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SPIRITUAL HEALTH, WELL-BEING LEVEL, AND LIFE QUALITY

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ABSTRACT

Introduction: Spiritual health is one of the health dimensions without which other biological, psychological, and social dimensions cannot function properly and thus the highest level of quality of life would be unattainable. **Method:** The present study is a descriptive-correlational one with respect to purpose and data gathering method. The statistical population included all male and female staff in the Health and Treatment center of Ilam province (365). 103 persons were selected through convenient sampling method. Data were collected using the Palutzin and Ellison's Spiritual Health Questionnaire, Ryff's Welfare and life quality questionnaires (sf-35). Data were analyzed using SPSS and AMOS software. **Discussion:** The results of the research showed that there is a significant positive relationship between spiritual health and people's well-being, and there is a significant positive relationship between spiritual health and life quality. Also, the results of this study showed that there is no significant relationship between well-being level and life quality. **Conclusion:** considering the relationship between spiritual health and the quality of life, it is recommended that educational interventions should focus on promoting spiritual health and improving the quality of life. The staff of health and treatment center constitutes a part of human resources of the health system; therefore, it is obvious that they must have a high level of spiritual health and psychological well-being. In this way, besides the significant effect that can have on improving the quality of life, it can improve their job performance and thereby increase the satisfaction of patients and clients referring to the Health and Treatment center.

INTRODUCTION

Today, people around the world are inclined towards spirituality and spiritual issues more than before therefore scientific investigation of spirituality is one of the important and common arguments in the area of physical and mental health. [1]. Spiritual health as the central philosophy of

life is the result of fulfilling the need for purpose, love, and forgiveness [2]. Health and well-being are inseparable parts of individuals' identity affecting all other aspects of their lives. In fact, well-being is defined as the coherence between all existential dimensions. In a comprehensive definition of health, well-being of body, mind, and spirit are interconnected. It is obvious that maintaining health depends on keeping the balance between all aspects of it [3]. People with high level of well-being would generally experience positive feelings and would have a positive evaluation of events and realities around them while people with lower level of well-being would negatively evaluate the events and realities in their lives and would consequently experience negative feeling like anxiety, depression, and anger [4]. Recently, with the emergence of a new approach called "positive psychology", qualification and defining concepts that ensure individuals' health and welfare and, in turn, their enjoyment of a healthy life have been emphasized more than ever. One of these concepts is life quality. Some researchers have defined life quality through an objective approach. In objective approach, life quality is defined as obvious factors associated with life standards. These factors probably include physical health, personal conditions, social relations, or other social-economic factors. In contrast, subjective approach defines life quality as individuals' satisfaction and happiness. This view emphasizes cognitive factors when evaluating life quality (Liu, 2006)[5]. In between, there another approach called comprehensive approach according to which theoreticians believe that life quality just like life itself is a complicated multidimensional concept. The comprehensive approach considers life as a multidimensional phenomenon and takes both subjective and objective parameters into account. Based on this approach, physical health, mental health, social relations, and the quality of life environment are among constructive parameters for life quality) [6].

. Silva (2009) conducted a study on the effect of spiritual well-being upon the life quality of patients suffering from chronic pulmonary disease and breast cancer. Results of this study indicated that spiritual well-being has an effective role in improving the quality of patients' lives [7]. Koenig (2009) found out that the kind of support resulted from spiritual or religious resources and having connections with a higher power can be useful for improving the quality of life, decreasing and controlling mental disorders, interpersonal support, decreasing the intensity of disease symptoms, and positive medical outcomes [8].

Reymond et al (2003) carried out a study under the title "investigating the quality of life among the patients suffering from long-term hemodialysis" in Netherlands and compared their life quality with that of a reference population. Results of this study showed that the quality of life among hemodialysis patients' was highly defective with respect to physical functioning and public health state. Furthermore, they enjoyed lower levels of life quality with respect to emotional and mental health [9]. Seybold & Hill's study (2001) indicated that religious beliefs, customs, and commitments are related to positive outcomes such as improved life quality, well-being, mental and physical health, marital satisfaction, stable life, and positive functioning [10].

