

Original Article

The mediating role of time perspective in the relationship between religious orientation and quality of life

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Abstract

Introduction: The present study was aimed at determining some predictors of quality of life and according to previous theories and studies, a model was designed which time perspective mediates the relationship between religious orientation and quality of life.

Materials and Methods: In the present study which uses the correlative method and structural equation modeling, 412 students from 10 colleges of Islamic Azad University, Karaj Branch, participated and completed Allport religious orientation scale, Zimbardo time perspective inventory, and WHO-QOL BREF. Data analyzed by structural equation modeling using SPSS and AMOS software.

Results: Findings demonstrate that religious orientation subscales have an indirect significant correlation with quality of life and time perspective mediates this relationship. Intrinsic religious orientation, positively, and extrinsic religious orientation, negatively, predict the quality of life. Three subscales of time perspective including past positive, present hedonistic and future, positively, and two other subscales called past negative and present fatalistic, negatively predict the quality of life. Further, intrinsic religious orientation has positive correlations with past positive and future and negative correlations with past negative and present fatalistic; extrinsic religious orientation has positive correlations with past negative, present hedonistic and present fatalistic and a negative correlation with future.

Conclusion: The results indicate that unlike extrinsic religious orientation, intrinsic religious orientation has a positive correlation with ideal time perspective and quality of life; therefore, it is possible to improve students' quality of life, by reinforcing their intrinsic religious orientation, through a series of psychological workshops in university.

Keywords: Quality of life, Religious orientation, Time perspective

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Introduction

Religion affects many aspects of life for believers, both personally and socially; and makes their lives meaningful (1). Koenig and Büssing reported that research on religion and its relationship with mental health is expanding

rapidly; in 2001, about 1,200 studies had quantitatively examined the relationship between some aspects of religion with some aspects of health; and in 2010 they found that in the previous decade, more than 2,000 additional quantitative studies have been published in this

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field (2). Most of the psychologists who research on religion to understand the basic motivation of individuals' religious behaviors, prefer to study religious orientation, instead of specific religions such as Christianity and Islam (3); this was suggested by Allport for empirical studies. Actually, all believers to one religion may behave in a variety of forms and even sometimes opposite of each other; so, to describe the various religious experiences and behaviors, the intrinsic and extrinsic religious orientations as distinct categories, are more useful to examine and research (1).

A person with intrinsic religious orientation consider the religion as an ultimate purpose, and religion is his main motivation in life; he internalizes religious beliefs and values without reservation and adapts all of his needs and aims to religious contents (4).

Their motives and targets are based on religion's goals. For them, religion means a lifestyle which is not secular and self-centered (5).

They obligate to spiritual growth and make a deep and meaningful relationship with God (6). Unlike them, people with extrinsic religious orientation approach religion in a utilitarian or instrumental mode (4); and use religion just to attain goals such as financial and social achievements, comfort and social support (2).

The quality of life (QOL) is a very important construct that recently has gained much attention and health psychologist and researchers of mental health consider it as a very important and essential factor in researches on health (as cited in 7,8). World health organization defined the quality of life as a person's perception of his situation in life, based on his values, culture, purposes, expectations, ideals and preferences; and developed a scale to assess it (9).

The short form of this scale measures physical health, mental health, social relationships and the environment. World Health Organization examined this short form scale, covering a very large sample of 23 countries worldwide, and reported that it is very strong and appropriate for use in multicultural research (10).

In this scale, physical health subscale includes activities of daily living, energy and fatigue, mobility, pain, sleep and work capacity; mental health includes bodily image, negative and positive feelings, self-esteem, spirituality, thinking, learning, memory and concentration; social relationships includes personal

relationships, social support, and sexual activity; and the environment subscale includes, financial resources, physical safety, health and social care, home environment, opportunities for acquiring information and skills, leisure activities, environment's health, and transport; the scale measures degree of satisfaction with each of them (11).

Darviri et al. summarized the results of many studies and reported the positive correlation of religiosity with well-being, positive perception of life, health-related behaviors, life satisfaction, healthy food program, happiness, stress reduction, subjective well-being, and physical and mental health (6).

In Iran, Shafiee, Shahabizade and Poorshafei indicated a negative correlation of extrinsic religious orientation and happiness (12).

Rajabi, MalikMohammadi, Amanallahifar and Sudani reported a negative correlation of intrinsic religious orientation and depression (14). Findings of Momeni and Shahbazi Rad's research show a positive correlation between spirituality and quality of life (8).

