

## **QUALITY OF LIFE AMONG ELDERLY INDIVIDUALS: ROLE OF HARDINESS AND SPIRITUALITY**

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### **ABSTRACT**

In India, the field of geriatric psychology faces obstacles such as lack of awareness, inadequate training opportunities, inequitable allocation of healthcare resources, a virtual absence of individualised mental healthcare models. As a response, this research emphasises the importance of modifiable psychological variables to promote healthy and active ageing of the elderly. Hardiness and spirituality were assessed as predictors of quality of life in a community sample of elderly people using the Quality of Life Scale (QOLS), Daily Spiritual Experience Scale (DSES), and Dispositional Resilience Scale (DRS) (DRS-15). The sample consists of 73 individuals aged 60 to 80 years. Pearson's product-moment correlation and regression analysis were computed to identify the relationship between these variables. The analysis revealed that hardiness has a low positive correlation of 0.433 and spirituality has a moderate positive correlation of 0.656 with quality of life. Both could significantly predict 50.1% of the variance in the quality of life of elderly people. The study has implications for micro and macro level interventions for care for the elderly. Limitations of the study and directions for future research are discussed.

**Keywords:** Quality of life, Hardiness, Spirituality, Elderly

### **Introduction**

Old age involves significant social and psychological changes influenced by factors like living conditions, personal expectations, and support structures. Many individuals face anxiety, depression, fear, and limitations, reflecting the widely accepted inevitability of biological, psychological, and social declines in aging. The concept of actively pursuing successful aging, emphasizing quality of life, autonomy, self-efficacy, and purpose, is gaining recognition. Research explores changing negative beliefs in older adults and the potential benefits of optimism for healthier aging, including improved coping and reduced stress.

India has 138 million elderly individuals (Ministry of Statistics and Programme Implementation, 2021), with the percentage of the elderly in the total population increasing from 8.6% in 2011 to 10.1% in 2021, projected to reach 13.1% in 2031. This demographic shift is considered a major 21<sup>st</sup>-century social transformation, impacting mental health care.

To enhance the well-being of the elderly in India, addressing insufficient social benefits involves raising awareness, improving capacity, strengthening training, and implementing community-based rehabilitation programs. Emphasizing positive life experiences is crucial for combating depression and anxiety, promoting resilience, and positively impacting mental health. Positive psychology, focusing on strengths and virtues, offers a holistic approach, exploring positive subjective experiences, individual characteristics, and societal contributions beyond cognitive alertness.

The aim of the study is to access the relationship of quality of life with hardiness and spirituality and determine whether hardiness and spirituality are significant predictors of quality of life among the elderly. The variables under study are described below.

Hardiness is an ability to adapt easily to unexpected changes combined with a sense of purpose in daily life and of personal control over what occurs in one's life. (APA (2014). Possessing the 3Cs

of hardiness - commitment, control, and challenge - allows people to turn unfortunate circumstances into opportunities for personal growth. The 3Cs are defined as (1) a desire to get deeply involved in all elements of life—people, places, and events (commitment); (2) a belief in one's ability to influence life outcomes (control); and (3) a willingness to learn from both positive and negative experiences and accept change (challenge).

Spirituality is completely individual; it is found deep within oneself. It could be the awareness and acceptance that there is a higher reality. It may be harmony, wisdom, compassion and a divine presence in every moment in life. It entails discovering our inner self, comprehending the nature of consciousness, and transcending our current physical reality. (Narula, 2017) Spirituality can be defined as the search for meaning in life events and a yearning for connectedness to the universe. (Coles, 1990), or as a person's experience of, or a belief in, a power apart from his or her own existence. (Mohr, 2006)

The concept of Quality of life involves an individual's understanding of their lifestyle within the social and cultural context, encompassing physical health, psychological state, social relationships, independence, personal beliefs, and their environment (WHO). It is a multi-dimensional evaluation of an individual's personal environment system in the past, present, and future based on intrapersonal and socialnormative criteria.

