisfaction was better health predictor. Autonomy has shown to be eminent to higher level of mental states primarily for the reason that they accept the consequences of their behavior. Perez (2012) conducted a Philippine-based research among adolescents showing that their psychological well-being along autonomy is low. Philippine culture is predominantly paternalistic and collectivistic which may explain for the low score. In the hospital setting, nurses are hand-tied when it comes to the medical orders by the physician. Oftentimes, nurses would just go with the flow despite the knowledge that there are more favorable actions because of complacency.

High level of spirituality can be sublimated to personal, family, social and work-related performance. Deduced from Table 2, there is significant relationship between the extent of MHPI and the nurses' degree of spirituality ($r=.226, p.05$) meaning the higher the spirituality level, the more implementation of MHPI. This can be due to most nurses are religious. This involves ways in which people fulfill the purpose, search the meaning of their life and sense of connectedness to the universe (Verghese, 2008). Tautology aside, spirituality is an important aspect of mental health (United Kingdom's Mental Health Foundation, 2014). This is evident in practice. Psychiatric symptoms have religious content and can be traced back to loss of contact to a Supreme Being. For example, anhedonia towards religious activities is a common symptom of depression or oftentimes during psychiatric assessment. Precipitating factor of depression has genesis on disbelief in a Supreme Being.

Table 2
Relationship Between Nurses' Extent Of Implementation Of Mental Health
Promotion Interventions And Degree Of Spirituality

Extent of MHPI	Degree of Spirituality					Total
	Highly Strong Spirituality	Moderately Strong Spirituality	Uncertain Spirituality	Weak Spirituality	Very Weak Spirituality	
Excellent	61	22	1	2	0	86
Good	108	74	15	2	0	199
Fair	4	8	3	0	0	15
Poor	1	2	1	0	0	4
TOTAL	174	106	20	4	0	304
Degree of Spirituality Mean=4.26 Interpretation: Highly Strong Spirituality $r = .226^{**}$ Interpretation: **Correlation is significant at the .05 level(2 tailed)						

The sense of connectedness to a Being who is omnipotent, omnipresent and omniscient subjugates fear, doubt, and low transcendence. This is also true during the early childhood development. Wills. (2003 cited in Verghese, 2008) found that spirituality builds children's coping mechanism creating strong fortitude against smoking, drinking and drug abuse In an adolescent study, Salas, Olate, & Vaughn (2013) established the relationship of spirituality to substance abuse resulting to spiritual-focused coping, protecting teenagers to involve in substance abuse and use. This is justified by being more conscientious and distractive activities occupying the time, diverting high energy, less anti-social bonding and subliming minds of the curious adolescents. This strongly corroborates with the finding of this research that spirituality should be given importance. The sense of hope, meaning in life and self-transcendence brought by the discussion of spirituality helps the client cope better. Culliford (2005) referred to spirituality as the 'forgotten dimension' of mental health care explaining that both health care providers and family caregivers do not consider the importance of spirituality in physical, emotional, and mental healing. However, only 71-74% of patient receives spiritual care (Lind, Sendelback, & Steen, 2011).

The level of spirituality among nurses has an overall mean of 4.26 interpreted as

highly strong spirituality. Most nurses rate themselves with highly strong spirituality. Nurses are witnesses to clients' spiritual journey. From profound birth experience, curiosity of an adolescent, pain experiences, and loss of life, the pursuit of purpose and interconnections are indispensable. In addition, nursing practice carry out holistic health care that includes body, mind and spirit. Such orientation is important in caring for people with chronic illness and life threatening conditions. In such, nurses are transcendently obliged to recognize the three components in pursuit of wellness. Table 2 shows that nurses generally have higher level of spirituality facilitating implementation of MHPI. Spiritually inclined nurses would be more conscientious about their moral, social, and professional responsibility to serve humanity. This is in part because Christianity (where most nurses are) teaches about the vows of service. In order for the nurses to render spiritual care, spiritual health of nurses needs to be fortified through spiritual classes and redefining spirituality in health context. Akbarizadeh, Jahanpour, & Hajivandi (2013) expounded that spiritual intelligence of nurses has significant relationship to hardiness and well-being, by enlarge, mental health among nurses has effects to client care. High level of spiritual intelligence and hardiness lead to better services provided to clients with substantial

weight on mental health promotion.