The current study was aimed at determining some predictors of quality of life, which is a very important factor in mental health; and according to above, assumed religious orientation as a predictor of quality of life, and also assumed a model which another factor, called time perspective has a mediating role in their relationship.

Time perspective is an important issue in psychology (14). Lewin was one of the first who emphasized the importance of time perspective (TP) in the research on human behavior; He told an individual's life, far from his perception of the current situation, depends on his attitude towards future, present and past (15). Time perspective is an essential cognitive process that individuals perceive, understand and react in their physical and social worlds through it (16); and describes the effect of concentrating on past, present or future on their behaviors (17); because they unconsciously use time perspective to judge, make decision and act about their short-term and long-term aims (18). Time perspective is a process that makes personal and social experiences to fall under time categories or time frames and helps to make them coherent, meaningful and organized. Time perspective is used in encoding, storing, and recalling experienced events, as well as in shaping perception, forming expectations, directing attention, providing interpretations,

setting goals, making choices, and taking actions (19).

According to above, that time perspective is expressed as an essential cognitive process for interpreting and perceiving physical and social worlds, forming expectations, setting goals, making choices, and taking actions; and based on the definition of quality of life, presented by world health organization, it could be probable that time perspective predicts quality of life. Furthermore, Milfont, Andrade, Belo, and Pessoa summarized the results of many studies and reported that dimensions of time perspective correlate with various aspects of mental health, for example, life satisfaction, patience, self-esteem, mental well-being, cognitive and behavioral adjustment, and physical and mental health (20).

Though the relationship between time perspective and quality of life has not been studied, all variables that were noted are similar to those items which are measured by the quality of life questionnaire.

Zimbardo and Boyd described time perspective as a construct which includes 5 dimensions: past positive, past negative, present fatalistic, present hedonistic and future. Past positive shows a warm, sentimental, nostalgic, and positive attitude towards the past, and past negative shows a negative, painful and pessimistic attitude towards it. Present hedonistic reflects a hedonistic orientation in life and attempt to seek sensation and enjoyment at the present moment; present fatalistic refers to belief in fatalism and feeling helpless and hopeless in life; future dimension reflects planning for goals, thinking about future consequences and meet the obligations (20,21).

The relation between religiosity and time perspective is indicated in Zimbardo and Boyd's study (as cited in 20). According to their study, and what were noted above about time perspective, and considering the way religious orientation basically affect individuals' perception and action, it seems possible to suppose that religious orientation can predict time perspective.

So this study assumes that religious orientation predicts time perspective, and both of them predict the quality of life. Therefore, this study was aimed at examining the model of the relationship between religious orientation and quality of life, considering time perspective as a mediator.

Materials and Methods

The method of this study is correlative and uses structural equation modeling (SEM). The statistical population was nearly all 28000 students of Islamic Azad University, Karaj branch, in the second term of 2014-15 academic years. The Krejcie-Morgan table (1970) estimates a sample of 379 participants for a population of 30000 (22); and when random sampling is difficult or impossible, there is no matter to use convenient sampling (23); so because it was not possible to use cluster sampling, using accessible sampling, 600 questionnaires were distributed among volunteer students in all colleges of the university and 434 students returned the complete questionnaires; finally, except excluded participants, data collecting from 412 students of 10 colleges were analyzed.

The inclusion criteria for the study comprised being a student of Islamic Azad University, Karaj branch, and the desire and consent of the student as a volunteer to participate in the study; Exclusion criteria entailed, having a history of mental disorders, receiving psychiatric or psychological treatment, being on drugs, severe illness, and failure or unwillingness to complete the questionnaires.

With regards to the observance of research ethics, the participants received enough information about study and questionnaires, and participated in the research voluntarily with informed consent; and there was no need to write their first name and surname or student ID on the questionnaires. Furthermore, they were allowed to return the incomplete questionnaires after reading, and quit participating. In order to analyze collected data, the mean, standard deviation and Pearson correlation coefficient were calculated and finally, data was analyzed by structural equation modeling using SPSS and AMOS soft wares.

Research instrument

A) *Zimbardo Time Perspective Inventory (ZTPI)*: It was developed by Zimbardo and Boyd in 1999 and includes 56 items scoring on a 5-point Likert scale (very untrue=1, very true=5). This inventory includes 5 dimensions: past negative (10 items), past positive (9 items), present fatalistic (9 items), present hedonistic (15 items), and future (13 items). Zimbardo and Boyd reported Cronbach's alpha for subscales as past negative 0.82, past positive 0.80, present fatalistic 0.74, present hedonistic 0.79 and

future 0.77 (24). Taj, Mokri, and Fotouhi assessed test-retest reliability over a two-week period and reported correlation coefficients as past negative 0.80, past positive 0.79, present fatalistic 0.66, present hedonistic 0.86 and future 0.75 (25). In this study Cronbach's Alphas were as follows: past negative 0.874, past positive 0.742, present fatalistic 0.777, present hedonistic 0.735 and future 0.774.