## Review of literature

This study explores the uncharted territory of hardiness and spirituality effects on elderly quality of life in India. Older adults' well-being is influenced by physical and mental factors, motivating a focus on the interplay between hardiness, spirituality, and quality of life in the elderly. A meta-analysis identifies key factors impacting older adults' quality of life, including autonomy, roles, health perception, relationships, emotional comfort, spirituality, and financial security (Van Leeuwen et al., 2019). Research indicates a rise in spirituality in later adulthood and its significant contributions to mental and physical well-being (Dalby, 2006; Lima et al., 2020; Papathanasiou et al., 2020; Dias & Pais-Ribeiro, 2018).

Studies highlight the positive relationship between spirituality and mental health, especially in hypertensive older adults, underscoring the role of spirituality in coping with ageing challenges (Papathanasiou et al., 2020; Dias & Pais-Ribeiro, 2018). The influence of spiritual beliefs on quality of life is emphasized, revealing a heterogeneous nature of living a spiritual life (Chaves & Gil, 2015).

Researchers investigate the link between quality of life, spiritual well-being, and depression, noting a significant negative correlation, suggesting that increased spiritual well-being reduces the prevalence of chronic diseases like depression (Izadmehr et al., 2014). The importance of meeting spiritual needs is emphasized, contributing to an individual's sense of well-being, particularly inner peace and generativity (Erichsen & Arndt Büssing, 2013).

Spirituality is recognized as a significant predictor of psychological well-being and a resource in maintaining well-being, especially in individuals with higher levels of frailty (Kirby et al., 2004). On the other hand, hardiness emerges as a modifiable resource promoting mental well-being in older adults, reducing depressive symptoms linked to perceived loneliness (Ng & Lee, 2019). A study explores the role of future hope and psychological hardiness in dialysis patients' quality of life, revealing significant direct correlations (Shirazi et al., 2018).

Hardiness training is shown to reduce suicidal ideation and improve quality of life in depressed patients, demonstrating its effectiveness in enhancing psychological capacities (Bahamin et al., 2012). Positive correlations between hardiness and quality of life are observed, with hardiness factors explaining variances in well-being (Aubi et al., 2010). Additionally, hardiness is linked to adaptive coping, engaging more in positive events in daily life (Ong et al., 2006; Ong et al., 2009; Soderstrom, 2000).

Observations highlight the statistical significance of spirituality and age as predictors of psychological hardiness, establishing a positive linear correlation between spiritual well-being and psychological hardiness (Baksi et al., 2021; Yavuz & Dilmaç, 2020; Abdollahi & Abu Talib, 2014). This comprehensive overview demonstrates the positive relationships between spirituality, hardiness, and quality of life in the elderly, suggesting real-life applications for various studies in this field.

## Methodology

### 3.1. Hypothesis

1. There will be a significant positive relationship between hardiness and quality of life in the elderly.
2. There will be a significant positive relationship between spirituality and quality of life in the elderly.
3. Hardiness will be a significant predictor of quality of life in the elderly.
4. Spirituality will be a significant predictor of quality of life in the elderly.

### 3.2. Operational Definition

- **Hardiness:** Hardiness was determined by the total hardiness score obtained on the Dispositional Resilience Scale (DRS-15) by Paul T. Bartone (1995).
- **Spirituality:** Spirituality was determined by the scores obtained on the Daily Spiritual Experience Scale (DSES) by Lynn Underwood (2006).
- **Quality of Life:** Quality of life was determined by the scores obtained on the Quality of Life Scale (QOLS) by John Flanagan (1989).

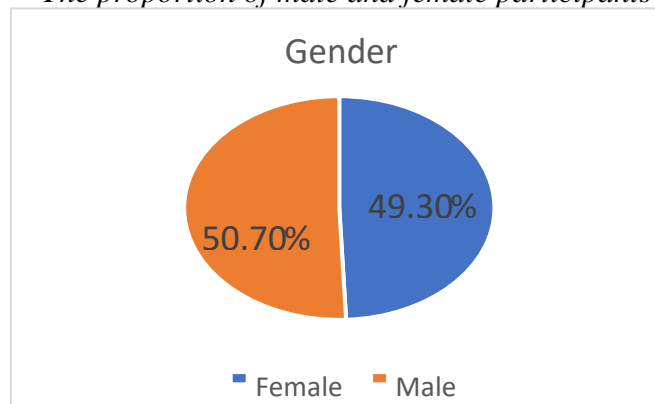
### Participants Table 3.1.

