

## ARTICLE

# RELATIONSHIPS BETWEEN SPIRITUAL WELL-BEING AND QUALITY OF LIFE IN HIGHER EDUCATION

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## ABSTRACT

The present study was conducted in higher education of Iran to the relationship between spiritual well-being and quality of life. The Statistical population included all students of Qom universities during 2015-2016 academic year from which a sample of 310 was selected from 2200 students of 2 universities through stratified random sampling. For this purpose, questionnaires were prepared and surveys of different universities were conducted to gather quantitative data. The results showed that two subscales of spiritual well-being mean such as existential well-being was lower than mid-level but level of religious well-being was higher than mid-level. It is also observed that the quality of life such as social relationship was less than average level but level of physical health and psychological health was higher than mid-level and environment was at average level. It was found a direct and significant relationship between scores of subscales of spiritual well-being and quality of life. The results showed that there was significant multiple correlation between spiritual well-being and quality of life. Beta coefficients among spiritual well-being and quality of life were significant and no autocorrelation existed and regression model was significant. Significant differences were also observed regarding demographic variables. This paper shows to the importance of analyzing spiritual well-being and quality of life in Iranian universities. It offers practical help to universities to develop motivation and health activity so students' health avoid challenging situations and persist in the face of difficulties.

## KEY WORDS

Spiritual well-being;  
Quality of life; Higher  
Education

## INTRODUCTION

Spirituality is frequently described as an individual's quest to find meaning in life and in his or her experiences. It is usually seen as related to some formal religion but is progressively viewed as independent of any planned religion [1]. Therefore, the spiritual well-being can be defined as a sense of communicating by the others, having meaning and goal in life and having belief and relation with a high power [2]. Ellison (1983) states that spiritual well-being contains a psychosocial in addition a religious element. Religious well-being which is a religious element specifies a relation with a superior power i.e. God. Existential well-being is a psychosocial element and shows feeling of a person of who he/she is, what he/she does and why and where he/she belongs to [3]. Both religious and existential well-being contains sublimit and effort beyond self. There are several researchers in supporting this theory that spiritual well-being can strengthen psychological function and adaptation [4]. The National Interfaith Coalition on Aging (1975) recommended that spiritual well-being is the affirmation of life in a correlation with oneself (personal), others (communal), nature (environment), and God (or transcendental other) [5]. Integrating these perceptions together, spiritual well-being can be defined in terms of a state of being reflecting progressive feelings, behaviors, and cognitions of relationships with oneself, others, the transcendent and nature, that in turn provide the individual with a sense of identity, wholeness, satisfaction, joy, contentment, beauty, love, respect, positive attitudes, inner peace and harmony, and purpose and direction in life [6]. In this situation, spiritual well-being is conceptualized as a two-dimensional construct. On the one hand, religious well-being describes on a vertical dimension our well-being for example it relates to God or even to a transcendent dimension. Instead, existential well-being addresses on a horizontal dimension our well-being as it relates to a sense of life purpose and life satisfaction, without any specific reference to a higher power [7].

On the other hand, spirituality is a significant element in the quality of life of humans. Spirituality may be defined in terms of a meaning for living and peace of mind or a relationship with a transcendent being [8]. In 1995, the World Health Organization workgroup on quality of life (QOL) defined QOL as an individual's perception of their situation in life in the context of the culture and value systems where they live in relation to their expectations, goals, standards and concerns [9]. QOL has been defined in a number of methods, and many measures exist for assessing this construct [10]. Most definitions clearly state that the assessment of QOL should take into account patients' subjective sights of their life circumstances [11]. This contains perceptions of social relationships, physical health, functioning in daily activities and labor, economic status, and a general sense of well-being [12]. Evidence is accumulating that anxiety and affective disorders are related with substantial impairments in quality of life and functioning. Individuals with major depressive disorder [13], and panic disorder [14] have substantially poorer QOL than community comparison cohorts. QOL refers to a person's overall sense of well-being, with all aspects contributing to his/her subjective satisfaction [15]. These aspects include health, family, work, the social network, and the residential environment [16]. According to Colver (2009), QOL can be defined in broad ways that incorporate objective and subjective accounts of personal feelings, social relationships, local environment, societal values, political institutions, economic conditions, and international relations [17]. But, a subjective and multidimensional approach, including physical and psychological health and social relations, is needed for QOL assessment [18].