Table 3.
Relationship Between Nurses' Extent Of Implementation Of Mental Health Promotion Interventions And Degree Of Life Satisfaction

Extent of MHPI	Degree of Life Satisfaction					Total
	Highly Satisfied	Moderately Satisfied	Unsure about Satisfied	Moderately Dissatisfied	Very Dissatisfied	
Excellent	14	59	12	2	1	88
Good	21	150	23	3	0	197
Fair	0	8	7	0	0	15
Poor	0	4	0	0	0	4
TOTAL	35	221	42	5	1	304
Degree of Life Satisfaction Mean=3.76 Interpretation: Moderately Satisfied r=.210 ** Interpretation: **Correlation is significant at .05 level (2 tailed)						

Spiritually healthy person embodies personal values of honesty, conscientiousness, integrity, and good quality work. This can be translated to work related activities, for example, spiritually healthy nurses tend to assess client more often because of their innate moral obligation to perform their job. In return, clients tend to relate easily at interpersonal and intrapersonal levels to the social and deeper phenomena (Snalium, 2012). This highly subjective force creates the bond between job performance and spirituality. The relationship is attributed to the intimacy and personal bonding of nurse to the Higher Being. Because of this personal connectedness, the line drawn between the relationship is too strong to cross the work boundary. MHPI implementation is more of intellectual process rather than an emotional one although spirituality is vital part of MHPI however the correct knowledge and skills are more influential in its performance. The gap also exists in the focus of the nurse to deliver the service not on the awareness of their spirituality. There is difficulty to open the spiritual ideas in the work setting because the topic is philosophical. To open a topic on spiritual belief in the work setting is to burn bridges because each of has our own opinion and convictions on religion. Same as through with the relationship between client and the nurses, generally clients came from different religious background making nurses' spirituality and impediment rather than to facilitate MHPI.

The overall mean of nurses' life satisfaction is 3.76 interpreted as moderately satisfied. Notably, most nurses rated themselves moderately satisfied in life and good (n=150) in extent of implementation of MHPI. Life satisfaction is a positive gauge of the quality of human existence. This is an indicator measuring how people gauge their life as a whole. Life satisfaction encompasses many life domains. Personal, work, and social factors play a vital role in life satisfaction. Personal characteristics have important influences on satisfaction (Yaktin, Azoury, & Doumit 2003; Kovner, Brewer, Wu, Cheng, & Suzuki 2006). Personal characteristics contributory to life satisfaction may include good family, white, female, young, married, educational attainment and motivation. Work-related factors may include supervisor support, work-group cohesion, variety of work, autonomy, organizational opportunities and working in nursing organization (Hofer, Busch, & Kiessling, 2008; Kovner et al, 2006). Along social factor, Ozben (2013) reiterated that good social skills increase life satisfaction. When social skills are inadequate, a person will suffer from disturbed self-concept, aloofness, unhappiness, loneliness and difficulty adjusting in groups. This in general jeopardizes life satisfaction. This by enlarge explains that nurses good life satisfaction facilitates MHPI.

Nursing usually focuses on studying human misery such as someone with pain,

surgery, or with baffling infectious diseases, oftentimes setting aside what are the good things about human being such as happiness and life satisfaction. Nurses appraised themselves in a favorable manner along life satisfaction that despite their mean salary, lack of resources, and steeped bureaucratic system, nurses are optimistic about their situation. This finding proves that nursing is not all about money or status but about service and dedication. Life satisfaction is beyond material things but the profound feeling experienced in practicing nursing. Table 3 elucidates also that even the five nurses who are moderately dissatisfied about life still appraised themselves good in implementing MHPI. This proves that nurses would still do their job despite the hardships they encounter. Significant number of nurses rated themselves poor (n=4) and fair (n=8) in implementation of MHPI but has moderate satisfaction in life. This can be attributed to low salary, most time devoted to work, and burn out.