#### Socio-Demographic Characteristics of Participants

	N	Mean	SD	Percent
Age	73	70.04	6.03	-
Gender-Female	36	-	-	49.3%
Gender-Male	37	-	-	50.7%
Residence-Family	41	-	-	56.2%
Residence- Old age home	32	-	-	43.8%

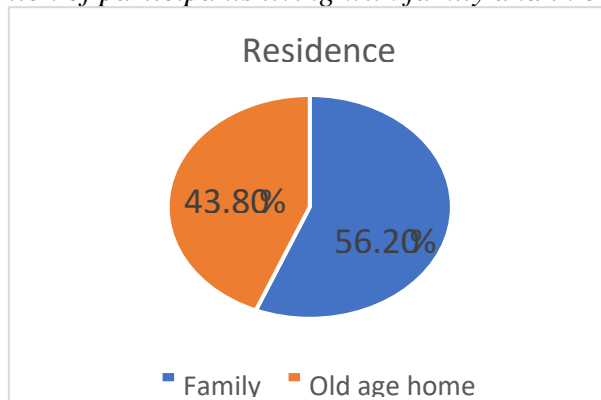
**Figure 3a**

*The proportion of male and female participants*



**Figure 3b**

*The proportion of participants living with family and in old age homes*



The socio-demographic characteristics of the participants are shown in Table 3.1. The sample had a total of 73 participants of age group 60-80 years with the mean age being 70 (SD 6.03), it had 37 males and 36 females and the participants who stayed with their family were 56.2% as compared to those staying at an old age home i.e. 43.8%. A total of 74 older adults took part in the study, of which the data of 1 participant was discarded because it did not meet the inclusion criteria.

### 3.3. Research Design

The study utilises a correlational design. The survey method was used for data collection. The research will study if hardiness and spirituality can predict quality of life.

### 3.4. Sampling Method

The study employed a non-probability sampling method, specifically convenience sampling, where participants were chosen based on availability and accessibility. This method does not ensure equal representation from the entire population. The data collection involved the researcher visiting old age homes, shelters, and homes, approaching eligible individuals, and inviting them to participate in the study via offline means.

### 3.5. Research Instrumentation

The research used three measurement tools, namely, The Quality of Life Scale (QOLS) by John Flanagan, The Daily Spiritual Experience Scale (DSES) by Lynn Underwood and The Dispositional Resilience Scale (DRS-15) by Paul T. Bartone.

### 3.6. Procedure

Data collection involved offline methods targeting individuals aged 60-80 from old age homes and those living with family, using convenience sampling. Only participants meeting set inclusion criteria were considered. Paper-pencil questionnaires were administered through visits to old age homes and participants' homes. Prior to data collection, participants were briefed about the study and asked for informed consent. Demographic details were collected anonymously, and participants proceeded to complete the Dispositional Resilience Scale (DRS-15), Daily Spiritual Experience Scale (DSES), and Quality of Life Scale (QOLS). Participants were thanked for their time, and confidentiality was maintained throughout the process. The collected data underwent statistical analysis, and the results were discussed.

## Results and Discussion

### 4.1. Results

This study aimed to assess the relationship of quality of life with hardiness and spirituality as well as to determine whether hardiness and spirituality are significant predictors of quality of life among old adults in India.

It was hypothesised that there would be a significant positive relationship between hardiness and quality of life in the elderly, and there would be a significant positive relationship between spirituality and quality of life in the elderly. It was also proposed that hardiness will be a significant predictor of quality of life in the elderly, and spirituality will significantly predict the quality of life in the elderly.

The research data was subjected to various types of statistical procedures. First, the data was analysed quantitatively with descriptive and inferential statistics. Descriptive statistics such as mean, SD, SEM, skewness and kurtosis are obtained for all variables under study. Since the research design is correlational, Pearson's product-moment correlation ( $r$ ) method was utilised to analyse the relationship among the variables. Then, multiple regression analysis was used to determine whether hardiness and spirituality are significant predictors of quality of life, as the correlation between the variables was significant.

The sample had a total of 73 participants with the mean age of 70 (SD 6.03), it had 37 males and 36 females, and the participants who stayed with their families were 56.2% as compared to those staying at an old age home, i.e. 43.8%.