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In a recent review of the probable association between religious and spiritual factors and health outcomes, it was concluded that religious and spiritual factors appeared to be associated with whole physical health, and the recommendation was made for attention to spirituality and spiritual interventions in future studies [1]. The significant correlations have been stated between of spiritual well-being and variables for example religious deeds [19], depression, self-esteem and internal religious orientation [20] emotional well-being and life satisfaction [21] emotional instability and mood disorders [22] and stress [23]. Few studies have assessed QOL in persons with social anxiety [24, 25], showing a marked impairment in the physical, social and psychosocial domains. In a study of patients with social phobia, these patients supposed their QOL to be relatively poor. Furthermore, QOL in that study was inversely linked to the severity of social phobia [26]. In another study, Antony et al. (1998) found that 49 patients with social phobia described considerable interference with their daily functioning in several domains [27]. Leisa et al. (2008) with the title of "Perceived stress and QOL" on students of medicine established that these students described high levels of stress and low levels of QOL. High levels of stress were negatively correlated with physical and psychological health and QOL. Students with high level of stress had low levels of physical and psychological health and these levels of stress in women were meaningfully more than men. These various stresses were predictors of negative life styles and in turn these negative life styles were predictors of low QOL [28].

The present study was aimed to investigate the relationship between spiritual well-being and quality of life in Iranian higher education. The effects could pave the way to increase the quality of education services and improve the higher education performance. It will offer the managers with knowledge of spiritual well-being dimensions and quality of life indicators while they try to remove the possible defects and prepare the higher education for performing successful changes and aggregate providing better services.

## MATERIALS AND METHODS

The present study employs a questionnaire survey approach to collect data for testing and research Question. Variables in the questionnaire comprise background information, spiritual well-being and QOL in higher education. The population for the study is 2200 students of 2 universities comprise Qom University and Qom University of medical Sciences. This study uses a stratified random sampling method to select 310 students. The authors distribute 310 questionnaires and ask for the questionnaires to be completed by faculty members. Of the 300 returned questionnaires, 10 are incomplete. The residual 300 valid and complete questionnaires are intended for the quantitative analysis. Data were composed by one questionnaire:

Following the distinction of previous researches [3], the present study adopts two Spiritual Well-Being Scale (SWB) including Religious Well-Being (RWB) and Existential Well-Being (EWB) of Spiritual Well-Being subscales with development of a twenty-item scale Questionnaire. All variables require five-point Likert style responses ranging from "strongly disagree" to "strongly agree". The Cronbach's alphas, calculated for the subscales and total scale: RWB alpha = 0.86 and EWB alpha = 0.90 and SWB=0.89.

Drawing upon prior researches [29], this study adapts WHOQOL-BREF is a 26-item subset from the WHOQOL-100 that assesses the individual's perception of quality of life and health in a Likert scale ranging from 1 to 5. The first two items measure the overall quality of life, and the individual's satisfaction with health, respectively. The remaining items can be grouped into four dimensions of QOL, namely: Physical Health (7 items), Psychological Health (6 items), Social Relationship (3 items), and Environment (8 items). Higher scores in all scales indicate a higher quality of life. Reliability coefficient of questionnaires were estimated through Cronach's alpha coefficient in healthy individuals assumed acceptable values (0.84 for Physical Health, 0.89 for Psychological Health, 0.85 for Social relationships, and 0.87 for Environmental).

To verify the questionnaires validity face and content method and authority opinions were utilized. To show the differences in Spiritual Well-Being and QOL among universities types, t-test, Fisher test, ANOVA, Multiple regressions were employed. A multiple comparison post hoc test with least significant difference (LSD) was used to determine which universities types were significantly different from the others.

## RESULTS

Most respondents (85.3%) aged 19 to 22 years; the participants included 60.7% female and 39.3% male. The number of medical Sciences students was 62% and those whose domain was Social Sciences were 38%. The number of the students studying at the first grade was 37% and those studying at the fourth grade was 63%.

**Table 1.** Spiritual Well-Being subscales mean, standard deviation Qom University and Qom University of medical Sciences (M= 3, df= 299)

Indicators (SWB) subscales	M	S	SK	d	tob	P
Religious Well-Being (RWB)	3.45	0.78	0.060	0.52	7.68	0.000
Existential Well-Being (EWB)	2.55	0.58	0.034	0.28	2.83	0.001
Total	3.05	0.60	0.063	0.33	3.03	0.000

Table [1] shows that the means two subscales of Spiritual Well-Being universities the highest mean Religious Well-Being (RWB) (M=3.45), while the lowest mean is related to Existential Well-Being (EWB) (M=2.55).

**Table 2.** QOL dimensions mean, standard deviation Qom University and Qom University of medical Sciences (M= 3, df= 299)

Indicators QOL(dimensions)	M	S	SK	d	tob	P
Physical Health	3.25	0.81	0.06	0.27	3.45	0.003
Psychological Health	3.17	0.84	0.05	0.29	3.53	0.001
Social Relationship	2.57	0.53	0.04	-0.09	-1.35	0.005
Environment	3.04	0.79	0.07	0.25	3.63	0.002
Total	3.00	0.89	0.04	0.34	5.57	0.000

Table [2] regarding the four dimensions of QOL universities the highest mean Physical Health (M=3.25), while the lowest mean is related to Social Relationship (M=2.57).

