

Predictive Role of Spiritual Well-Being for Optimism and Life Expectancy among Women Who Referred To Health Centers

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Abstract

Background and Objectives: Spiritual well-being is one of the most important aspects of the quality of life that affects women's health and development. The present study aimed to evaluate the predictive role of spiritual well-being for optimism and life expectancy among women who referred to health centers.

Methods: This descriptive study was conducted based on a correlational research design. The study population included all women who referred to health centers in Mahabad, Iran. In total, 200 women were selected based on the convenience sampling method. The data were collected using an optimism questionnaire designed by Nori and Janbozorgi, Miller Hope Scale, and spiritual well-being scale developed by Paloutzian and Ellison. In addition, the data were analyzed in SPSS software (version 20) through the Pearson correlation coefficient and stepwise regression test.

Results: The results of the present study revealed that optimism ($r=0.21$) and life expectancy ($r=0.28$) correlated significantly with the spiritual well-being of women ($P<0.01$). Moreover, the obtained standard coefficients indicated that life expectancy ($Beta=0.26$) and optimism ($Beta=0.21$) are the first and second most determinative variables in predicting the spiritual well-being of women, respectively.

Conclusion: According to the results of the present study, spiritual well-being plays a predictive role for life expectancy and optimism, respectively. Therefore, skill-based training, such self-attribution, hopefulness, and optimism is essential to improve the spiritual well-being of women.

Keywords: Life expectancy, Optimism, Spiritual well-being.

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Introduction

The foundation of a family is built on women's health which is a prerequisite for sustainable development. Some psychologists believe that spirituality is related to health in many ways and consider it as a tool to adjust oneself to the hardships in life (1). Spirituality and religious values are effective in maintaining the good health and treatment of diseases (2). Accordingly, the World Health Organization has proposed spirituality as one of the principles of health promotion (3). Spiritual well-being, which is defined by features, such as peace, stability, and an

intimate relationship with yourself and God, signifies two existential and religious dimensions. Existential health concerns searching for meaning in life and learning how to achieve perfection, whereas religious health is defined as a commitment and attachment to a particular religious belief (4). Furthermore, it means the full integration of physical, mental, social, and spiritual aspects of life which finally results in peace of mind and creates a sense of wholeness and well-being. Spiritual well-being is also a step in one's progress towards making a harmonious relationship that originates from one's inner forces (5).

According to Ismaili, Faany, and Kharamakhami, spirituality is the central core of human existence. They revealed spiritual well-being as a significant issue in both the present life and the life after death. In addition, the spiritual well-being of man in this life is not separated from that in the afterlife. Moreover, they found out that spiritual well-being denoted holiness, superiority, and authenticity of this aspect of human health, which is a dynamic effort to achieve bliss (6). Similarly, based on the results of the previous studies on spiritual well-being and meditation, spiritual well-being is defined as having a sense of acceptance, positive emotions, ethics, and a sense of positive mutual relationship with superior holy power, others, and oneself. This possession is achieved through a harmonious, cognitive, emotional, active, and personal process (5). Patients, who have a higher level of spiritual well-being, adapt more quickly to their diseases. In addition, the support of a spiritual source and the connection to a higher power can help improve the quality of life and also reduce and control mental disorders (7). The results of the previous studies also confirmed that spiritual well-being could reduce mental disorders and increase one's life span (8). Therefore, those who have spiritual beliefs respond better to treatments when experiencing harmful and traumatic events and are less prone to depression than others.

Recently, there has been an increasing interest in spiritual medicine. This practice aims to improve the patients' defense mechanism against diseases and increase their self-esteem using different methods. It also intends to manage pain in patients by making use of spiritual coping strategies. Previous studies have reported that spiritual practices promote physical and social health and increase social interactions (2, 9, 10). Moreover, another study showed that spiritual well-being was correlated significantly with hope, life satisfaction, and optimism in ill elderly patients (11, 12).

Optimism is one of the variables that can be associated with spiritual well-being. Seligman's studies on "learned helplessness" introduced the notion of optimism into the

realm of psychology. This concept is an "explanatory style" of events that consists of three components, namely continuity, learning, and personalization. The "learned helplessness" refers to situations in which people believe (based on their past experiences, such as continuous, prolonged, and persistent reproaches and failures) that they cannot make progress regardless of their efforts and succeed at anything in life. In other words, they assert that behaviors are not linked to the outcomes and are out of their control. Among the consequences of "learned helplessness", one can name the fear of success, acceptance of failure, and depression. Additionally, the emergence of a variety of mental illnesses results from this fact that individuals cannot control their own destiny.