**Table 4.1.***Descriptive Statistics of Hardiness, Spirituality and Quality of Life*

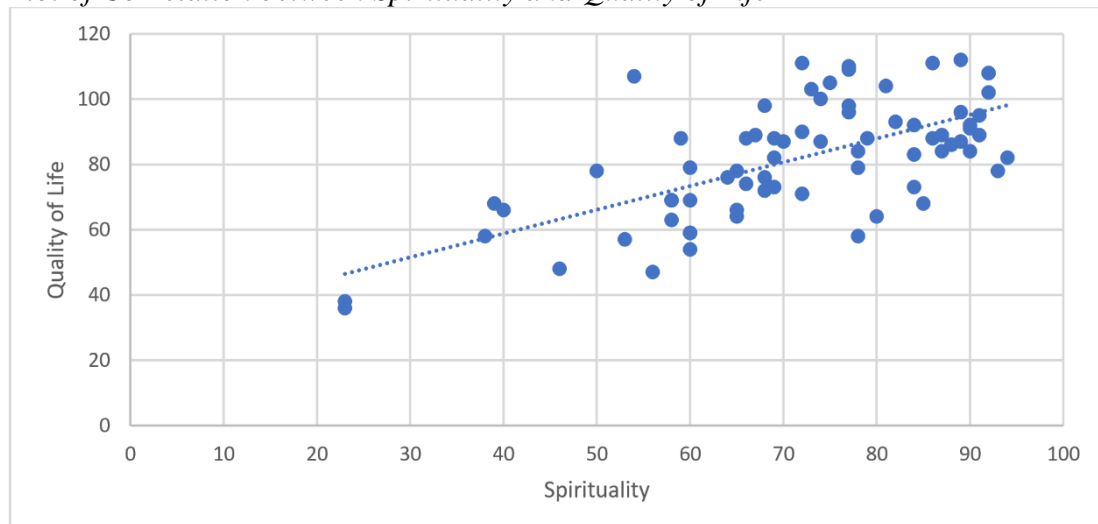
	Mean	Std. Error of Mean	Std. Deviation	Skewness	Std. Error of Skewness	Kurtosis	Std. Error of Kurtosis
Hardiness	25.123	0.740	6.320	-0.500	0.281	-0.360	0.555
Spirituality	71.548	1.898	16.213	-0.894	0.281	0.792	0.555
Quality of Life	81.795	2.104	17.979	-0.360	0.281	-0.270	0.555

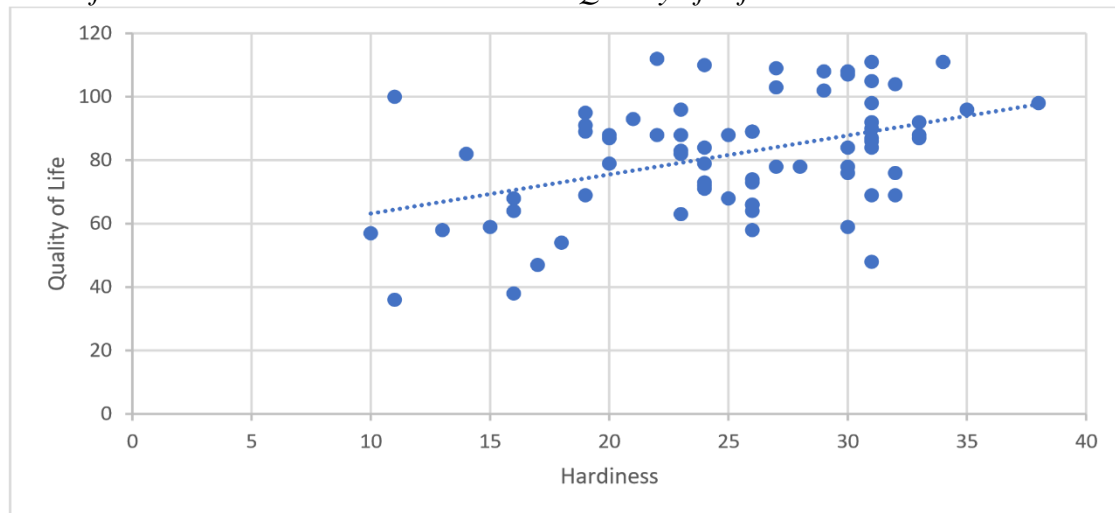
As seen in Table 4.1, the mean of the quality of life variable is 81.795, with a standard deviation of 17.979 and a standard error of 2.104. The mean value of the spirituality variable is 71.548, with a standard deviation of 16.213 and a standard error of 1.898. Lastly, the mean value of the hardiness variable is 25.123, with a standard deviation of 6.320 and a standard error of 0.740. The quality of life and spirituality variables have a high standard deviation indicating that the responses are spread out, i.e. dispersed from the mean. This can be due to a high range value of 96 for quality of life and 80 for the spirituality variable as well as a small sample size of 73 participants. Further, it is observed that all the variables represent a normal distribution pattern.

