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# The associations between religion, bereavement and depression among Hong Kong nurses

Teris Cheung<sup>1\*</sup>, Paul H. Lee<sup>1†</sup> and Paul S. F. Yip<sup>2†</sup>

## Abstract

**Background:** This paper is to examine the associations between religion, bereavement and depression among nursing professionals using a cross-sectional survey design. There is little empirical evidence in Asia suggesting that religion may either increase or lower the likelihood of nursing professionals being depressed.

**Methods:** We analyzed the results of a Mental Health Survey soliciting data from 850 Hong Kong nurses (aged 21–59, 178 males) regarding their mental well-being and associated factors, including participants' socio-economic profile and recent life-events. Multiple linear regression analyses examined associations between religion, bereavement and depression.

**Results:** Religious faith is weakly associated with lower self-reported depression in bereavement.

**Conclusions:** Our findings confirm those studies suggesting that religion positively affects mental health and yet healthcare providers have yet to assimilate this insight.

**Keywords:** Bereavement, Depression, Mental health, Nurses, Religion

## Background

The population in Hong Kong exceeded 7 million at the end of 2014 [1]. According to the Basic Law of the Hong Kong Special Administrative Region (HKSAR), all Hong Kong citizens can practice any religion. It has been estimated that approximately 43% of the Hong Kong population practice some form of religion [2]. Buddhism and Taoism are the predominant faiths in this metropolitan city [2]. However, most research investigating connections between faith and depression has been conducted in Western countries on cohorts living in the West [3]. There is little empirical evidence in Asia suggesting that religion may either increase or lower the likelihood of people—either employed, unemployed or in any specific profession—being depressed.

## Religion and depression

A growing body of empirical evidence suggests that having a religion is closely associated with better physical and mental health [4], in particular in inhibiting major depression and suicide [5]. Religious congregants show a reduced risk of developing depression [6] and recover quicker [7]. Scholarship has explained these findings through a “buffering hypothesis”: through religious activities, individuals are supported by others within networks [8]. These social ties help reduce social isolation and guard against major mental disorder [4, 6]. Religion also induces optimism and instills hope [4] in providing a coherent framework to interpret life-events [3].

Koenig et al. [3] have recently examined 339 studies (272 cross-sectional, 45 prospective studies, and 22 clinical trials) of the relationship: of the 272 cross-sectional studies, 63% ( $n = 170$ ) reported a significant positive relationship between religiousness and lower rates of depression; 22% ( $n = 60$ ) reported no association; 6% ( $n = 17$ ) reported greater depression among the more religious; and 8% ( $n = 22$ ) reported mixed findings. 1%

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# Religion And Bereavement Counsel For The Physician Advice For The

**Robert Armitage**



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*Religion and Bereavement* Austin H. Kutscher, Lillian G. Kutscher, 1972      *A Jewish Book of Comfort* Alan A. Kay, 1997-03-01 To find more information on Rowman Littlefield titles please visit us at [www.rowmanlittlefield.com](http://www.rowmanlittlefield.com)

**Religion and Mental Health**, 1980      National Library of Medicine Current Catalog National Library of Medicine (U.S.), 1973 First multi year cumulation covers six years 1965 70      **Worship as Pastoral Care** Bishop William H. Willimon, 1982-06-01 Demonstrates how worship and pastoral care can be blended to sustain and enrich each other Using insights gained from pastoral care and pastoral psychology William H Willimon explores what happens to people when they become involved in Christian worship True pastoral care he shows cannot take place apart from an active worshipping community of faith Worship as Pastoral Care sensitizes pastors to the many ways Christian worship and pastoral care methods can be blended to enrich and support one another It encourages pastors to broaden their understanding of corporate worship and to become aware of the importance of their role as priests To illustrate his concepts Dr Willimon examines four familiar acts of worship the funeral the wedding baptism and the Lord s Supper The psychological dimensions are discussed and suggestions are given on ways pastors can nurture and sustain their congregations through these services

