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Explaining Eudaimonic Well-Being: The Role of Religiousness and Patience

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Abstract

Background and Objectives: The lives of all people without mental disorders are not equally healthy and fruitful, and not necessarily healthier and more fruitful than the lives of people with such disorders. Therefore, identifying psychological variables that affect well-being can play a significant role in applying these variables in practical situations. The aim of this study was to codify a structural model to explain eudaimonic well-being based on religiousness dimensions and patience, as a mediator variable.

Methods: In this correlational study, 527 students of the University of Shiraz were selected by random multi-stage cluster sampling. Data collection was conducted by Religiosity Scale, Patience Scale, and Questionnaire for Eudaimonic Well-Being, with adequate levels of reliability and validity to be used in Iranian culture. Data analysis was conducted by SPSS 21 and AMOS 21.

Results: Path analysis in structural equation modeling showed that the proposed model fitted well with the data, and direct effect of religiousness on eudaimonic well-being, religiousness on patience, and patience on eudaimonic well-being was confirmed. The model also showed that indirect effect of religiousness, mediated by patience, caused well-being level to be promoted more markedly than direct effect of eudaimonic well-being.

Conclusion: Based on the findings, the coefficients of the emotions and beliefs dimensions of religiousness on eudaimonic well-being were greater than those of outcomes and rituals. It is therefore suggested to train religious teachings and rituals accompanied by patience, as a moral virtue, and put greater emphasis on the internalization and institutionalization of beliefs (such as self-knowledge and God) and religious feelings (such as attachment to God) to improve the well-being of life, rather than ritual and outcomes dimensions.

Keywords: Religion, Patience, Virtue ethics, Eudaimonic well-being, Health.

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Introduction

Since 1960 with emergence of perspectives that gave primacy to preventing rather than treating mental disorders, mental health models have concentrated mainly on positive mental aspects (1). With the development of positive psychology, exclusively medical attitudes about disorders were abandoned, and the researchers sought to expand people's capabilities and well-being (2-4). From pathological perspective, health is defined as not suffering from disease, while new approaches emphasize well-being rather than being sick. The World Health Organization (5) defines health as a state of complete physical, cognitive, and social well-being rather than merely the absence of disease. Well-being represents an important concept in positive psychology (6). Well-being literally means being satisfied with one's happiness, health, and success and refers to desirable psychological functioning (7). Sense of well-being is widely considered a positive mode that ranges on a continuum from negative to positive states (8). Deci and Ryan argue that well-being is derived from two traditions, namely hedonia and eudaimonia. According to Deci and Ryan, hedonic well-being is realized when positive emotions exceed negative emotions, and is synonymous with life satisfaction (7). Eudaimonic well-being refers to living based on genuine purposes, unlocking the talents, finding meaning in life, and continuously making efforts to develop personally and morally. Accordingly, one seeks out virtue ethics (9).

Religious orientation is one of the indices that can help promote well-being (10). Augustyn

argues that well-being and spirituality are closely related (11). Elison study demonstrated that attending religious ceremonies and strengthening religious beliefs had positive effect on well-being (12). Kahn and Yuster reported that certain religious beliefs such as fear of God were associated with well-being (8). Muller study demonstrated that spiritual health, faith, and hope were significant relieving factors for patients' anxiety and loneliness (13).

Ismail and Desmukh argue that religious beliefs and religious orientation cause promotion of well-being and life satisfaction (14). Yoon et al. believe that religiosity/spirituality is correlated with well-being. This correlation was observed among people who live in stressful conditions, such as diseases (15). Madahi et al. and Steger and Frazier reported a positive correlation between religiousness and well-being (16,17). In addition, association between these variables can be mediated by other factors. It is assumed that patience, as a moral virtue, can mediate relationship between religiousness and well-being.