**Table 4.2.***Correlation coefficient between Hardiness, Spirituality and Quality of Life***Pearson's Correlations**

Variable		Hardiness	Spirituality	Quality of Life
1. Hardiness	Pearson's r	—		
	p-value	—		
2. Spirituality	Pearson's r	0.228	—	
	p-value	0.053	—	
3. Quality of Life	Pearson's r	0.433***	0.656***	—
	p-value	< .001	< .001	—

\*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

**Figure 4a***Scatter Plot of Correlation between Spirituality and Quality of Life*

**Figure 4b***Scatter Plot of Correlation between Hardiness and Quality of Life*

As seen in Table 4.2, there is a significantly low positive correlation of 0.433 between hardiness and quality of life with a p-value of  $<.001$  ( $r=0.433$ ,  $p<.001$ ). A significantly moderate positive correlation of 0.656 between spirituality and quality of life with a p-value of  $<.001$  ( $r=0.656$ ,  $p<.001$ ). Additionally, it is observed that there is no significant correlation between spirituality and hardiness.

Therefore, the results are in line with the hypothesis that there is a significant positive relationship between hardiness and quality of life, and, spirituality and quality of life.

**Table 4.3.***Linear Regression Model Summary - Quality of Life*

Model	R	R <sup>2</sup>	Adjusted R <sup>2</sup>	RMSE	R <sup>2</sup> Change	F Change	df1	df2	p
H <sub>0</sub>	0.000	0.000	0.000	17.979	0.000		0	72	
H <sub>1</sub>	0.718	0.515	0.501	12.701	0.515	37.138	2	70	$<.001$

**Table 4.4.***Sum of squares, degrees of freedom, mean squares, F statistic and overall significance of the regression model*

Model		Sum of Squares	df	Mean Square	F	p
H <sub>1</sub>	Regression	11981.818	2	5990.909	37.138	$<.001$
	Residual	11292.100	70	161.316		
	Total	23273.918	72			

*Note.* The intercept model is omitted, as no meaningful information can be shown.

**Table 4.5.***Coefficient estimates, standard error of the estimates, t-stat and p-values for Hardiness, Spirituality and Quality of Life*

Model		Unstandardised Coefficient	Standard Error	Standardised t Coefficient	p
H <sub>0</sub>	(Intercept)	81.795	2.104	38.870	$<.001$
H <sub>1</sub>	(Intercept)	13.807	8.166	1.691	0.095



Spirituality	0.652	0.095	0.588	6.876	< .001
Hardiness	0.849	0.243	0.299	3.492	< .001

Table 4.3 examines the fit of the model. The coefficient of determination or Adjusted  $R^2$  value of 0.501 is the proportion of variance in the response variable explained by the predictor variables, which indicates that 50.1% of the variance in quality of life can be explained by hardiness and spirituality. Table 4.4 shows the regression Mean Square which is 5990.909 (df=2, F= 37.138), indicating whether the model of regression gives a better fit to the data than a model containing no independent variables, i.e. whether the regression model is useful as a whole, which is significant at a p-value of <.001. In Table 4.5, the beta/standardised coefficient is interpreted as the average increase in the response variable for each one-unit increase in a given predictor variable, assuming that all other predictor variables are held constant. In the current data, for each additional unit score of spirituality, the average expected increase in quality of life is 0.588, assuming that hardiness is held constant. Likewise, for each additional unit score of hardiness, the average expected increase in quality of life is 0.299, assuming that spirituality is held constant. The standard error of spirituality and hardiness is 0.095 and 0.243, respectively, which measures the uncertainty around the coefficient estimate for each variable. Lastly, the p values of < .001 for both the variables indicate that spirituality and hardiness both are significant predictors of quality of life.