Undeniably, nurses in the Philippines are not given what is due. They work long hours and dedicate most of their time but is not duly compensated through motivation, praises, and monetary. Oftentimes, because of the highly erratic schedule among nurses plus no stress management techniques were instituted results to burn out.

Table 3 shows correlation between extent of MHPI and nurses' life satisfaction ($r=.210, p.05$). Nurse outlook in their personal life may influence when they are at work. The good outlook and satisfaction in life comes the facility in managing everyday tasks and ones' environment through conscientious and thoughtful planning. Positive feelings of the nurse about his/her life is therefore associated to the promotion of clients' self-determination, accepting limitations of other people, promotion of meaningful goal, allowing continuous process to grow and performance of job. Nursing as a humanistic profession creates personal pursuit of freedom leading positive freedom as shown by increased life satisfaction. The family as the force of freedom creates the bond connecting to other people which are the clients. Once the bond was initiated, symbiotic relatedness takes place paving way to syndrome of growth to both the nurse and the client.

Carl Rogers has a say on the effect of life satisfaction to work-related activities. A

person has his or her own experiential field. This complex frame of reference influences heavily the self-concept or the picture of what he is and might like to be. As the self-concept emerges with age, the person develops positive regard. This innate and learned pattern pervades and persists, creating experiential field of acceptance, love, and approval resulting to better outlook and perception on events happening in one's life. However, if this mental image is hampered and disapproved, conditional positive regard develops, creating vulnerability from burn out, dissatisfaction and disapproval. Subsequently, as the level of life satisfaction decreases, health falters and after several days this results to prevalence of smoking, obesity, physical inactivity, activity limitation, sleep insufficiency and psychiatric symptoms in general (Strine, Chapmanm, Balluz, Moriarty, & Mokdad, 2008) thereby impeding MHPI. These propensities are significantly reduced among nurses. Overall, meta-analysis done by Amiresmalili & Moosazadek (2013) agrees with the findings of this study that nurses' satisfaction especially at work is at a satisfying level. More so, Sanjuan (2010) study is virtually identical with the findings of this research about the strong relationship of life satisfaction along empirical indicators. The finding supposes that when nurses are at work, then they have the accountability render their services withstanding their personal problems or how they look at their life.

The following are the limitations of this study. Important factor limiting this research is the social desirability which is embedded in the tool used. Nurses tends to rate themselves higher as part of social desirability factor. Additionally, variables were measured through self-report which may result in single source bias. The evaluation by the clientele is not part of the study. Nurses' profiles were not considered in the study such as educational attainment, age and area of specialization which may have been mediating variable in the findings of the study. In psychiatric nursing, the quantitative measurement of variables and data may be limiting the actual experience in MHPI since attitudes and behaviors cannot accurately be quantified, they can be best understood by qualitative data. Conclusions may not necessarily be generalizable since behaviors are unique for each individual. There are

essential part in nursing that cannot be expressed in figures.

This study ascertains the good implementation mental health promotion intervention. Overall, nurses have strong spirituality and are satisfied about life. Spirituality and life satisfaction are not strong factors in mental health promotion interventions. Ultimately, high spirituality and increase life satisfaction facilitate promotion of mental health.

Mental health should be made an integral part of care process. Nurses are encouraged to sustain and improve the implementation of mental health promotion interventions in the care of their clients. Nursing service administrators need to design policies on institutional mental health services that are sensitive and responsive to the mental health needs of the clientele. The result of this study can be utilized in identifying the loopholes of the implementation. There is continuous need to implement in-house training to strengthen spirituality and improve life satisfaction. For future studies, researchers can cross-rate the scales to clients, parents, administrators, policy-makers and peers to gather more appropriate evaluations. Nationwide study among nurses could produce better generalizability. Utilize demographics such as age, self-efficacy and perceived stress in predicting coping styles among nurses.

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