

The Relationship between Spiritual Well-being and Quality of Life and Optimism on the Staff of Arak University of Medical Sciences

Received 20 Jan 2016; Accepted 13 Apr 2016

Hasan Jafari Poor^{1*}, Marjan Borji², Mitra Borji³, Azame Moslemi⁴

1 Department of Internal Medicine, Arak University of Medical Sciences, Arak, Iran.

2 Department of Health Education, Arak University of Medical Sciences, Arak, Iran.

3 Arak University of Medical Sciences, Arak, Iran.

4 PhD student in Biostatistics, Shahid Beheshti University of Medical Sciences, Tehran, Iran.

Abstract

Background and Objectives: Spirituality has a positive relationship with general health and as a strong force binds different aspects of an individual's life to confront his tense situations. Quality of life and optimism can be influenced by spiritual, psychological, and occupational factors. The goal of this study was to investigate the relationship between spiritual health and quality of life and optimism on the staff members of Arak University of Medical Sciences.

Methods: This descriptive and correlational research was conducted in Arak University of Medical Sciences, in 2012. Among staff members of this university, 148 participants were selected via available sampling method. Data was collected by Paloutzian's Spiritual Well-Being questionnaire, Life Orientation Test questionnaire, and Quality of life questionnaire (sf-36). All data were analyzed using Pearson, Spearman and t-test.

Results: The mean score of age, Quality of life, spiritual well-being, and optimism of the staff were 36 ± 7.4 , 40.3 ± 20 , 89.4 ± 19 , and 15.4 ± 3 respectively. There was a significant relationship between Spiritual well-being and Quality of life and also between Spiritual well-being and Optimism. Furthermore, there was a significant relationship between Quality of life and Optimism.

Conclusion: The results of this study showed that spiritual well-being had a significant positive relationship with Quality of life and Optimism. There were no significant differences between Spiritual well-being, Optimism, and Quality of life and age, gender, and years of service.

Keywords: Medical Staff, Optimism, Quality of life, Spiritual well-being

* **Correspondence:** Should be addressed to Mr. Hasan Jafari Poor. **Email:** jafaripoor567@gmail.com

Please Cite This Article As: Jafari Poor H, Borji M, Borji M, Moslemi A. The Relationship between Spiritual Well-being and Quality of Life and Optimism on the Staff of Arak University of Medical Sciences. Health Spiritual Med Ethics. 2016;3(2):8-15.

Introduction

Spiritual well-being is one of the four dimensions of human health, in addition to somatic, psychological, and social causes. It promotes general health and coordinates other aspects of health that will increase the compatibility and functionality of psychological well-being (1). And it is also determined by features such as stability of life, peace of mind, sense of having better relations with self, God, society, and environment, along with balance and harmony of purposes in life (2). Religion and spirituality are considered as important sources to confront the stressful life (3). To dispense with spiritual well-being, the other dimensions of biological, psychological

and social causes of human health cannot function properly or reach their maximum capacity. Hence, the highest level of quality of life cannot be achieved (1). Spiritual health is one of the factors affecting the quality of life (4).

Reviewing the quality of life and its advancement plays a key role in social and personal life as well as general health (5). Quality of life is related to one's mental perception of well-being and satisfaction with life. The goal of promotion and maintaining good health is the quality of life (6). Piraste Motlagh et al. showed that there was a positive significant relationship between spirituality and

quality of life (7). Asarodi et al. also proved that there was a significant relationship between higher levels of spiritual well-being and different dimensions of quality of life (1). Jadidi et al. suggested that there was a significant correlation between spiritual well-being and quality of life of elderly people (8). The study of Alahbakhshian et al. indicated that there was a significant relationship between religious aspect of spiritual well-being and quality of life, in its mental dimension (9). Religious belief brings comfort to human beings. It ensures peace of mind, and fills emotional, moral, and spiritual gaps and strengthens these major dimensions of individual and society. It also provides the human beings with a strong base to confront difficulties and deprivations. Making a spiritual connection with unlimited and universal power would guarantee that the Omnipotent always supports such God-linked individuals. Relying on their faith, these people spend different periods of difficult situations with ease and are less subject to stress and anxiety and their future expectations are more optimistic and hopeful (10).