As a component of positive psychology, optimism is defined as a relatively stable tendency to establish positive expectations when facing the tensions of everyday life which can be related to different aspects of health (13). Optimism is a good method of dealing with stress and solving the problems in the present and future; on the contrary, a pessimistic attitude causes doubt, hopelessness, and disinterest. Therefore, optimism and pessimism are among the most important factors affecting one's mental health (14).

Positive and optimistic thinking acts as a shield that can protect individuals from negative emotions, such as anxiety and depression (15). Islamic practices pay a great deal of attention to the concept of optimism and regard God as the greatest source of optimism (attributing the deeds to God). Nori and Janbozorgi state that optimism is the source of peace in life. In the same line, Amir al-Mu'minin emphasized in his letter to Malik al-Ashtar that: "As a governor, be optimistic since optimism dispels long-term sufferings and griefs" (16). Similarly, research findings have shown a correlation between internal religiosity and spiritual well-being with hope, attracting affection, and interpersonal relationships (17, 18).

Life expectancy is another variable that is associated with spiritual well-being. It helps

people pursue their goals and be optimistic about the future. A wide variety of factors, including biological, social, and psychological factors affect life expectancy. Moreover, it can be enhanced if individuals' higher levels of expectations for a longer and more satisfying life are met under desirable conditions (15). Quality of life and life expectancy can only be achieved when the individual has adequate physical, social, mental, and spiritual well-being (19, 20). With this background in mind, the present study aimed to evaluate the predictive role of the spiritual well-being for optimism and life expectancy among women who referred to health centers.

Methods

This descriptive study was conducted based on a correlational research design. The study population included all women who referred to health centers in Mahabad, Iran. In total, 200 women who were selected based on the convenience sampling method were requested to complete the questionnaires.

The data were collected using the following questionnaires:

1. Optimism Questionnaire:

This questionnaire consists of 37 Yes/No questions and is standardized by Nori and Janbozorgi in Iran (16). Moreover, the reliability of this scale was obtained at 80% using Cronbach's alpha coefficient.

2. Miller Hope Scale

Miller Hope Scale was developed by Miller and Powers in 1988. The first version of this scale consisted of 40 items, which increased to 48 questions in subsequent versions. This questionnaire which measures hopefulness in individuals is scored based on a Likert scale ranging from 1 (completely disagree) to 5 (completely agree). The reverse-scored items include 11, 13, 16, 18, 25, 27, 28, 31, 33, 34, 38, 39, 47, and 48. Since this questionnaire lacks subscales, the total score should be obtained. The minimum and maximum scores are 48 and 240, respectively. Miller et al. (21) reported the validity of this questionnaire as desirable and estimated its reliability at 0.81 by Cronbach's alpha. In the present study, the

reliability of this tool was reported to be 0.84 using Cronbach's alpha.

3. Paulotzin and Ellison spiritual well-being Questionnaire

The spiritual well-being questionnaire was first introduced by Paulotzin and Ellison. The total score of this scale is obtained using the sum of the scores of the two religious and existential health subgroups. The items are scored based on a 6-point Likert scale from 1 (completely disagree) to 6 (completely agree). The religious and existential health scores range from 10 to 60. Moreover, the total score of spiritual well-being is between 20 and 120. According to a study conducted by Hosseini Daroukhalayi, Paulotzin and Ellison confirmed the reliability of this questionnaire and obtained the Cronbach's alpha coefficients of religious and existential health as well as the whole scale at 0.91, 0.91, and 0.93, respectively (22). In the present study, the obtained Cronbach's alpha coefficients for religious and existential health subscales and the whole scale were 0.83, 0.85, and 0.90, respectively. Farahaninia, Abbasi, Givari, and Haqqani (5) asked 283 nursing students at Iran, Tehran, and Shahid Beheshti Universities to complete this questionnaire. The reliability of this scale was reported to be 82% by Cronbach's alpha.

Regarding the ethical considerations, the participants became aware of the confidentiality of their information. Subsequently, the questionnaires were distributed anonymously among the women who referred to the health centers.

Result

Table 1 shows the indices of the descriptive statistics of the variables under study.

According to Table 1, the mean values of spiritual well-being (total), optimism, life expectancy, age, and marriage duration are 70.19, 17.36, 114.64, 31.51, and 9.20, respectively. Kolmogorov-Smirnov test was utilized to assess the normal distribution of the data. The results showed a P-value higher than 0.05 for all variables. Therefore, parametric tests were used to evaluate the research hypotheses.