B) Religious Orientation Scale (ROS): Allport and Ross developed religious orientation scale in 1963; it contains 20 items that measure 2 dimensions: Extrinsic religious orientation (11 items) and Intrinsic religious orientation (9 items) scoring on a 5-point Likert scale (strongly disagree=1, strongly agree=5) (26). Later, in 1964 another item was added to extrinsic subscale by Feagin; and this version with 21 items has been used more, by researchers (27).

Hill and Hood (as cited in 28) reported internal consistency as Cronbach's $\alpha=0.8$ for intrinsic subscale and Cronbach's $\alpha=0.7$ for extrinsic subscale.

Jan Bozorgi reported that Cronbach's Alpha was 0.737 for a sample of university students in Tehran (as cited in 29). In this study Cronbach's Alphas were as follows: intrinsic subscale 0.851, and extrinsic subscale 0.785.

C) Quality of Life Questionnaire-short form (WHO-QOL BREF): World Health Organization (WHO) published this short form in 1996. It contains 24 items that measure 4 dimensions: physical health, mental health, social relationships and the environment; and there are 2 other items which assess the total life quality. The questionnaire is scored on a 5-point Likert scale (very dissatisfied=1, very satisfied=5) (7,11). MoradiManesh, Ahadi, Jomehri and Rahgozar reported inter-item coefficients as 0.92 for the total scale, 0.90 for physical health, 0.83 for mental health, 0.69 for social relationships and 0.82 for environment subscale. The correlation coefficients between subscales range between 0.23 and 0.56 and the correlation coefficients between each subscale with scale range between 0.54 and 0.85 (30). In this study Cronbach's Alphas were as follows: physical health 0.778, mental health 0.819, social relationships 0.650, and the environment subscale 0.845.

Results

In this study 412 students participated (117 males, 290 females and 5 unspecified). The

mean and standard deviation were 25.78 and 7.37 for males' age range and 29.02 and 8.50 for females' age range. The sample includes 247 single students and 156 married ones (9 ones were unspecified). 283 participants were undergraduate and 103 ones were postgraduate (26 ones were unspecified). The mean, standard deviation, skewness, kurtosis, and correlation coefficients between subscales are shown in Table 1.

As seen in Table 1, there are positive correlations between intrinsic religious orientation and all subscales of quality of life, and negative correlations between extrinsic religious orientation and them (except social relationships subscale). Past Positive and Future subscales have positive correlations with all subscales of quality of life, and Past Negative and Present Fatalistic have negative correlations with all of them. Present Hedonistic has a positive correlation with mental health subscale. Findings show that all subscales have sufficient internal consistency. Skewness and kurtosis extents are normal for all subscales.

In the measurement model of current study, quality of life is a latent variable which is measured by four observed variables: physical health, mental health, social relationships and the environment. Assessment of model fit indices shows: Chi-Square was significant (χ^2 (N= 412, df =2) =9.581, $P<0.01$); Goodness of fit index (GFI=0.989), Adjustment Goodness of fit index (AGFI=0.944) and Comparative fit index (CFI=0.991) were fit, but Root Mean Square Error of Approximation (RMSEA=0.096) was not ideal; so, by making covariance between social relationships' error and environment's error, fitness indices became ideal (χ^2 (N=412, df=1)=3.596, GFI=0.996, AGFI=0.957, CFI=0.997, RMSEA=0.079); so observed subscales of quality of life have adequate power to assess it as a latent variable. Structural model didn't fit at first ($\chi^2=365.3$, $\chi^2/df=11.416$, GFI=0.854, AGFI=0.699, CFI=0.813, RMSEA=0.159) but after making covariance between errors of past negative and present fatalistic, future and present fatalistic, past negative and past positive, present hedonistic and present fatalistic, present hedonistic and past positive, present hedonistic and future, present fatalistic and past positive, fit indices became satisfactory ($\chi^2=92.56$, $\chi^2/df=3.70$, GFI=0.961, AGFI=0.897, CFI=0.961, RMSEA=0.076) and show fitness of structural model.