Optimism is among the structures that have attracted a lot of researches in recent years and can predict mental health. An optimist by nature and in attitude holds a view that good experiences will occur in life. Such kind of optimism is defined as a relatively stable personality trait that determines the type of individual behavior. This structure retains some influences over the behavior of individuals in coping with stressful experiences as well as their achievements in what they have to deal with in life. An optimistic-orientated individual evaluates the stressful situations in the future with a positive vision and has a good ability to calculate his or her capability to pass successfully through problems (11). The study of Baljani et al. indicated that there was a significant positive relationship between spiritual well-being and hope; and the performance measure of quality of life. And there was also a significant relationship between spiritual well-being and overall quality of life. In this regard, there was a significant relationship between religious

practices and overall quality of life too (12). Asgari et al. believed that there were significant relationships between religious beliefs and spiritual well-being and also between optimism and spiritual well-being. And religious beliefs and optimism variables were considered as predictors of spiritual well-being (10).

The instigators of workplace are composed of physical, mental and social factors. Each of these factors can be considered as a cause of stress. Such stresses adversely influence physical and psychological well-being and affect performances of individuals. Depressed, anxious, or irascible staff cannot easily find mental and emotional calmness, happiness and freedom, with no worries. They cannot offer or achieve stability in workplace (13). Any factor which negatively affects the individual's good feeling and his ability for performing daily activities will lower quality of life (14). And such quality of life will have a direct impact on job satisfaction (13). To such an evident scope mentioned above, the aim of this study was to investigate the relationship between spiritual well-being and quality of life and optimism on the staff members of Arak University of medical sciences.

Methods

This descriptive and correlational research was conducted in 2012 among 148 employees of Arak University of Medical Sciences by available sampling method. Using sample size formula, the sample size was determined through correlation (15).

To specify the spiritual well-being, Ellison and Paloutzian's Spiritual Well-Being Scale (SWBS) was conducted. This questionnaire had 20 questions and half of them measured religious well-being, the others weighed existential health. The scale by which religious well-being and existential health were measured was from 10 to 60 each. There were not any ratings for these two subgroups and only the scores obtained from the tests would be analyzed. If the score was higher, then there was a sign of higher religious well-being or existential health in that participant. The spiritual well-being was the sum of these two

subgroups that had a range of 20 to 120. Answers were classified on a six point Likert scale from strongly disagree to strongly agree. In the negative questions, grading was reversed and spiritual well-being in the end would be divided into three categories: the low level of 20 to 40, the middle level of 41 to 99, and the high level of 100 to 120. Poloutzian and Ellison calculated Cronbach's alpha coefficients to be 0.91, 0.91, and 0.93 for religious well-being and existential health (2). Also after translation into Persian, Alahbakhshian et al. (9) and Rezaei et al. (16) showed that Cronbach's alpha coefficient was 0.82 and confirmed the validity of the questionnaire. Applying Cronbach's alpha coefficients in these two studies, they also specified that the reliability was 0.82. The study of Dehshiri et al. indicated that Cronbach's alpha coefficients for the total scale, spiritual well-being, and existential health were 0.90, 0.82, and 0.87 respectively. By conducting re-test, Cronbach's alpha coefficients were 0.85, 0.78, and 0.81 respectively.

To determine the quality of life, the questionnaire SF-36 was used. It was designed by the International Organization for Quality of Life and has 34 questions. The questionnaire consisted of eight domains of physical functioning, physical performance limitations, limitations on emotional needs, vitality and eagerness, mental health, social functioning, somatic pain, and general health. The reliability and validity of this instrument was analyzed and accredited. Montazeri et al. conducted a study on 4000 participants and the reliability of different aspects of Persian SF-36 was from 0.77 to 0.9 (18). For measuring different attributes, the form of tests varied from three multiple choice tests to Likert scale. The scoring of each type was based on the instructions of the questionnaire SF-36. Triplets were calculated by scores of zero, 50, and 100. Five and six point Likert scales were also separately computed by zero, 25, 50, 75, and 100; and zero, 20, 40, 60, 80, 100 respectively. In each question, a score of zero indicated the worst and 100 the best trait. According to the protocol of the questionnaire,