Patience is associated with religiousness (18) on the one hand, and is a predictor of well-being on the other (19-22). Schnitker took into account a trifactorial model of patience consisting of interpersonal patience, life hardship patience, and daily hassles patience (19,20). He found that patience helped to promote both hedonic and eudaimonic well-being (20). Khormaei and Farmani developed a five-factor model of patience (23) that was used in the current study. They believe that patience, as a moral construct, is oriented by religiousness, and the implicit concepts of religious worldview determine the eudaimonic concept of patience (23). Marhemati and Yoosefi study demonstrated that three factors of the five-factor model of patience (forbearance, acceptance, and persistence) were positively and significantly correlated with psychological well-being (21).

According to the findings, participation in the development of today's world requires moral virtues such as patience, in addition to capacity, talent, and spirituality. Individuals should therefore give meaning to difficulties and also resort to patience to resolve their difficulties and issues to live a better life. Taken together, the current study seeks to explain relationship between religiousness and patience using eudaimonic well-being within the framework of a causal model. Generally, the aim of the current study is to develop a structural model of relationship between religiousness and eudaimonic well-being, using patience as a mediator variable. To justify the significance of the current study, we can argue that although the positive role of religious constructs in well-being has already been confirmed, this study seeks to investigate how and based on which mechanisms it is that religiousness does affect well-being.

This study may provide information based on which it can be argued that religiousness can affect well-being through intervention in moral constructs such as patience in addition to affecting well-being directly. This information helps to develop educational packages to educate skills based on these constructs through identifying effective mediators and ultimately contribute significantly to promoting people's well-being. Figure 1 illustrates the proposed model.

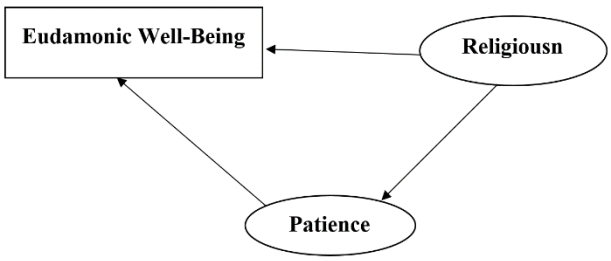

Figure 1. The proposed model of the study

Methods

This correlational study was conducted, based on a structural model developed according to the previous studies (18-22), to investigate whether a mediator variable, i.e. patience, can mediate relationships between the exogenous variables of religiousness aspects and eudaimonic well-being, as an endogenous variable. The study population of the current study consisted of all students of the University of Shiraz in academic year 2016/17. A total of 527 students were selected according to random multi-stage cluster sampling. To achieve this purpose, first, three faculties of the university were randomly selected, and then five classes

selected from each faculty, and all students of the selected classes enrolled in the study.

Religiosity Scale

This scale was developed by Glock and Stark to measure attitudes and religiousness (24), and standardized in different European, American, African, and Asian countries with the followers of different religions such as Christianity, Judaism, and Islam. Religiosity Scale has been also adjusted to Islam (25). The scale consists of 26 items to measure four dimensions of religiousness, namely beliefs (6 items), emotions (6 items), outcomes (6 items), and rituals (7 items). Serajzadeh reported high validity and reliability for the Religiousness Scale. The Cronbach's alpha coefficient of the entire Religiousness Scale was reported 0.83, and the Cronbach's alpha coefficients of the dimensions beliefs, emotions, outcomes, and rituals derived 0.81, 0.75, 0.72, and 0.83, respectively (25). Confirmatory factorial analysis confirmed that this questionnaire measures these four dimensions. The Cronbach's alpha coefficient was used to investigate the reliability of this questionnaire and derived 0.89.

Patience Scale

Patience Scale was developed by Khormaei et al. (26) and consists of 25 items rated by 5-point Likert scale. For positively keyed items, the choices Absolutely right and Absolutely wrong are scored 5 and 1, respectively. Khormaei et al. reported that the Patience Scale has acceptable validity (26). The results of factorial analysis confirmed that this scale can measure five variables namely transcendence, forbearance, acceptance, persistence, and hesitation. Khormaei et al. study demonstrated that the five subscales collectively explained 52% of variance in the total sample (26). The results of internal consistency confirmed the convergent and discriminant validity of this subscale as well. The results of calculating this scale's reliability demonstrated an acceptable level of reliability. The Cronbach's alpha coefficient of this scale was reported 0.86% by Khormaei et al. (26). In the current study, confirmatory factorial analysis and the Cronbach's alpha coefficient were used to investigate the validity and reliability of this scale, respectively, and the Cronbach's alpha coefficient of the entire scale derived 0.87.