Table 3. Multiple regression between spiritual well-being and QOL

Indicators Source	ss	df	ms	R	R <sup>2</sup>	F <sub>ob</sub>	P
Regression	13.32	2	8.36	0.680	0.462	41.56	0.000
Residual	32.60	298	0.186				
Total	45.92	300					

[Table 3] presents the results of multiple regression analysis regarding the effects of spiritual well-being on QOL (p =0.000). Multiple correlation coefficients are 0.68 and modified determination coefficient is 0.462. So 46.2 percent of response variable can be explained by a combination of spiritual well-being.

**Table 4.** Correlation between spiritual well-being and QOL

Indicators spiritual well-being	β	Beta	Vif	tob	P
Constant	1.865	-	-	7.049	0.001
Religious Well-Being (RWB)	0.942	0.761	1.23	6.189	0.000
Existential Well-Being (EWB)	0.870	0.459	1.06	5.696	0.007

[Table 4] shows the results of coefficients of Religious Well-Being (RWB) and QOL are positive and significant. Coefficient of Existential Well-Being (EWB) and QOL are negative and significant (p=0.000). This study uses variance inflation factors (VIFs) to examine the effect of multi co linearity. The values of the VIF associated with the predictors show a range from 1.06 to 1.23 which shows that there is no autocorrelation among them. So regression model is significant and predictive model can be showed as follow:

$$Y=1.865 + 0.942x_1 + 0.870 x_2$$

According to finding of multivariate analysis (MANOVA) showed that observed F at confidence level of p ≤0.05 for Spiritual Well-Being and QOL according to demographic characteristics is significant. Etas square for age, Sciences domain are not significant. But Eta square for university type, sex and grade is significant [Table 5].

According to finding of Table-5, LSD test results identified that Existential Well-Being (EWB) and Environment in Qom University of medical Sciences was more than Qom University. LSD test results identified that Social Relationship according to sex students with male were more than those with female and so, Psychological Health according to grade students with first grade were more than those with fourth grade.

**Table 5.** Paired comparison of Mean Differences and standard deviation of spiritual well-being and QOL

Variables	Demographic Variables		Mean Differences	Sig
Existential Well-Being (EWB)	University Type	Qom University of medical Sciences and Qom University	0.9653	0.000
Environment		Qom University of medical Sciences and Qom University	0.6848	0.036
Social Relationship	Sex	male and female	0.5467	0.025
Psychological Health	grade	first grade and fourth grade	0.4273	0.017

## DISCUSSION

The greatest aspect of spiritual well-being is being able to give oneself strengths in various aspects of life. Spirituality is one element of faith development. It is one dimension of how one lives realistically in this world [30]. It lead to from a process of deep understanding of one's purpose of life, through religious practices and guidance from God.

Research results showed that two subscales of Spiritual Well-Being mean such as Existential Well-Being was lower than mid-level but level of Religious Well-Being was higher than mid-level and so the dimensions of QOL such as Social Relationship was less than average level but level of Physical Health and Psychological Health was higher than mid-level and Environment was at average level. Finally, significant differences were observed between Spiritual Well-Being and Quality of Life regarding demographic variables. Results of this study are almost compatible with a study that showed that spiritual well-being is the affirmation of life in a relationship with oneself (personal), others (communal), nature (environment), and God (or transcendental other) [6]. On the other hand, a study showed students reported high levels of stress and low levels of QOL. High levels of stress were negatively correlated with physical and psychological health and QOL. Students with high level of stress had low levels of physical and psychological health and these levels of stress in women were significantly more than men. These various stresses were predictors of negative life styles and in turn these negative life styles were predictors of low QOL [28]. In general, there is significant multiple correlation between the Spiritual Well-Being subscales including religious well-being and existential well-being and QOL in the studied universities. The beta coefficients have been as 0.761 between Religious Well-Being and QOL, 0.459 existential well-being and QOL all of which are statistically significant. The variance inflation factor for explanatory variables has been at least 1.06 to 1.23, which shows that there is no conformity between them. Results of this study are almost compatible with a study that examined how the possible association between religious and spiritual factors and health outcomes, it was concluded that religious and spiritual factors appeared to be associated with overall physical health, and the recommendation was made for attention to spirituality and spiritual interventions in future studies [1]. The significant correlations have been reported between of spiritual well-being and variables such as religious deeds [19], depression, self-esteem and internal religious orientation [20] emotional well-being and life satisfaction [21] emotional instability and mood disorders [22] and stress [23].

## CONCLUSION

Our findings indicated that students' spiritual well-being should be regarded as an important value and belief system that can affect their QOL. According to the importance of spiritual well-being role in consolidating physical, mental and social aspects of individual, intervention and training is considered a necessary issue in this field and can have an important key role for students.

### CONFLICT OF INTEREST

There is no conflict of interest.

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