the questions related to each domain were separated and then each question obtained a score between zero and 100. The scores in each section were collected and their average was calculated in percentage, which pointed out the well-being on the range in that domain. Hence, the average of total scores was computed in each domain and it accounted for a quality of life total score. And then the quality of life was classified into three sections: the score below 50 as the lower levels of quality of life, the scores of 50 to 74 of a middling quality, and the score 75 and above as the higher levels. According to Montazeri et al., all domains of physical functioning, physical performance limitations, somatic pain, and general health were introduced as the quality of life in its physical dimension and all domains of mental health, limitations on emotional needs, vitality and eagerness, and social functioning were introduced as the psychological dimension of quality of life. The reliability and validity of this questionnaire were examined in Iran and the internal consistency coefficient of eight subscales $\alpha=0.70$ and retest coefficients were from $r=0.43$ to $r=0.73$.

Life Orientation Test included 10 questions. Three questions reflected the optimistic orientation and three questions represented the pessimistic orientation and four questions were fillers with no scoring. Subjects were in a 5-point Likert scale from strongly agree (4), agree (3), no idea or neutral (2), disagree (2), to completely disagree (0) and the scores could range between zero and 24. Using test-retest method after and four weeks interval, Smith et al. (1989) examined coefficient of reliability with the index of 0.79 (19). In Iran, Hassanshahi (2002) assessed the psychometric properties of this scale and determined Cronbach's alpha 0.74 and retest coefficient 0.65 (20).

Research managers had committed themselves to observe high moral and ethical standards and employees participated in the project on a voluntary basis and with full consent. The demographic information of each questionnaire including age, gender, and work experience were evaluated. Using independent t-test, Pearson and Spearman correlation, and

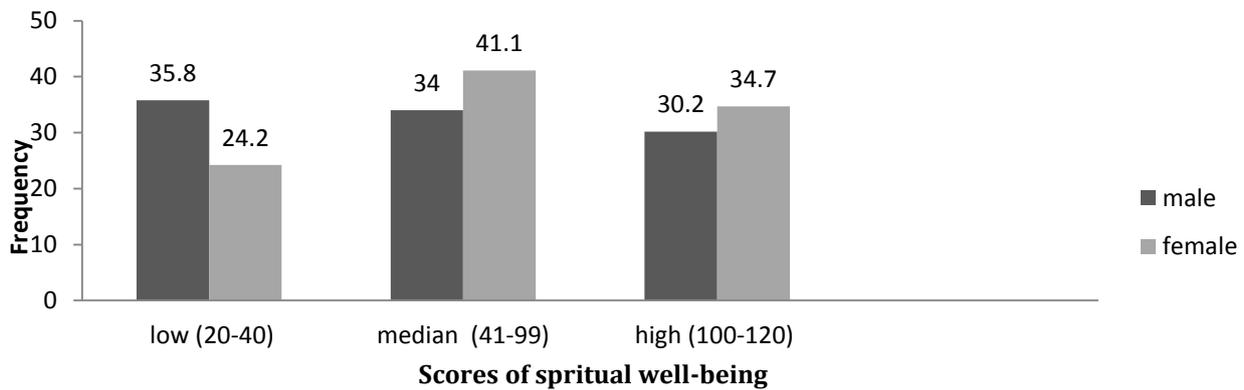


Figure1. Employees' frequency of scores on quality of life according to gender

SPSS version 18, the data were analyzed and the statistical significance level of 0.05 was attained.

Result

Among 148 employees of Arak University of Medical Sciences, 95 participants (64.2%) were female and 53 (35.8%) were male.