The Questionnaire for Eudaimonic Well-Being (QEWB)

QEWB was developed by Waterman et al. to measure eudaimonic well-being (27). This questionnaire consists of 21 items and was reported to have acceptable levels of validity and reliability (27). Ahmadi et al. translated the English version of the QEWB into Persian, and reported that the experts of general psychology and sport psychology confirmed the face and content validity of the Persian duplicate (28). The results of confirmatory factorial analysis demonstrated that the QEWB's factorial structure fitted well with the collected data. The Cronbach's alpha coefficient of this questionnaire was derived 0.89. In the current study, the analysis of main factors demonstrated that one factor had a special value over 1, and the Cronbach's alpha coefficient of the entire questionnaire was derived 0.89.

After the university and professors provided approval and necessary coordinations were made, the QEWB, the Patience Scale, and the Religiosity Scale were administered to the students of the selected classes. Before administration of the questionnaires, the research purposes were explained to the students and then they consented to participate in the study. Then, the initial relationship was established with the participants to ensure them that the information would be kept private, and the questionnaires were randomly administered to the classrooms. Data analysis was conducted by SPSS 21 using descriptive and correlational statistics. To investigate the model in question, path analysis in the Structural Equation Modeling (SEM) in AMOS 21 was used.

Result

First, the assumptions of the SEM such as independent errors and multivariate normality were investigated, and then the proposed model tested. The participants' mean (standard deviation) scores for the studied variables are shown in Table 1. The path analysis in the SEM was used to investigate the role of religiousness and its dimensions (beliefs, emotions, outcomes, and rituals) in eudaimonic well-being

through patience and its dimensions (transcendence, forbearance, hesitation, persistence, and acceptance), as mediator variables.

Table 1. Mean (standard deviation) scores for studied variables

Variables		Mean	Standard Deviation
Eudamonic Well-Being		72.56	8.50
Religiosity	Beliefs	30.0	5.38
	Emotions	28.21	5.31
	Outcomes	15.83	5.52
	Rituals	15.00	4.42
Patience	Transcendence	11.16	2.33
	Forbearance	10.21	2.27
	Acceptance	7.50	2.00
	Persistence	10.37	1.70
	Hesitation	7.07	1.60

The findings demonstrated that the proposed model had acceptable goodness of fit. Figure 2 illustrates the studied structural model and the measurement models used in the study that included the regression coefficients or the factorial loads of the relationship between the latent and observed variables. According to many statisticians (29), although the goodness of fit of a model cannot be decided only based on the relative chi-square of CMIN/DF and root mean square error of approximation (RMSEA), these two indices are considered two of the best choices to investigate the goodness of fit. According to the goodness of fit indices of chi-square, RMSEA, incremental fit index, and comparative fit index (CFI), the model's goodness of fit was confirmed. In the current study, RMSEA, Normed Fit Index (NFI), Comparative Fit Index (CFI), and CMIN/DF were derived 0.04, 0.52, 0.95, 0.97, and 2.25, respectively. Economical normalized fit index was another index used in the current study. Values over 0.5 or 0.6 have been mostly considered acceptable for this index (29). In the current study, Parsimonious Goodness-of-Fit Index (PCFI) and Parsimonious Normed Fit Index (PNFI) were over 0.5. Regarding CFI, the more approximate to 1 the CFI is, the better the goodness of fit is. In this study, the CFI was over 0.8 and approximately 1. According to the theories and the values of the above indices, the model developed in this study can be considered acceptable.