Considering the importance of stated parameters in spiritual health, it is necessary to conduct a comprehensive research on the relationship between

these parameters, well-being, and life quality among the employees of health and treatment center of Ilam province in order to make for previous studies' limitations and pave the way for future research.

METHOD

This is a descriptive-correlational study with respect to purpose and data gathering method. The statistical population included all male and female staff in the Health and Treatment center of Ilam province (365). 103 persons were selected through convenient sampling method. Data gathering instruments include: spiritual health scale: this scale was designed by Palutzian and Elison (1983). This scale has 20 items which are scored based on a 6-point likert format ranging from totally agree to totally disagree. It is divided into two subscales namely, religious health and existential health each of which includes 10 items; the scores on each subscales range from 10-60. Odd items measure religious health and even ones measure existential health. The total number for spiritual health is obtained by summing up the scores on these two subscales ranging from 20-120. In items with positive verbs the highest score (6) is allocated to the option totally disagree and the lowest score (1) is given to the option totally agree. Higher scores show higher levels of spiritual health. For this questionnaire the Cronbach alpha coefficient was reported to be 80% [11].

Psychological well-being: this scale was developed in 1989 by Carol Ryff. This scale includes 84 items and 6 factors. Respondents answers would be scored based on a 6-point likert format ranging from totally disagree to totally agree. 47 items are scored reversely. In order for investigating the validity of this instrument and examining its relationship with other scales measuring personality characteristics which were among psychological well-being indices, scales such as Bradburn's emotional balance (1969), Newgarten's life satisfaction (1965), and Rosenberg's Self-esteem inventory were utilized. Results of Ryff's correlational tests were acceptable in comparison to the abovementioned scales. Thus, this scale is a valid instrument .In Ryff's study (1989) the Cronbach alpha coefficient obtained for self-acceptance was 93%; it was 91% for positive relationship with others, 86% for autonomy, 90% for environmental mastery, and 87% for personality growth [12]. Life quality questionnaire (sf-36): this questionnaire includes 36 multiple choice items measuring respondents' viewpoint on their health This scale includes 8 dimensions, namely physical performance, playing physical role, public health, vitality, social performance, playing emotional role, and mental health; the Cronbach alpha reported for them were 90%, 85%, 71%, 65%, 77%, 84%, and 77% respectively showing a good internal consistency for dimensions. The subscales of the translated version of life quality enjoyed the minimum standard coefficients of reliability ranging from 77% to 90% except for vitality subscale (65%). Factor analysis identified two main components which justifies the scattering between inventory's subscales. This questionnaire enjoys the required reliability and validity [13].

For data analysis purposes, descriptive statistics were run for demographic characteristics and inferential statistics of correlational test were run to investigate the relationship between variables understudy using SPSS and AMOS software.

The present study has been granted an ethic code (IR.MEDILAM.REC.1396.19) by the ethics committee of Ilam University of Medical Sciences.

RESULT

Results are presented in the following tables and figures: The total number of participants was 103 persons. Participants' ages ranged from 22 to 68. The mean and standard deviation of participants' ages in this study were 33.27 and 7.5 respectively (Table 1).

Table 1: Standard deviation and Variance for variables of age, marital status, and education

Variables	Age	Marital status	Education
Mean	33.27	1.61	2.23
Standard deviation	7.5	0.48	0.65
Variance	56.6	0.24	0.43
Number	103	103	103

Further, with respect to marital status of respondents, there were 40 (38.8%) single and 63 (61.2%) married persons. With respect to educational level, the highest frequency belonged to BSc (56 persons, 54.4%) (Table 2).