The median age of all participants in the study was 36 ± 7.4 . The minimum and maximum ages of them were 22 and 59. The minimum and maximum years of service were one and 28 respectively. Average total score was 89.4 ± 19 which was in the middle level (Figure 1). Also, the average score for quality of life and optimism were 40.3 ± 20 and 15.4 ± 3 respectively.

According to Spearman correlation coefficients, the results showed that there were significant relationship between spiritual well-being and quality of life ($p < 0.05$, $r = 0.46$) and between spiritual well-being and optimism ($p < 0.05$, $r = 0.52$). The study showed that there was no significant relationship between spiritual well-being and years of service ($p > 0.05$, $r = -0.03$).

Also, according to Pearson correlation coefficients, there was a significant relationship between spiritual well-being and optimism ($p < 0.05$, $r = 0.43$). Yet, there were no significant relationship between spiritual well-being and years of service ($p > 0.05$, $r = -0.08$) and also between optimism and work experience ($p > 0.05$, $r = -0.09$). The relationship between the quality of life and age ($p > 0.05$, $r = -0.13$); and between optimism and age ($p > 0.05$, $r = -0.08$) were not statistically significant too.

To examine the relationship between spiritual well-being and gender, Chi square test was applied. The results showed that there was no significant relationship between spiritual well-being and gender ($p > 0.05$). The independent t test results also showed that there was no significant relationship between the female and male staff members regarding quality of life and optimism variables ($p > 0.05$).

Discussion

The findings showed that the spiritual well-being mean score of staff members of Arak University of Medical Sciences was on the average (89.4 ± 19). The results of this study were consonant with the other researches. Using SWBS questionnaire, Asarodi et al indicated that the spiritual well-being score of Hashemi Nejad hospital employees in Mashhad city was also on the average and in agreement with the results of this study (21). By applying SWBS, Safayi Rad et al. determined the mean score of students' spiritual well-being (89.18 ± 17.14). This mean score was also on the average and very close to that of current research (2). Hsiao et al. examined spiritual well-being among nursing students in Taiwan and the results were also on the average. Alahbakhshian et al. showed that 97.9% of participants had a moderate spiritual well-being (9).

The results of this study showed that there was a significant positive relationship between spiritual well-being and quality of life that it seemed employees who had a better spiritual well-being had also had a higher quality of life.

The results conformed to those of Ramezankhani et al. regarding diabetic patients (23) as well as those of Mehrabi et al. regarding infertile women (14). They proved that there was a significant positive relationship between spiritual well-being and quality of life. Also, the results of this study were similar to a research by Asarodi et al. studied the relationship between spiritual well-being and nurses' quality of life. In their study, there was a positive and significant relationship between the higher levels of spiritual well-being and different aspects of quality of life (1). Additionally, the results of Pirasteh Motlagh et al. were similar to those of aforementioned study (7).

The outcome of this research was congruent with the results of Jadidi et al., who stated that there was a significant positive relationship between spiritual well-being and elderly people's quality of life (8). And it was in line with Alahbakhshian et al. (2010). They also showed that there was a significant relationship between spiritual well-being in its religious dimension and quality of life in its mental aspect on Multiple Sclerosis patients (MS) (9). According to the results of this study and the findings of other researches, it is necessary to strengthen different dimensions of spiritual well-being so that it can promote the quality of life.

On another level, the findings showed that there was a significant positive relationship between spiritual well-being and optimism. It seemed that those employees who had a better spiritual well-being were more optimistic about the future. These findings were consistent with those of Ashori et al. who selected the instructors of the Qur'an as the participants (24) and also with those of Berg (2011), along with Chen and Yan (2013) that worked on transplant patients. Each of them showed that there was a significant positive relationship between spiritual well-being and optimism. And besides, the results of this study were congruent with those of Asgari et al. (10); as well as Baljani et al. (12) who worked on students and cancer patients respectively. To explain these findings, it does seem necessary to notify that optimism is a positive

characteristic of human beings where positive outcomes of that are considered to be a constant and internal trait. If an individual's perception is associated with a positive sense of self, not only is that helpful in developing everyday life but also it is constructive in human's adaptation to stressful events. Thus, an optimistic individual is entangled less in mental disorders and get better health. The another point is that the optimism provides an individual with a better understanding of his self and paves the way for coordinating the physical strength and spirituality and this attribute increases the spiritual health (24).