Table 1. The mean, standard deviation, skewness, kurtosis, and correlation coefficients between subscales

Variables	Intrinsic religious orientation	Extrinsic religious orientation	Past Positive TP	Past Negative TP	Present Fatalistic TP	Present Hedonistic TP	Future TP	Physical Health QOL	Psychological Health QOL	Social Relationship QOL	Social Relationship QOL
Intrinsic religious orientation	-										
Extrinsic religious orientation	-0.03	-									
Past Positive TP	0.397**	0.023	-								
Past Negative TP	-0.24**	0.323**		-							
Present Fatalistic TP	-	0.363**		0.611**	-						
Present Hedonistic TP	0.206**		0.252*			-					
Future TP	0.434**		0.32**				-				
Physical Health QOL	0.180**		0.277*			-0.032	0.367*	-			
Psychological Health QOL	0.320**		0.380*			-0.097*	0.498*	0.731*	-		
Social Relationship QOL	0.228**		0.332*			-0.011	0.346*	0.583*	0.647**	-	
Social Relationship QOL	0.207**		0.259*			0.013	0.318*	0.626*	0.629**	0.599**	-
Mean	31.61	35.87	31.84	29.18	25.24	47.45	40.62	24.75	19.71	9.33	26.07
Std. Deviation	6.24	6.92	5.69	7.43	6.16	7.11	5.91	4.40	4.34	2.57	5.50
Skewness	-0.205	-0.037	0.679	-0.291	0.187	0.341	-	-	-0.221	-0.049	0.063
Kurtosis	-0.065	0.206	-	-0.518	-0.007	-0.147	0.348	0.232	-0.328	-0.448	0.063
			0.365					0.073			
							0.099				

*P<0.05, **P<0.01

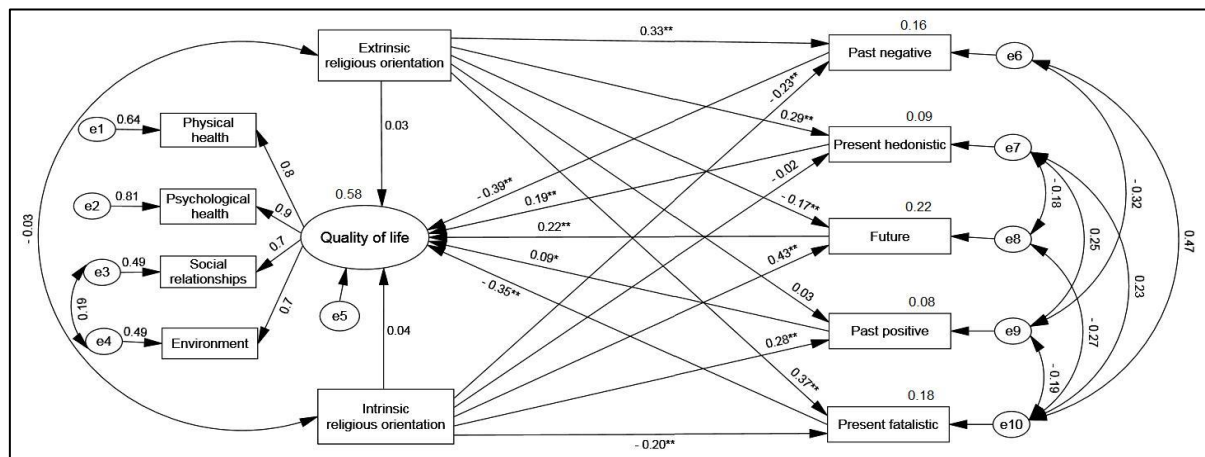


Diagram 1. The structural model and standard path coefficients

Diagram 1 shows that intrinsic religious orientation has positive correlations with past positive ($\beta=0.28, P<0.01$) and future ($\beta=0.43, P<0.01$) and negative correlations with past negative ($\beta= -0.23, P<0.01$) and present fatalistic ($\beta= -0.20, P<0.01$). Extrinsic religious orientation has positive correlations with past negative ($\beta=0.33, P<0.01$), present hedonistic

($\beta=0.29, P<0.01$) and present fatalistic ($\beta=0.37, P<0.01$) and a negative correlation with future ($\beta= -0.17, P<0.01$). Past positive ($\beta=0.09, P<0.05$), present hedonistic ($\beta=0.19, P<0.01$) and future ($\beta=0.29, P<0.01$) have positive correlations with quality of life; Past negative ($\beta= -0.39, P<0.01$) and present fatalistic ($\beta= -0.35, P<0.01$) have negative correlations with it.