Table 2: Frequency and frequency percentage for variables marital status and education

Variable		Frequency	Frequency percentage
Marital status	Single	40	38.8
	Married	63	61.2
Education	Associate degree	12	11.7
	BSc	56	54.4
	MSc	34	0.33
	Doctorate	1	0.01
	Number	103	0.0100

Data analysis revealed that there a statistically significant relationship between spiritual health and the level of well-being among the employees of Health and Treatment center of Ilam province, $r^2 = 0.32$, $Sig = 0.001$. Pearson correlational coefficient, $r^2 = 0.247$, and the significance level, $Sig. = 0.01$, indicated that there is a significant relationship between spiritual health and life quality. Therefore, this hypothesis is accepted at a confidence level of 95%. Put it differently, as the level of spiritual health increases life quality would also increase. According to the results there was found no significant relationship between the level of well-being and life quality among the participants of the study, $r^2 = 0.160$, $p > 0.1$, ($p < 0.05$) (Table 3).

Table 3: correlational coefficients between spiritual health, life quality, and the level of well-being

Variable	Correlation coefficient (r^2)	Significance level	N
Spiritual health and well-being level	0.32	0.001	103
Spiritual health and life quality	0.247	0.01	103
Well-being and life quality	0.160	0.1	103

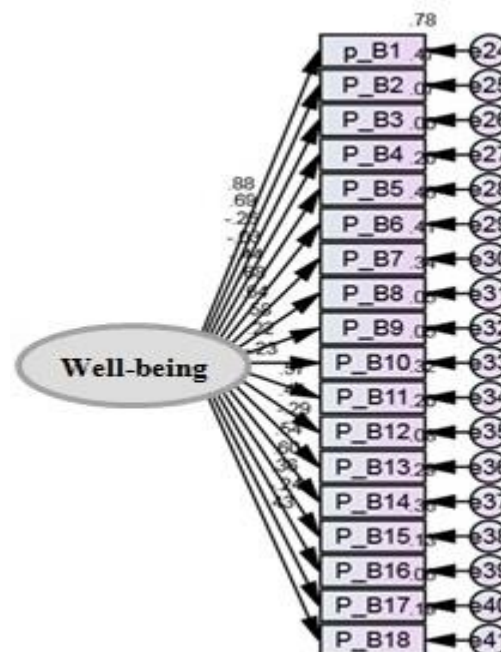


Figure 1: Factor analysis of well-being level items

As shown in figure 1 and table 4 the factor loadings for all items related to well-being variable are less than 0.3; therefore, items 3, 4, 10, 13, and 17 must be deleted (Figure 2).

Table 4: Factor loading for well-being items

			Estimate
p_B1	<---	well-being	0.883
P_B2	<---	well-being	0.688
P_B3	<---	well-being	- 0.262
P_B4	<---	well-being	- 0.032
P_B5	<---	well-being	- 0.444
P_B6	<---	well-being	0.680
P_B7	<---	well-being	0.642
P_B8	<---	well-being	0.580
P_B9	<---	well-being	0.217
P_B10	<---	well-being	- 0.231
P_B11	<---	well-being	0.570
P_B12	<---	well-being	0.442
P_B13	<---	well-being	- 0.285
+P_B14	<---	well-being	0.536
P_B15	<---	well-being	0.597
P_B16	<---	well-being	0.360
P_B17	<---	well-being	- 0.238
P_B18	<---	well-being	0.433

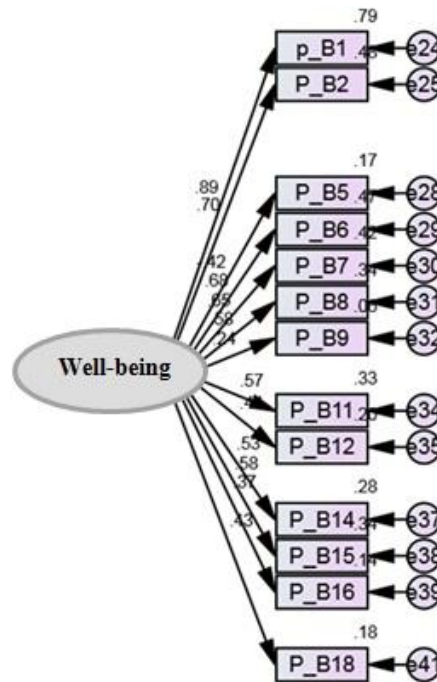


Figure 2: Factor analysis of well-being level items

In order to investigate the fitness of the model utilized in this study, different indices were used the results of which are presented in table 5; these results show that the model is properly fit.