*A General Bibliography on Aging* National Council on the Aging, 1972      The Episcopalian, 1972      Planning Memorial Celebrations Rob Baker, 2013-03-13 Memorial services are not so much rites for the dead as celebrations by the living and for the living of the lives of those who have died Such ceremonies are an important way of saying good bye yet most people are not sure exactly what to do when the task of arranging one falls to them Here is a practical and supportive guide explaining how to cope with all the details when efficiency is furthest from your mind Timing place and who should participate Selecting a minister or spiritual leader Choosing the right words and music Writing a eulogy Setting the scene with flowers photos and mementos Bringing closure by providing food drink and companionship afterward In addition to two sample memorial services an annotated bibliography and discography and a listing of memorial societies throughout the country Rob Baker offers helpful information and advice on funerals cremation undertakers including where to look on the Web to evaluate what they have to offer donating the body or its organs for medical purposes as well as a brief history of funerary traditions

Religion and mental health Florence A. Summerlin, 1980      The Doctor's Handbook Tony White, 2018-04-19 Many doctors do not receive training early in their careers on the broad range of non clinical aspects of their work and confront day to day issues for which initial medical education has failed to prepare them Experienced doctors and consultants can also experience a similar lack of accessible reference material on these aspects of their role and for the non clinical training of their juniors This book and its companion volume *The Doctor s Handbook Part 2 understanding the NHS* have been written to address these and other needs Previously published as *The Specialist Registrar and New Consultant Handbook* these completely revised and reconfigured volumes reflect the changing everyday work of specialist trainees registrars and

consultants Topics covered in Volume 1 include *Death and Bereavement Around the World* John D Morgan, Stephen Palmer, Pittu Laungani, Dale A Lund, 2017-03-02 This final volume of *Death and Bereavement Around the World* reflects on some major themes death and after life religion and spirituality rites and rituals secularist approaches cultural variations suicide and other issues The first few chapters describe progress in end of life care including some new tools to evaluate hospice care chapter 1 what children know when they know it and how parents can respond to questions with some guidelines for support by schools chapter 2 the importance of ritual chapter 3 and gender differences in death customs around the world chapter 4 The transcript of a 1997 interview of John Jack Morgan by Pittu Laungani is presented as chapter 5 The following chapters discuss death systems and suicide chapter 6 HIV AIDS including the role of cultural and economic factors in the spread of the disease chapter 7 and grief and bereavement in the developing world taking the AIDS pandemic as a specific challenge chapter 8 Chapter 9 covers issues related to dying and death in Romania In chapter 10 the focus is on the various functions and uses of names in a cross cultural context Roadside memorials as a pivotal healing strategy are the topic of chapter 11 Chapters 12 and 13 focus on spiritual experience with loss The final chapter presents some conclusions and in the Epilogue Mary Ann Morgan honors the life career dying death and achievements of John Jack Morgan The Final Word includes the words of Pittu Laungani from a book published just weeks before his death in February 2007 This work is for anyone interested in or working in death and bereavement issues particularly academics educators librarians chaplains clergy funeral service directors hospice care providers and volunteers palliative care providers nurses immigration officers psychologists social workers psychotherapists and counselors especially bereavement counselors *Religion Index Two: Author and editor index* ,1982 *Theology Digest* ,1973 Medical Ethics in Health Care Chaplaincy Walter Moczynski, Hille Haker, Katrin Bentele, 2009 *Medical Ethics in Health Care Chaplaincy* is a response to the new challenges spiritual care providers are confronted with in a profession that has faced dramatic change in function and scope over the last few decades The rich collection of essays brings together the experience approaches and research of many US and German scholars in the area of ethics medicine theology psychology and spiritual care This is an invaluable resource addressing the many spiritual religious and ethical issues in providing care to the sick and dying for hospital chaplains clergy health care professionals teachers academics ethics committee members and students in medical ethics theology and or religious studies *Doctor Johnson, His Religious Life and His Death* Robert Armitage, 1851 **Doctor Johnson: his religious life and his death** ... Johnson, 1850 **Nursing Home Administration** Stanley W. Davis, 1974 **Geriatric Diagnostics** Lucille Nahemow, Lidia Pousada, Mace Rothenberg, 1983 **Psychology, Religion, and Spirituality** Kunal Deshpande, 2025-02-20 *Psychology Religion and Spirituality Insights* explores the profound influence beliefs hold on our inner world We embark on a captivating journey into the connections between faith mind and well being Our book delves into the rich history of psychology and religion examining how these fields collaborate Readers will explore The diverse landscape