The findings showed that there was a significant positive relationship between quality of life and optimism. It means that those who have a better quality of life are more optimistic. It should be noted that no other researches matched exactly this study but, since mental health is one component of quality of life, the study of Shieri (27) could be referred. Thus, the results of this study were consistent with those of Shieri (2011) and they indicated that there was a significant relationship between quality of life and optimism. It is necessary to mention that the main goal of psychology is to improve an individual's quality of life therefore this study suggested that by reaching closer to the concept of optimism one could be closer to the main goal of psychology. Hence, we can say that optimism is an important feature that is associated with mental health (28). Optimism is one of the basic features of an individual's character that affects the ways he tackles the problems of life. This factor has an impact on individuals' mental expectations when faced with problems and can act on their behavior more appropriately when they try to overcome difficulties (29).

The results showed that there was no significant relation between spiritual well-being and gender. Alahbakhshian et al. (2010) showed that gender does not affect spiritual well-being and this finding is consistent with that of current study (9). Besides, the findings of this study were congruent with those of Bigdeli and Karimzadeh (2006) and Asarodi et al. (2011).

The results showed that there was no significant difference between the mean score for quality of life and male and female employees of Arak University of Medical Sciences. Asarodi et al. showed that there was no significant difference between quality of life mean score and male and female nursing employees of shahid Hashemi Nejad hospital in Mashhad city. These results were consistent with outcomes of the current study. Moreover, the findings of this research were in agreement with those of Ayat Elahi and Rafiei. They also proved that there was no significant difference between mean score for quality of life and male and female participants (31). Such results were achieved in another study with the help of Tehran University of Medical Sciences (32).

Also, the results showed that there were no significant relationships between mean scores of male and female employees and optimism. Kajbaf et al. showed that gender has no impact on optimism (28). Patton et al. (34) and Kiafar et al. (34) also indicated that there were no significant relationships between genders' mean scores and optimism. The results of all aforementioned studies were consistent with each other, regarding an individual's gender and optimism.

The results of this study showed that there were no significant relationships between quality of life, spiritual well-being, and optimism and age. So it is safe to say that the age variable does not play a role in status of spiritual well-being, quality of life, and optimism. This means that the aging cannot be a basis for assessment of spiritual well-being, quality of life, and optimism. Amiri et al. also showed that there was no significant relationship between quality of life and age (35) and it was consistent with the result of this study. In another study which was conducted in Tehran University of Medical Sciences, there was no significant relationship between the employees' quality of life and age (32). In addition, Asarodi et al. showed that age does not impact on quality of life and spiritual well-being (1).

Also, the results indicated that there were no significant relationships between spiritual well-being, quality of life, and optimism and years

of service. Thus, it can be stated that spiritual well-being, quality of life, and optimism cannot be under the influence of years of service and the time of exposure to any occupations cannot promote those characteristics.

Conclusion

The eventuality of this study serves as a sign that an individual who has a higher level of spiritual well-being has also enjoyed a higher quality of life and is also more optimistic about life and feels optimism better. Moreover, the results specified that there were no significant differences between the variables of spiritual well-being, quality of life, and optimism and variables of gender, age and years of service. Finally, it is suggested that different workshops and conferences to be held according to the findings of this research for increasing spiritual well-being, quality life, and optimism of employees and also more facilities to be provided for them so that staff members can promote their quality of life. It also recommended that more attention should be paid to enhance the status of spirituality and its related affecting factors on that status and on the staff of medical sciences. Provided that it happens, there will be an increase in quality of life and optimism indices and the provision of high-quality and affordable health care services will be better in health centers. The first and most important limitations of the study were related to the correlation methods. Hence, It is suggested that the effect of spirituality on optimism also on quality of life to be examined. At the end of this project, it is recommended that other universities of medical sciences should observe critically this study.

Conflict of interest

The authors declare no conflict of interest.