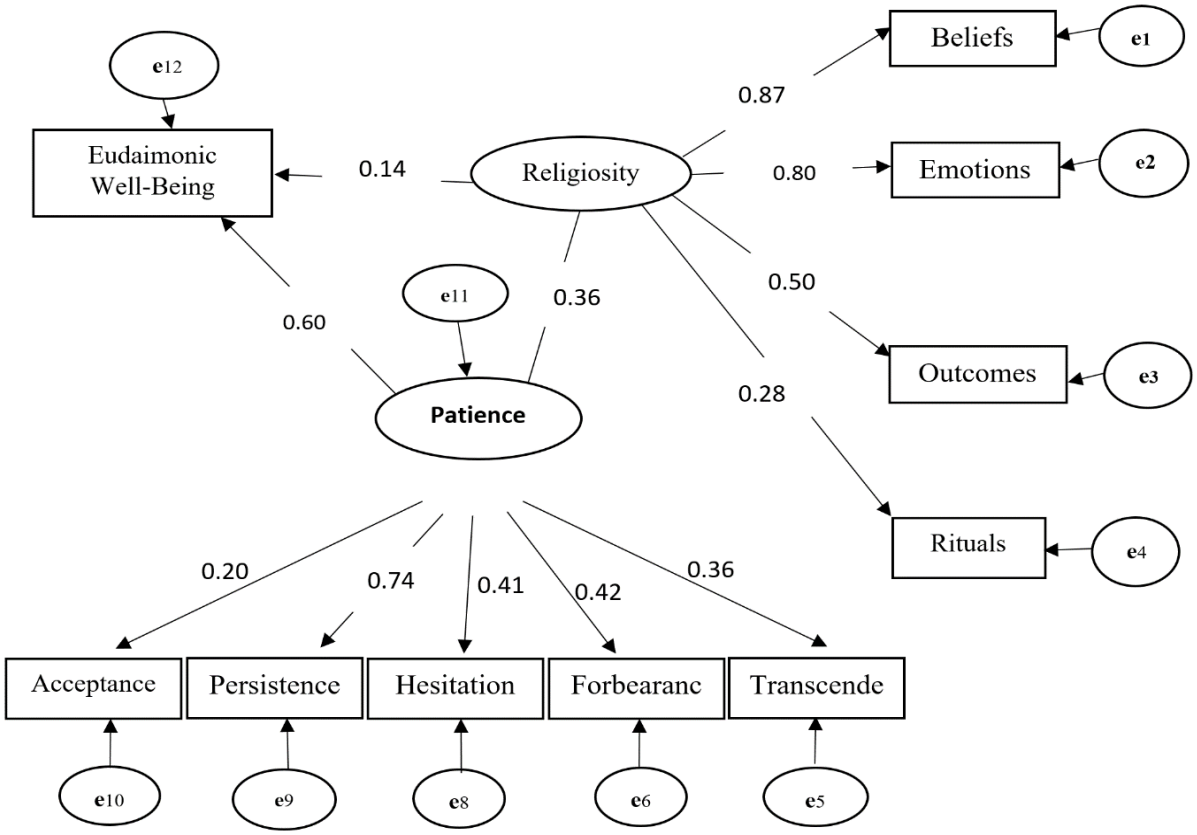

Figure 2. Final tested model

Table 2. The standard coefficients of direct and indirect paths, the entire effect of variables included in model

Route	Direct Effect	Indirect Effect	Total Effect
Religiosity to Eudamonia	0.14**	0.22**	0.36**
Religiosity to Patience	0.36**		0.36 **
Religiosity to Hesitation		0.15**	0.15**
Religiosity to Persistence		0.27**	0.27**
Religiosity to Acceptance		0.16**	0.16**
Religiosity to Forbearanc		0.23**	0.23**
Religiosity to Transcendence		0.50**	0.50**
Patience to Eudaimonia	0.60**		0.60**

**P < 0.01 *P < 0.05

To investigate the significance of paths, Bootstrapping in AMOS was used. Table 2 shows the standard coefficients of direct and indirect paths and the entire effect of the variables in the model. As shown, all indirect paths and the entire effect are significant, which represents the mediating role of patience in relationship between religiousness and eudaimonic well-being.

