

ORIGINAL RESEARCH

Self-care study in the Iranian medical students based on Islamic thought

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ABSTRACT

Objective: This study aimed to investigate Islamic Self-care in Iranian medical students.

Methods: In this descriptive study that was done in 2015, students of the Mazandaran University of Medical Sciences (faculties of health, paramedical, pharmacy, medicine and dentistry) were selected through classified random sampling. Study sample was calculated 269 from 900 students based on Krejcie and Morgan's table. Data gathering was done using demographic and a standardized questionnaire about Islamic Self-care.

Results: In this study, 269 students were entered to study. The mean (SD) score of Stipulation, Meditation, Calculation and Expostulation of students were 9.82 (2.35), 10.04 (2.85), 8.74 (2.65) and 7.64 (2.48) respectively. Results shows that correlation between all the components of the Self-care are positive and significant ($p < .001$).

Conclusions: It is worthy that further study will be aimed to investigate ways to strengthen it, as well as explaining the benefits of Islamic Self-care among students with the theoretical and practical examples.

Key Words: Islamic, Medical students, Self-care, Iran

1. INTRODUCTION

Self-care has a valuable position in Islamic teachings for individual training and moving toward perfection.^[1,2] Islam provided two main approaches to establish control and monitoring in the Muslim community. One approach is establishing public monitoring and control by Islamic governments and people of the community that is called external monitoring.^[3,4] However, before and more than that it emphasizes internal controlling and purposeful auditing of individual's own actions and behaviors that is known as a "spiritual accounting",^[5] or in the explanation of some writers, it has been called "self-controlling",^[6] or "effective controlling

system".^[7,8] In Islamic principle, it is emphasized that man must be careful what he does, this means that if he decides to do a good work, he implements this decision soon and if he decides to do a bad work, he gives up this decision soon.^[9,10] Quran by explaining, "whether you reveal what is in your hearts or hide it Allah will bring you to account for it", emphasizes on "know that Allah knows what is in your minds, therefore beware of him".^[11,12]

Therefore, human is as a businessman of next world way that his capital is his life and ego is his helper in this way and he must attain this salvation by learning good morals and leaving bad characters and sins. Islamic self-care through

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(stipulation, meditation, calculation and expostulation) can be a way for catharsis and moving towards eternal bounty and supreme felicity.^[13,14] Stipulation means that a person deal with his/her ego that not going to side of guilt and crime. So will order to him/her self to see the sequel of works. Meditation, which literally means protection, in the Quran and mystical culture means permanent protection and continuous care by seeker on his actions, especially actions by heart.^[15] So that he sees all his actions in the presence of God and he knows that God conscious about all of his states. Calculation is that person determine a special time in day to audit his/her ego from all items that person deal with ego.^[16] Also expostulation means that after of calculation of ego, if shows he/she is guilty, found that he/she is desire to punishment.^[16]

Agha Babayi et al. (2012) revealed that students of Isfahan University are in a nearly good position in 4 steps of Self-care and field and level of education impact on self-evaluation level of students, but gender does not affect it.^[16] Findings of some researchers indicate that there is no significant relation between the views of male and female students about the factors that damage religious education and gender is ineffective in this attitude.^[17] In other studies,^[18,19] an important self-controlling predictor was identified in all forms of criminal behavior and delinquency, and gender and age also had no significant relationship with criminal behavior and delinquency. The findings of a study^[20] showed a significant inverse relationship between the rate of self-controlling and deviant behaviors and indicates that low self-controlling is the cause of participation in deviant behaviors as in accordance with the general theory of crime, low self-control people are vulnerable against the seductive and tempting moments.^[21]

Since the Self-care and needs to self-controlling and purposeful auditing of individual's own actions in Islam teachings is so important and can be used and studied as an efficient method for modification of students behavior. But based on available databases, there were no previous publication about this issue in Mazandaran province. Therefore, this study aimed to investigate Islamic Self-care in the student of Mazandaran University of Medical Sciences in academic. These hypotheses were selected for this study: 1) Components of self-care are related with them, 2) Self-care are related with demographic indexes.

2. METHODS

In this descriptive study that was done in 2015, students of the Mazandaran University of Medical Sciences (faculties of health, paramedical, pharmacy, medicine and dentistry) were selected through classified random sampling. Study sample was calculated 269 from 900 students based on Krejcie and

Morgan's table.^[22]

2.1 Criterias

The inclusion criteria were (i) the desire of students to participate in this research, (ii) having mental and physical health (assessed by self-reporting). Data were collected in a single session using a survey administered in paper-and-pencil format. Participants provided informed consent and dropped completed questionnaires through a slit into an enclosed box. Debriefing forms were given to participants as they exited the classroom. The institutional review board approved the research prior to implementation of the study.