Table 5: Results of well-being model’s fitness

Fitness index	Desirable value	result
X^2/df	3<	1.45
GFI(Goodness of Fit Index)	0.90>	0.985
CFI	0.90>	0.921
RMSEA(Root Means Square Error of Approximation)	0.08<	0.066

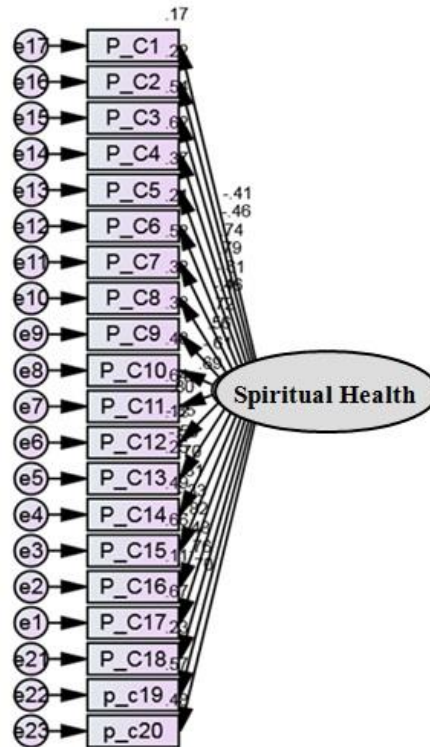


Figure 3: Factor analysis of spiritual health items

As shown in figure 3 and Table 6 the factor loadings for all items of spiritual health are more than 0.3; accordingly, it can be said that these items have been properly codified for this variable.

Table 6: Factor loading for the items of spiritual health

			Estimate
P_C17	<---	spiritual health	0.817
P_C16	<---	spiritual health	- 0.329
P_C15	<---	spiritual health	0.814
P_C14	<---	spiritual health	0.700
P_C13	<---	spiritual health	- 0.504
P_C12	<---	spiritual health	- 0.348
P_C11	<---	spiritual health	0.801
P_C10	<---	spiritual health	0.694
P_C9	<---	spiritual health	- 0.615
P_C8	<---	spiritual health	0.563

P_C7	<---	spiritual health	0.719
P_C6	<---	spiritual health	- 0.456
P_C5	<---	spiritual health	- 0.607
P_C4	<---	spiritual health	0.789
P_C3	<---	spiritual health	0.736
P_C2	<---	spiritual health	- 0.464
P_C1	<---	spiritual health	- 0.410
P_C18	<---	spiritual health	- 0.482
p_c19	<---	spiritual health	0.758
p_c20	<---	spiritual health	0.695

In order to investigate the fitness of the model utilized in this study, different indices were used the results of which are presented in table 7; these results show that the model is properly fit.

Table 7: Results of spiritual health model's fitness

Fitness index	Desirable value	result
X^2/df	3<	1.246
GFI(Goodness of Fit Index)	0.90>	0.953
CFI	0.90>	0.943
RMSEA(Root Means Square Error of Approximation)	0.08<	0.036