Acknowledgements

This article is the result of a research project approved by the research department of medical sciences of Arak University and sponsored by this department with the code number of 100. Hereby, we must express our

gratitude to the honorable deputy of education and research at the Arak University of Medical Sciences and all respectable employees who contributed a great deal to this project.

References

- Asarodi A, Golafshani A, Akaberi A. The relationship between spiritual wellbeing and quality of life in nurses. *J North Khorasan Univ Med Sci*. 2011;3(4):81-8. [Persian]
- Safayi Rad I, Karimi L, Shomoossi N, Ahmadi Tahour M. The relationship between spiritual well-being and mental health of university students. *Q J sabzevar univ Med Sci*. 2010;17(4):274-80. [Persian]
- Stuckey JC. Blessed assurance: The role of religion and spirituality in Alzheimer's disease care giving and other significant life events. *J Aging Stud*. 2001;15(1):69-84.
- Foroghan M. *Growth Psychological: birth to death*. Tehran: Arjmand publisher; 2012. p. 450. [Persian].
- Salehi T, Dehghan Nayeri N. Relationship between anxiety and quality of life in students living in dormitories of Tehran University of Medical Science. *Payesh*. 2011;10(2):175-81. [Persian]
- Hemmati Maslak pak M, Ahmadi F, Anoosheh M. Spiritual beliefs and quality of life: A qualitative research about diabetic adolescent girls' perception. *Koomesh*. 2011;12(2):144-51. [Persian]
- Pirasteh Motlagh AK, Nikmanesh Z. The Relationship of Spirituality with the Pain and Quality of Life in Patients with HIV/AIDS. *Armaghane-danesh*. 2012;17(4):337-48. [Persian]
- Jadidi A, Farahaninia M, Janmohammadi S, Haghani H. The relationship between spiritual well-being and quality of life among elderly people residing in Kahrizak senior house. *Iran J Nurs*. 2011;24(72):48-56. [Persian]
- Alahbakhshian M, Jafarpour Alavi M, Parvizi S, Haghani H. A Survey on relationship between spiritual wellbeing and quality of life in multiple sclerosis patients. *Zahedan J Res Med Sci*. 2010;12(3):29-33. [Persian]
- Asgari P, Roushani K, Mahri Adaryani M. Relationship between religious belief, optimism and spiritual well being among college students of Islamic Azad University. *J Soc Psychol*. 2009;4(1):27-39. [Persian]
- Behrad M, Kalantari M, Molavi H. Efficacy of training optimism on general health. *Zahedan J Res Med Sci*. 2012;14(9):107-10.
- Baljani E, Kazemi M, Amanpour E, Tizfahm T. A survey on relationship between religion, spiritual wellbeing, hope and quality of life in patients with cancer. *J Evid Based Care Mashhad Univ Med Sci*. 2011;1(1):51-61. [Persian]
- Amiri S, Hajfiroozabadi M, Bahrami Babaheidari T, Sadati L. Survey of quality of life and influencing factors in alborz university of medical sciences staff. *J Alborz Univ Med Sci*. 2014;3(1):18-22. [Persian]
- Mehrabi T, Alijanpoor Aghamaleki M, Sadat Hosseiny R, Ziraki Dana A, Safaee Z. A study on the relationship between spiritual well-being and quality of life in infertile women referred to infertility centers in Isfahan. *J Urmia Nurs Midwifery Fac*. 2014;12(7):562-7.
- Chow ShCh, Shao J, Wang H. Translated by Hamide Alavimajd, Sample size calculation in clinical research. Tehran: Shahid Beheshti University of Medical Sciences; 2006.
- Rezaei M, Adib M, Seyyedfatemi N, Hoseini F. Prayer in Iran Cancer Patients Undergoing Chemotherapy. *J Complement Ther Clin Pract*. 2008;14(2):90-7. [Persian]
- Dehshiri Gh, Sohrabi F, Jafari I, Najafi M. A survey of psychometric properties of spiritual well-being scale among university students. *Psychol Stud*. 2008;4(3):129-44. [Persian]
- Montazeri A, Goshtasebi A, Vahdaninia M, Gandek B. The short form Health Survey (SF-36): Translation and validation study of the Iranian version. *Qual Life Res*. 2005;14(3):875-82. [Persian]
- Smith TW, Pope MK, Rhodewalt F, Poulton JL. Optimism, neuroticism, coping, and symptom reports: an alternative interpretation of the Life Orientation Test. *J Pers Soc Psychol*. 1989;56(4):640-8.
- Hassanshahi MM. The relationship between optimism and coping strategies in university students. *J Fundamentals Ment Health*. 2002;4(15&16):86-98. [Persian]
- Assaroudi A, Jalilvand M, Oudi D, Akaberi A. The relationship between spiritual well-being and life satisfaction in the nursing staff of Mashhad Hasheminezhad Hospital (2011). *Mod Care J*. 2012;9(2):156-62. [Persian]
- Hsiao YC, Chiang HY, Chien LY. An exploration of the status of spiritual health among nursing students in Taiwan. *Nurs Educ Today*. 2010;30:386-92.
- Ramezankhani A, Ghaedi M, Hatami H, Taghdisi MH, Golmirzai J, Behzad A. Association between spiritual health and quality of life in patients with type diabetes in Bandar Abbas. *B J Hormozgan Univ Med Sci*. 2013;18(3):229-37. [Persian]
- Ashori J, Safariyan MR, Allah Yousofi N. The Relationship of Religious Orientation, Optimism and Spiritual Intelligence with the Spiritual Well-being of Instructors of the Qur'an. *Psychol Relig*. 2014;7(2):125-36. [Persian]
- Berg T. The modification of compounds by attributive adjectives. *J Language Sci*. 2011;33(5):725-37.
- Chen PX, Yan LN. Health-related quality of life in living liver donors after transplantation. *Hepatobiliary Pancreat Dis Int*. 2011;10(4):356-61.
- Shieri F. The relationship between optimism and mental health and resilience in students' High school in Tehran [thesis]. Tehran: Allameh Tabatabaie University; 2011.
- Kajbaf MB, Oeeyzi HR, Khodabakhshi M. Standardization, Reliability, and Validity of Optimism Scale in Esfahan and a Survey of Relationship between