Data gathering was done using demographic and a standardized questionnaire. A standardized questionnaire with 20 questions^[16] was used in 2012 to assess students' Self-care. The questionnaire has two main parts of demographic data and the second part in the form of 20 statements includes 4 main components of Stipulation, Calculation, Meditation and Expostulation (Stipulation, questions 1 to 5-Calculation, questions 6 to 10-Meditation, questions 11 to 15 and Expostulation, questions 16 to 20), which were set based on five-point Likert scale (from strongly agree to strongly disagree). The score range was between 0 to 80. Based on cut point, scores between 0-20, 20.01-40, 40.01-60, 60.01-80 show bad, intermediate, good and well levels of Islamic self-care respectively.^[16] The questionnaire, which was originally designed in the form of 25 questions after the initial study and determining the validity and reliability was reduced to 20 questions and in the final analysis, the number of questions was reduced to 19. Its validity was confirmed through the content validity. The questionnaire was distributed to 15 experts of associate university of medical sciences. After the necessary modifications the validity was approved. To determine the reliability of the components of the questionnaire, the Cronbach's alpha was used. The reliability of the Self-care questionnaire was estimated 0.94%. After of data gathering, the data were entered to SPSS data program without identification.

2.2 Statistical analysis

Statistical analysis was performed using SPSS software (version 16.0, SPSS Inc., Chicago, IL, USA). Kolmogorov-Smirnov test was used to assess the normal distribution of quantitative data. Descriptive and infernal statistic tests (analysis of variance, *t*-test and regression) were used. The statistical significant level of all tests was considered as less than .05.

2.3 Ethical consideration

The present study was approved by the ethics committee of the associated university in 2015. Students were informed

of the study aims and procedures, and that participation was voluntary an informed consent form. To ensure that a broad cross-section of students were allowed to participate in the study, a research assistant who was part of the study team provided support when needed. All personal data were de-identified by assigning codes to the participants.

3. RESULTS

In this study, 269 students were entered to study. Demographic profile of participants was shown as Table 1.

Table 1. Demographic profile of participants (N = 269)

Characteristic	N (%)
Gender	
Male	87 (32.34)
Female	182 (67.66)
Faculty	
Health Sciences	47 (17.5)
Paramedical	101 (37.5)
Pharmacology	23 (8.5)
Medical sciences	45 (16.8)
Nursing and Midwifery	33 (12.2)
Dentistry Medicine	20 (7.5)
Education of Father	
Elementary	57 (21.2)
High School	24 (9)
Diploma	86 (31.9)
Bachelor	61 (22.6)
Master and Higher	41 (15.3)
Education of Mother	
Elementary	76 (28.2)
High School	25 (9.3)
Diploma	98 (36.4)
Bachelor	53 (19.8)
Master and Higher	17 (6.3)
Characteristic	Mean (SD)
Age	25.67 (1.98)

The mean (SD) scores of Stipulation, Meditation, Calculation and Expostulation of students were 9.82 (2.35), 10.04 (2.85), 8.74 (2.65) and 7.64 (2.48) respectively. Also the total score was 36.26 (8.27). Table 2 described the mean score of Self-care based on each faculty. Based on the anal-

ysis of variance, the average of components of stipulation, meditation, calculated and expostulation shows a significant difference ($p < .05$) among different faculties. The obtained results show that the largest number is related with the age. Table 3 shows that correlation between all the components of the Self-care are positive and significant ($p < .001$).

Among mentioned demographic features, according to Table 4, only age and faculty have a significant relationship with the Self-care ($p < .05$) and there was no significant relationship in other factors.

The average of Self-care of men was more than women, but because of the small difference, there was statistically no significant difference. Islamic Self-care was significantly associated with age and the older persons have greater Self-care scores. Increasing the level of education of parents causes better Self-care of students so that students whose parents are educated in Master's degree or higher, had the higher Self-care score, but as the difference was small, there was no statistically significant.