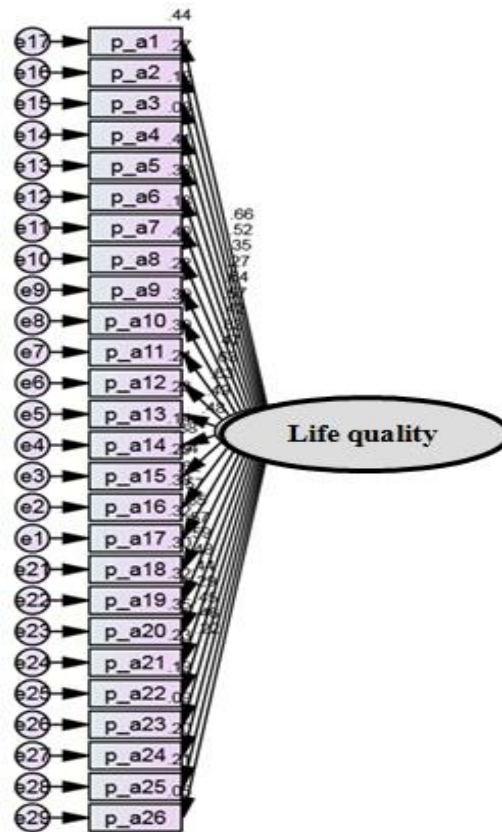


Figure 4: Factor analysis of the items of life quality

As shown in figure 4 and table 8, the factor loadings for all items related to the variable of life quality are less than 0.3. Thus, items 4, 23, and 26 must be deleted from among the items of life quality (Figure 5).

Table 8: Factor loading for the items of life quality

			Estimate
p_a17	<---	life quality	0.569
p_a16	<---	life quality	0.616
p_a15	<---	life quality	0.540
p_a14	<---	life quality	0.376
p_a13	<---	life quality	0.482
p_a12	<---	life quality	0.493
p_a11	<---	life quality	0.627
p_a10	<---	life quality	0.626
p_a9	<---	life quality	0.473
p_a8	<---	life quality	0.629
p_a7	<---	life quality	0.422
p_a6	<---	life quality	0.572

p_a5	<---	life quality	0.637
p_a4	<---	life quality	0.274
p_a3	<---	life quality	0.351
p_a2	<---	life quality	0.519
p_a1	<---	life quality	.665
p_a18	<---	life quality	0.546
p_a19	<---	life quality	0.568
p_a20	<---	life quality	0.594
p_a21	<---	life quality	0.480
p_a22	<---	life quality	0.441
p_a23	<---	life quality	0.293
p_a24	<---	life quality	0.452
p_a25	<---	life quality	0.458
p_a26	<---	life quality	0.217

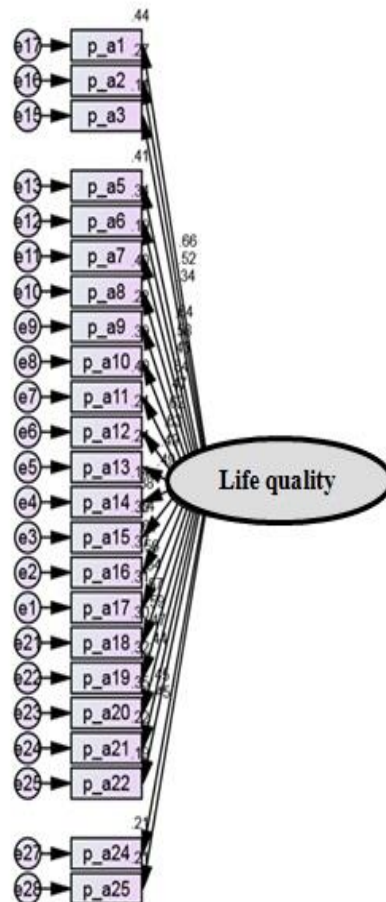


Figure 5: Final factor analysis of the items of life quality

In order for testing the hypotheses of study, structural equations were used through AMOS software, which have been presented below the model in the standard coefficient estimation mode (β standard coefficients). The significance of the relationship between two variables is judged according to the absolute value of critical value (C-R) of the path, which should be more than 1.96. Further, according to the standard coefficient estimation (β) the effect of variables on each other is also investigated.