- Optimism, Selfmastery, and Depression. *Psychological Studies*. Faculty Educ Psychol. 2006;2(1,2):51-68.
29. Mousavi Nasab MS, Taghavi MR, Mohammadi N. Optimism and stress appraisal: Evaluation of two theoretical models in prediction of psychological adjustment. *J Kerman Univ Med sci*. 2006;13(2):111-20.
30. Bigdeli E, Karimzadeh S. The effect of factors causing stress on mental health nurses in Semnan. *Semnan Univ Med Sci J*. 2006;8(2):6-9. [Persian]
31. Ayat Elahi SMT, Rafiei M. Investigation of quality of life (psychological dimension) of Arak Islamic Azad University staff, 2003. *Q J Fundamentals Ment Health*. 2004;6(21-22):63-70. [Persian]
32. Dargahi H, Gharib M, Goodarzi M. Quality of work life in nursing employees of Tehran University of Medical Sciences hospitals. *Hayat*. 2007;13(2):13-21.
33. Patton W, Bartrum DA, Creed P. Gender differences for optimism, self-esteem, expectations and goals in predicting career planning and exploration in adolescents. *Int J Educ Vocational Guidance*. 2004;4:193-209.
34. Kiafar M, Kareshki H, Hashemi F. The Role of Hope Components And Optimism on Academic Motivation of Graduate Students of Ferdowsi University And Mashhad University of Medical Sciences. *Iran J Med Educ*. 2014;14(6):517-26. [Persian]
35. Amiri S, Hajfiroozabadi M, Bahrami Babaheidari T, Sadati L. Survey of Quality of Life and Influencing Factors in Alborz University of Medical Sciences Staff. *Alborz Univ Med Sci*. 2014;3(1):18-22. [Persian]