Table 1. Descriptive indices of the variables under study

Variables	P-value	K-s indices (normality test)	SD± M	N
Spiritual well-being (Total)	0.657	0.59	70.19±11.21	200
Religious health	0.142	1.15	37.50±7.22	200
Existential Health	0.133	1.16	32.58±6.30	200
Optimism	0.152	1.13	17.36±5.21	200
Life Expectancy	0.130	1.16	114.64±21.73	200
Age	0.132	1.21	31.51±6.61	200
Years of Marriage	0.128	1.38	9.20±6.54	200

According to Table 2, the correlated values represent the common dispersion among the variables. Since there is a significant correlation between the variables, the assumption of a linear relationship between two variables is confirmed in this study. Accordingly, there is a significant relationship between spiritual well-being and optimism (0.21, $P < 0.01$). Moreover, spiritual well-being correlates significantly with life expectancy (0.28, $P < 0.01$).

Table 2. Correlation matrix of variables under study

Variables	Optimism	Existential health	Religious health	Spiritual well-being
Spiritual well-being				1
Religious Health			1	0.64
Existential Health		1	0.67	0.51
Optimism	1	0.25	0.26	0.21
Life Expectancy	0.23	0.33	0.36	0.28

The stepwise regression was used to test the hypothesis in this study (i.e., spiritual well-being plays a predictive role for optimism and life expectancy). The results are presented in Table 3.

Table 3. Predictive role of spiritual well-being for variables under study

Variables	Sig	T	Standardized Coefficients	Unstandardized Coefficients	
			Beta	Std. Error	B
Constant Number	0.000	11.52	-	4.77	10.73
Optimism	0.000	2.75	0.21	0.14	0.21
Life Expectancy	0.000	3.25	0.26	0.03	0.27

According to the data obtained from Table 3, life expectancy (Beta=0.26) and optimism are (Beta=0.21) the first- and second-best predictors to predict women's spiritual well-being, respectively.

Discussion

This study aimed to evaluate the predictive role of the spiritual well-being for optimism and life expectancy among women who referred to health centers. According to the results of this study, optimism correlated significantly with women's spiritual well-being. Although there have been no studies that would directly examine these variables in Iranian women's society, the results obtained from this study are in line with those of other studies (4, 7, 10, 14, 13 and 18).

A review of the theoretical and empirical literature shows that spiritual well-being is associated with features, such as stability, sense of calmness, improved quality of life, increased life expectancy, and enhanced constructive and useful social interactions. Optimistic people tend to have positive stable expectations when facing the tensions of everyday life which plays an important role in preventing physical and mental disorders. Accordingly, Islamic practices emphasize strongly on optimism which leads to inner tranquility. The findings of this study also revealed a significant relationship between life expectancy and the spiritual well-being of women.

Life expectancy helps individuals pursue their goals and objectives. The results of the present study are consistent with the findings of some previously performed studies (9, 11, 12 and 20). Moreover, it is found out that biological, social, and psychological factors influence life expectancy. The results of a study conducted by Siavashi have shown that spirituality is rooted in one's lived experiences as well as religious beliefs (20), and these spiritual lived experiences are both effective in enhancing life satisfaction and life expectancy.

In the same line, the results obtained from the present study revealed that life expectancy and optimism play a leading role in predicting women's spiritual well-being which is in line

with the findings of some previously conducted research (4, 7, 9, 12, 15, 16, 18 and 20). Similarly, these studies showed that optimism and life expectancy had a significant correlation with the spiritual well-being of women who refer to health centers.

The optimists usually consider negative life events as unstable, temporary, and transient. Therefore, they believe in their ability to solve problems and usually employ more efficient and successful strategies. Accordingly, they have better overall health. On the contrary, the pessimists perceive life's challenges as permanent and endless threats. Moreover, they regard the problems as unsolvable matters and usually feel more helpless, and therefore, experience more negative emotions (23).

Although this study paved the way for predicting the spiritual well-being of women based on optimism and life expectancy, it suffers from some limitations. The participants might not have honestly responded to the questionnaires due to gaining social approval and avoiding being defamed. Furthermore, the study population consisted of women who referred to health centers, not the clinical population; additionally, it was difficult to derive causal relationships from the cross-sectional analysis.

Based on the obtained results, it is recommended that future studies be considered the moderating role of cognitive processes in explaining these variables. In addition, considering the significant correlation between the variables in this study, it is suggested to develop programs to improve the spiritual well-being of women, thereby leading to an increase in life expectancy and optimism. The improvement of the spiritual well-being of women not only increases their satisfaction with life but also improves the quality of life, social support, and life satisfaction.

Conclusion

According to the results of this study, life expectancy and optimism correlated significantly with women's spiritual well-being; therefore, they are able to predict one's spiritual well-being. Consequently, it is necessary to develop programs to educate

women for skill development, such as self-attribution, hopefulness, and optimism, in order to improve their spiritual well-being. According to the fact that the foundation of a family is built on women's health, it is recommended to prepare coherent educational programs, in order to provide them with psychological and spiritual support resources to enhance and improve their spiritual and mental health.

Conflict of interest

The authors declare no conflict of interest.

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