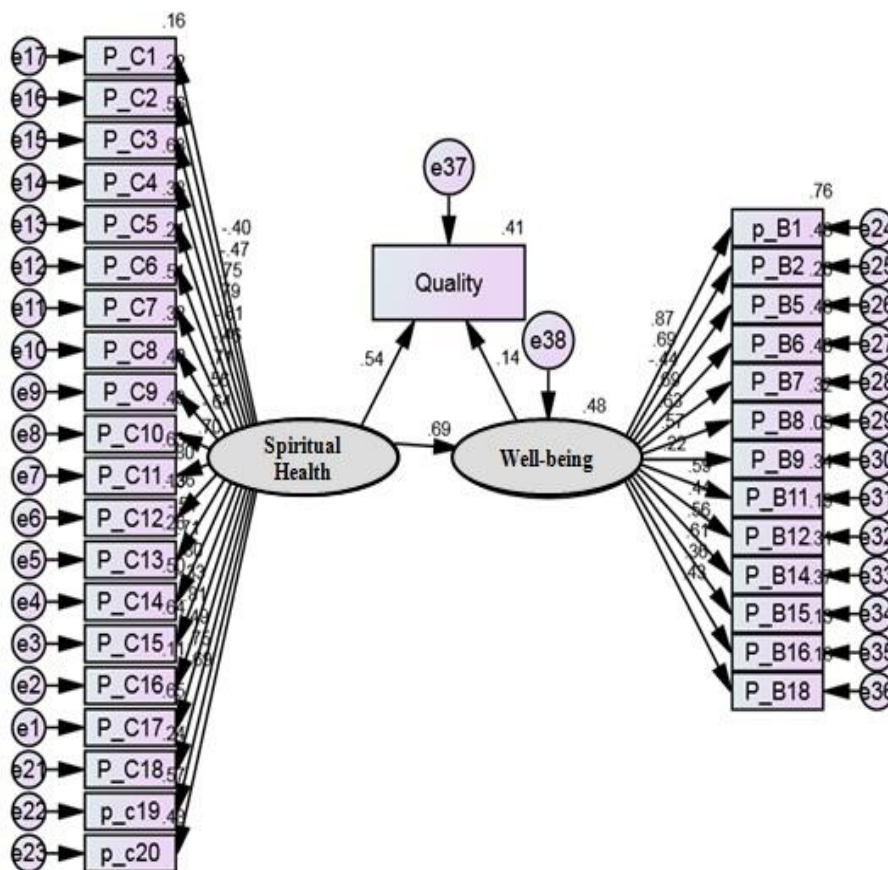


Figure 6: Structural equations modeling

In the figure 6 and table 9 the significant level between variables and C-R value for them has been presented (Table 9).

Table 9: Chi-square value

Chi-Square	df	χ^2/df	P-Value	RMSEA
953.959	525	1.8	0.000	0.073

In evaluating the fitness of the conceptual model and based on the estimated indices given in table 10, it can be said the specified structural

model enjoys an acceptable fitness. Thus, results obtained from model estimation are reliable.

Table 10: Indices of structural model's fitness

Fitness index	Desirable value	result
X ² /df	3.00<	1.9
GFI(Goodness of Fit Index)	0.90>	0.916
RMSEA)	0.08<	0.073
NFI(Normed Fit Index)	0.90>	0.906
NNFI(Non-Normed Fit Index	0.90>	0.96

DISCUSSION

This study was conducted to investigate the relationship between spiritual health and level of well-being among the employees of Health and Treatment Center of Ilam province from 2016-2017. The total number of participants was 103 persons. Participants' ages ranged from 22 to 68. The mean and standard deviation of participants' ages in this study were 33.27 and 7.5 respectively. Further, with respect to marital status of respondents, there were 40 (38.8%) single and 63 (61.2%) married persons. With respect to educational level, the highest frequency belonged to BSc (56 persons, 54.4%). The first hypothesis of the study states that there is a significant relationship between spiritual health and the level off well-being among the employees. Data analysis revealed that there a statistically significant relationship between spiritual health and the level of well-being among the employees of Health and Treatment center of Ilam province, $r^2 = 0.32$, Sig= 0.001. In other words, as the level of spiritual health increases, respondents' well-being would also increase.