Therefore, the results are in line with the hypothesis that hardiness significantly predicts quality of life and spirituality significantly predicts quality of life.

#### 4.2. Discussion

Quality of life involves an individual's interaction with their environment, meeting needs while facing performance requirements. Hardy individuals are proposed to enhance their quality of life by effectively coping with challenges. Aging introduces stressors like health issues and mortality, impacting mental and physical well-being. Hardiness is suggested to act as a shield against stress, influencing how people perceive and cope with stressful events. Psychological hardiness, encompassing commitment, control, and challenge aspects, plays a crucial role. Commitment involves active engagement, contributing to a fuller life, while control reflects the belief in personal influence over circumstances, leading to a proactive approach and higher quality of life. The challenge disposition views change as opportunities for growth, diminishing the negative impact of stressful events. Hardiness, associated with dispositional optimism, promotes goal-directed behavior and continuous effort, positively predicting quality of life.

Individuals with a closer perceived relationship with a higher power often experience improved mental health, especially in old age, helping them cope with limitations, losses, and challenges. This positively influences mental health, fostering positive thoughts and feelings and resulting in higher satisfaction with quality of life (QoL) among the elderly. Handing over control to a higher power leads to higher QoL scores due to reduced worry and burden. Committed religious individuals expect promising outcomes and find comfort in religion during difficulties, directly enhancing QoL (Cotton et al., 2009).

Highly spiritual individuals connect their current quality of life to *Karma*, fostering contentment even in challenging situations. Their belief in deserving positive outcomes leads to heightened satisfaction, and less comparison with others contributes to greater well-being. Spirituality helps individuals overcome isolation, daily life problems, and the inevitability of aging. Spirituality and religion act as valuable social tools, enhancing effective functioning and ultimately contributing to a better quality of life, particularly in the elderly (Chaves & Gil, 2015; Izadmehr et al., 2014).

## Summary and Conclusion

### 5.1. Summary

The aim of the study was to access the relationship of quality of life with hardiness and spirituality and determine whether hardiness and spirituality are significant predictors of quality of life among elderly in India. The sample included 73 older adults aged 60-80 years living with families and in old age homes. A correlation and regression research design was employed using the survey method. Descriptive and inferential statistics was done on the data obtained. The analysis revealed that hardiness and spirituality significantly predicted the quality of life in the elderly.

### 5.2. Limitations of the Study

The study has limitations that warrant consideration in future research.

The findings' generalizability is limited as data was collected exclusively from individuals aged 60-80 in Mumbai, potentially affecting applicability to other regions or stages of old adulthood.

The study does not explore gender differences, or between those in old age homes versus those living with families. Self-reporting introduces the possibility of bias, social desirability, underreporting.

The lack of control over the test-taking environment in informal settings may lead to high distractibility during assessments.

### 5.3. Practical Implications of the study

The findings underscore the significance of modifiable factors like hardiness and spirituality for the elderly's quality of life. The research suggests implementing tailored psychological interventions, national policies promoting healthy aging, and early interventions starting in middle adulthood to prevent quality of life deterioration in late-life changes. Institutions, social networks, families, and healthcare professionals should encourage spirituality and develop hardiness to enhance well-being. Introducing spiritually oriented treatment and hardiness training may be crucial in geriatric wellness initiatives, potentially reducing mental distress and improving overall quality of life for older adults. Diverse and cost-effective approaches are vital for ongoing enhancement of older adults' quality of life.

### 5.4. Direction for future research

Researchers working with the elderly population may benefit from exploring more qualitative formats, using semi-structured questions to gain a deeper understanding of the elderly's phenomenological world. A multimethod approach, combining qualitative and quantitative methods, could be preferable, allowing older adults to provide context and justification for their responses. While the current study focused on a specific age group (60-80) in Mumbai with a higher socioeconomic status, future research should consider diversifying samples to include rural areas, small cities, and individuals with varied demographic characteristics. Longitudinal studies are necessary to comprehend the dynamic developmental processes of hardiness and spirituality on the quality of life in older adults. Additionally, exploring other modifiable variables like locus of control, sense of coherence, and self-efficacy in predicting quality of life is recommended. Future pre-post studies could investigate the potential benefits of hardiness training and spiritual interventions for older people.

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