Discussion

The current study was conducted to investigate the role of religiousness and patience in eudaimonic well-being using patience as a mediator variable. According to the SEM results of the current study, religiousness was derived an effective factor on eudaimonic well-being. Different dimensions of religiousness have been frequently investigated and demonstrated to be associated with well-being. Religion is an important constituent of people's psychosocial life. For example, Steger and Frazier study showed that religiousness and well-being were positively and significantly correlated. Using analysis of different samples on a daily basis, they argued that meaning in life played a significant mediating role in the association of religiousness and well-being with life satisfaction, self-confidence, optimism, and positive emotions. Kahn and Yuster study on 1000 older people showed that certain religious beliefs such as fear of God, death anxiety, and belief in hereafter life were associated with well-being, that was more marked in the followers of protestantism compared to catholics and the jews (8).

It has been demonstrated that religiousness and well-being are positively and significantly correlated. Yoon et al. argued that religiousness/spirituality and well-being shared many points including positive emotion, lower levels of negative emotion, positive relationship with others, living a purposeful life, hopefulness, and life satisfaction especially in people who lived in stressful conditions or experienced difficulties of life, such as disease and low life expectancy. Yoon et al. reported certain variables such as health exercise, social support, coping resources, and religious beliefs to be mediators (15). Some studies reported that relationship between traumatic events and depression symptoms declined in elderly people that believed that Only God knows best when he should respond to their prayer. Altogether, the findings of the current study are consistent with some studies (4,11,13-19).

A study demonstrated that religiousness was a positive predictor of patience. The results of some studies (2,20) are in agreement with our study. A study indicated that patience could predict well-being. Some researchers sought to conceptualize this construct with reference to the fundamentals of psychology and patience signs in the Holy Quran. Khormaei and Farmani developed a model of patience based on religious and moral beliefs (23).

In conceptualizing patience according to the early scholars of Islamic ethics, they discussed this concept in the field of ethics. Accordingly, broadmindedness and openness are considered the central core of patience that intrgrate all the dimensions of patience in different models of patience. Broadmindedness refers to a psychological state that is characterized by openness to tolerance and acceptance. People's extreme reactions may put them at numerous risks. In case of moderation in psychological system, it is possible to become transcendental and move toward excellence. This moderation causes one to take into account different aspects of issues in decision making and avoid mistake and error. Patience, therefore, inhibits extreme emotional reactions and directs human's forces toward taking constructive actions. Relationship

between patience and well-being has been frequently studied in the fields similar to such concepts.

For example, association of patience with relief of anxiety and depression, and mental health was studied. The findings demonstrated that patience was a factor for relief of anxiety and depression and promotion of mental health. The results of our study are consistent with some studies (21-23). According to the evidence, patient people volunteer to postpone being awarded because of feeling compassionate toward others and also tend to cooperate with others. Khormaei and Farmani argue that patience is the moderating weight of the psychological system, and one of the mechanisms that makes this system stable and moderate. As a moral virtue, patience balances cognitive, emotional, and physical reactions. Khormaei and Farmani consider broadmindedness and openness to be the central core of patience (23). They define patience as a moral virtue that inhibits the negative impact of unpleasant situations. Openness to tolerance, as the core of patience, helps to accept the current conditions, persevere when being faced with adversities, be patient in hardships, inhibit unpleasant shocks, and promote well-being.

Conclusion

Taken together, strengthening religious beliefs and performing rituals, accompanied by patience, can lead to living a better life. These results indicated that both religiousness and all its dimensions can promote eudaimonic well-being indirectly via patience as a mediator. More clearly, different dimensions of religiousness such as religious beliefs and performance of rituals, if accompanied by patience, can lead one toward living a meaningful life and growing moral virtues.

The findings of our study should be taken into consideration from practical perspective, as well. It is therefore recommended to incorporate religious beliefs and rituals into educational programs for students to help them live higher levels of life and promote their well-being. From practical perspective, psychologists and counselors can help patients, especially those with hard-to-treat diseases and inpatients, tolerate pain and treatment-related hardships more comfortably. A limitation of our study was that the students of only one university were enrolled and therefore the findings should be generalized cautiously.

Conflict of interest

The authors declare no conflict of interest.

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