4. DISCUSSION

According of the results in present study, the mean of Self-care and its components among students shows less than mean. In the study of Aliverdinia and Salehnezhad (2011),^[20] 60% of the students at the University of Urmia showed moderate self-controlling and 30.2% of them were reported high levels. Agha Babayi et al. (2012)^[16] in a study were revealed that all the components of Self-care in the students were higher than average that results of both studies are not in accordance with our research. The probable reason may due to differences in study samples, cultural differences of students and methods between studies. However, in the expostulation component, which is corresponding to reprimanding and blaming the ego, the students despite believe in the wrong nature of the action, refuse reprimand and punishment of ego. And this may undermine the positive effects of the stipulation, meditation and calculate. The results of our study are also not in accordance with a study.^[23]

Table 2. The mean of Islamic Self-care and its components in medical student with regard to the Faculty (N = 269)

Faculty	Expostulation Mean (SD)	Calculation Mean (SD)	Meditation Mean (SD)	Stipulation Mean (SD)	Total Self-care Mean (SD)
Health Science	8.95 (2.36)	8.63 (2.30)	7.46 (1.81)	7.02 (2.06)	32.08 (6.23)
Paramedical	9.47 (2.18)	2.72 (9.99)	8.42 (2.46)	7.33 (2.39)	35.22 (7.76)
Pharmacology	10.71 (2.30)	11.26 (3.28)	10.06 (3.25)	8.15 (2.87)	40.20 (9.42)
Medical sciences	9.09 (2.05)	10.24 (2.44)	8.78 (2.07)	7.75 (1.83)	36.69 (6.43)
Nursing and Midwifery	10.21 (2.61)	9.91 (3.11)	9.13 (3.2)	8.13 (2.73)	37.39 (9.97)
Dentistry	11.1 (2.35)	10.75 (2.69)	9.85 (2.32)	8.75 (3.09)	40.45 (7.5)
P-value	*.000	*.001	*.000	**0.043	*.000

* p -value $< .001$; ** p -value $< .05$

Table 3. Correlation between Islamic Self-care components of medical students (N = 269)

Component	Stipulation	Meditation	Calculation	Expostulation
Stipulation	1	-	-	-
Meditation	.576	1	-	-
Calculation	*.476	.547	1	-
Expostulation	*.469	*.478	.580	1

*p-value < .05

Table 4. Regression analysis of correlation between Islamic Self-care of medical students and demographic characteristics (N = 269)

Model	B	Standard Error	Standardized β	t	p-value
Constant value	31.23	2.86	-	10.17	*.000
Gender	-1.46	1.70	-0.065	-1.06	.287
Age	0.15	0.07	-0.14	-2.18	*.03
Faculty	0.7	0.43	0.13	1.7	*.04
Education of father	0.096	0.478	0.015	0.20	.841
Education of mother	0.508	0.540	0.077	0.94	.348

*p-value < .01

In present study correlation between all the components of the Self-care was positive and significant. However, the highest correlation was between the components of calculation and expostulation with a value of 0.580 and lowest correlation was between the components of stipulation and expostulation with a value of 0.469 that was in accordance with the outcome of Agha Babayi et al. (2012).^[16] This finding indicates that whatever the students are serious for Self-care, such as devoting time for auditing, belief in accounting in the day of resurrection, belief in self-audit before assessing by others, they further tend to expostulation, which means blaming and punishing traitor ego and whatever this assessment is poor in students, the soul addicts to betray with no blaming and no resistance against the ego.

In our study, regression model shows that there is a significant relationship between Islamic Self-care with age and different faculties, but no significant relation was founded between the education of parents and other demographic characteristics such as sex. In the study of Aliverdina and Salehnezhad (2011), no fundamental and significant difference between two genders of male and female was reported, though self-controlling of girls was a little more than boys.^[20] However, in the study of Agha Babayi et al. (2012) the mean of Self-care score of women was more than men, and women were more likely to Self-care that was inconsistent with our results.^[16] Hope (2014) in his study concluded that there is no significant relationship between occupation and education of parents and religious attitude, but there is a significant relationship between cost and income and religious attitude that is in accordance with the result of current study.^[24]

Study limitations

The most important limitations of presents study were (i) inability to control the emotions and cultural differences of participants, and (ii) careless of participant during filling of questionnaire. So recommended that future study be done with larger sample size to decrease the effect of confounder factors.

5. CONCLUSION

According to results, Islamic Self-care score for most of medical students were less than mean. The relationship among age, field and level of education with the Islamic Self-care compared with other demographic characteristics was also proved. It is worthy that further study will be aimed to investigate ways to strengthen it, as well as explaining the benefits of Islamic Self-care among students with the theoretical and practical examples. Moreover, since the expostulation component (reprimanding and blaming ego for doing bad actions) had the lowest self-care scores, it shown the necessity of more attention for strengthening the students to react timely against the self.

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CONFLICTS OF INTEREST DISCLOSURE

The authors declare that there is no conflict of interest.

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