of faith traditions Discover how beliefs from monotheistic religions Eastern philosophies indigenous spiritualities and non religious forms shape individual lives and societies The power of practices and rituals Explore the impact of rituals like prayer meditation religious observances and sacred music on emotional well being and belonging Navigating life s profound questions Delve into how religious and spiritual traditions offer solace and purpose in the face of mortality suffering and life s challenges The complexities of faith and mental health Examine the benefits and challenges associated with religious belief and its relationship with mental health The evolving landscape of religion Explore the future of religion amid secularism globalization and technological influence Whether you re a seasoned scholar a curious individual or someone exploring your own belief system Psychology Religion and Spirituality Insights offers invaluable knowledge and thought provoking exploration

**Choosing Life, Choosing Death** Charles Foster, 2009-02-27 Autonomy is a vital principle in medical law and ethics It occupies a prominent place in all medico legal and ethical debate But there is a dangerous presumption that it should have the only vote or at least the casting vote This book is an assault on that presumption and an audit of autonomy s extraordinary status This book surveys the main issues in medical law noting in relation to each issue the power wielded by autonomy asking whether that power can be justified and suggesting how other principles can and should contribute to the law It concludes that autonomy s status cannot be intellectually or ethically justified and that positive discrimination in favour of the other balancing principles is urgently needed in order to avoid some sinister results This book is a sustained attack on the hegemony of the idea of autonomy in medical ethics and law Charles Foster is no respecter of authority whether of university professors or of law Lords He grabs his readers by their lapels and shakes sense into them through a combination of no nonsense rhetoric and subtle argument that is difficult to resist Tony Hope Professor of Medical Ethics Oxford University This book is unlikely to be in pristine state by the time you have finished reading it Whether that is because you have thrown it in the air in celebration or thrown it across the room in frustration will depend on your perspective But this book cannot leave you cold It is a powerful polemic on the dominance of autonomy in medical law which demands a reaction Charles Foster sets out a powerful case that academic medical lawyers have elevated autonomy to a status it does not deserve in either ethical or legal terms In a highly engaging accessible account he challenges many of the views which have become orthodox within the academic community This will be a book which demands and will attract considerable debate Jonathan Herring Exeter College Oxford University This is a learned lively and thought provoking discussion of problems central to the courts approach to ethical issues in medical law What principles are involved More significantly which really underlie and inform the process of seeking justice in difficult cases Charles Foster persuasively argues and demonstrates that respect for autonomy is but one of a number of ethical principles which interact and may conflict He also addresses the sensitive issue of the extent to which thoughts and factors which go to influence legal decisions may not appear in the judgments Adrian Whitfield QC Introducing the Jake La Motta of medical ethics Foster is an academic street

fighter who has bloodied his hands in the court room He provides a stinging relentless ground attack on the Goliath of medical ethics the central place of autonomy in liberal medical ethics This is now the first port of call for those who feel that medical ethics has become autonomized Julian Savulescu Uehiro Chair in Practical Ethics University of Oxford This important book offers a robust challenge to anyone whether lawyer or ethicist who sees respect for autonomy as the only game in town It argues eloquently and effectively that on the one hand despite the reverence paid to it by judges in practice the law even in the context of consent weaves together a number of moral threads of which autonomy is merely one in the pursuit of a good decision It argues on the other hand that were the day to day practice of law to be guided primarily by respect for autonomy this would be wrong Foster concludes that whilst any society that does not have laws robustly protecting autonomy is an unsafe and unhappy one so too would be a society in which too much emphasis was placed on respect for autonomy at the expense of other important moral principles This is essential reading for anyone interested in the role of autonomy and indeed of medical ethics in the law Michael Parker Professor of Bioethics University of Oxford

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