Since the significance level is less than 0.05, it can be concluded that there is no significant relationship between spiritual health and the level of well-being among the employees of Health and Treatment center of Ilam province. Therefore, the research hypothesis is accepted with a confidence level of 95%. This finding supports the findings of other researchers. [14-17]. Based on this finding, it can be said that, people with spiritual health can cope with problems, mental pressures, mental defects, physical disabilities, psychological vulnerability, and most importantly, natural losses like the death of family members which happens in the natural cycle of life; they give meaning to these events and through confronting them would reduce their mental pressure. [18]. When spiritual health is seriously in danger, a person may suffer from mental disorders such as feeling of loneliness, depression, and losing meaning in life [19].

The second hypothesis of the study states that there is a significant relationship between spiritual health and the quality of life among the employees of Heath and Treatment center of Ilam province. Pearson

correlational coefficient, $r^2 = 0.247$, and the significance level, $\text{Sig} = 0.01$, indicated that there is a significant relationship between spiritual health and life quality. Therefore, this hypothesis is accepted at a confidence level of 95%. Put it differently, as the level of spiritual health increases life quality would also increase. This finding supports the findings of other researchers [20-22].

These findings suggest that hope and spiritual health are among significant factors in life that are related to life quality mental health. Moreover, previous studies have shown that feeling of comfort and power that is resulted from religious beliefs can contribute to one's health and goodness [23].

According to this finding, it can be said that unlike some societies in which people achieve spirituality through art and relations with nature, in our society people would attain spiritual health through religious doings. In other words, saying prayers, attending masques, and so forth in line with believing in god almighty whose remembrance brings solace and the holly book in which hereafter has been annunciated. This kind of internal solace is probably related to life quality [24].

The third hypothesis of this study proposes that there is a significant relationship between well-being level and life quality in employees of Health and Treatment center of Ilam province. According to the results there was found no significant relationship between the level of well-being and life quality among the participants of the study, $r^2 = 0.160$, $P = 0.1$, ($P > 0.05$). Therefore, the third hypothesis at a confidence level of 95% is rejected; that is, there is no significant relationship between individuals' wellbeing and their life quality. Results of this study are not in line with the findings of other researchers.[7.8] Silva et al. conducted a study on the effect of spiritual health on the life quality of patients suffering from chronic pulmonary disease and breast cancer. Results of this study approved the role of spiritual health in improving the life quality of the patients. Previous studies have shown that religious beliefs, custom and commitments are related to positive outcomes such as life quality improvement, well-being, mental and physical health, matrimonial satisfaction, stable life, and effective performance [10].

Spiritual well-being is one of the most important and outstanding dimensions of a healthy life which gives meaning and direction to life. This concept is taken from the effect of life on people's relationship with others, nature, and God. Spirituality would let individuals to move towards spiritual well-being even in the presence of physical sufferings. [25]. This finding suggests that life quality can be related to other parameters too requiring further research.

CONCLUSION

Findings of this study revealed that there is a significant relationship between spiritual health and well-being level among the employees of Health and Treatment center of Ilam province. Further, the results showed that there is a significant relationship between spiritual health and the quality of life.

Thus, it can be said that spirituality can positively affect the level of well-being and the quality of life and, also, improve the quality of work environment in the Health and Treatment center. As a result, increasing the

level of spirituality among the employees can contribute to the improvement of personnel's work quality.

Thus, it is necessary to conduct further research in this regard. In addition, considering the fact that people in our country believe in religious beliefs, making some interventions in this regard with the purpose of improving the quality of life would be openly accepted on the part of managers and employees.

This article was adapted from a research project under the title "investigating the relationship between spiritual health, the level of well-being, and life quality among the employees of Health and Treatment center in Ilam province" authorized by research council of research and technology deputy of Ilam university of medical sciences with a code of 964003/29.

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