Table 2. Total, direct and indirect path coefficients between religious orientation, time perspective and quality of life

Path	Total path coefficient		Direct path coefficient		Indirect path coefficient	
	β Std. Parameter	Std. error	β Std. Parameter	Std. error	β Std. Parameter	Std. error
Intrinsic religious orientation – Quality of Life	0.320**	0.056	0.038	0.043	0.282**	0.045
Extrinsic religious orientation– Quality of Life	- 0.206**	0.056	0.035	0.041	- 0.240**	0.044

**P<0.01

Table 2 shows that total path coefficient between intrinsic religious orientation and quality of life is positive and total path coefficient between extrinsic religious orientation and quality of life is negative. Direct path coefficients are not significant, but indirect path coefficient between intrinsic religious orientation and quality of life is positive, and it is negative between extrinsic religious orientation and quality of life. Significance of

indirect path coefficients demonstrates the mediating role of time perspective in the relationship between religious orientation and quality of life, but because time perspective contains 5 dimensions, the mediating role of each one was not obvious; so using Baron and Kenny formulation (as cited in 31) the mediating role of each dimensions were assessed; See table 3.

Table 3. Significant role of time perspective dimensions as mediators in the relationship between religious orientation and quality of life

Path	Indirect path		
	a*b	SE _{ab}	Z
Extrinsic religious orientation – Future - Quality of Life	- 0.0190	0.0062	- 3.059**
Extrinsic religious orientation – Present Hedonistic - Quality of Life	0.0275	0.0076	3.614**
Extrinsic religious orientation – Present Fatalistic - Quality of Life	- 0.0648	0.0122	- 5.310**
Extrinsic religious orientation – Past Positive - Quality of Life	0.0013	0.0023	0.565
Extrinsic religious orientation – Past Negative - Quality of Life	- 0.0637	0.0119	- 5.352**
Intrinsic religious orientation – Future - Quality of Life	0.0028	0.0081	3.512**
Intrinsic religious orientation – Present Hedonistic - Quality of Life	- 0.0017	0.0050	0.343
Intrinsic religious orientation – Present Fatalistic - Quality of Life	0.0393	0.0105	2.374
Intrinsic religious orientation – Past Positive - Quality of Life	0.0132	0.0062	2.129*
Intrinsic religious orientation – Past Negative - Quality of Life	0.0498	0.0116	4.293**

*P<0.05, **P<0.01

Table 3 shows that present hedonistic has a positive mediating role and past negative and present fatalistic have negative mediating roles in the relationship between extrinsic religious orientation and quality of life; past negative, past positive and future have positive mediating roles in the relationship between intrinsic religious orientation and quality of life.

Discussion

The present study was aimed at assessing the model of relationships between religious orientation, time perspective and quality of life; and results proved that both dimensions of religious orientation predict the quality of life by time perspective as a mediator. This total result contains some findings; the first, intrinsic

religious orientation positively correlated with quality of life and extrinsic religious orientation negatively correlated with it. Also, Karimi Vakil's study demonstrated that intrinsic religious orientation positively correlated with quality of life and extrinsic religious orientation negatively correlated with it (32). People with intrinsic religious orientation control their behavior, temptation and dangerous urges more and easier than others; so they have much fewer behaviors which are danger to health (7); besides, quality of life is an individual's perception of his life based on his values, purposes, expectations, and ideals (9); and a person with extrinsic religious orientation may assess his quality of life at low level, despite living in comfort.

The second part of findings indicated that past positive, present hedonistic and future have positive correlations with quality of life and past negative and present fatalistic have negative correlations with it. Milfont et al. and Crocket et al. reported many studies which demonstrated that past negative positively correlated with depression, anxiety, and aggression and negatively correlated with students' life satisfaction; present hedonistic positively correlated with sensation seeking, engaging in many energetic activities and sports, health responsibility and interpersonal relations; future positively correlated with consideration of future consequences, health responsibility, perceived control, positive well-being, behavioral and cognitive adjustment, coping, positive emotions, resistance efficacy, students' life satisfaction, safe sex, physical activity and healthy eating, and negatively correlated with sensation seeking, anxiety, depression, substance use and risky driving; past positive had positive correlations with self-esteem, health responsibility, healthy eating and spiritual growth and had negative correlations with aggression, depression, and anxiety; present fatalistic positively correlated with aggression, depression, and anxiety and negatively correlated with consideration of future consequences and students' life satisfaction (20,33); Though these results didn't contain quality of life, but all of them are the same as dimensions of quality of life (physical and mental health, satisfaction with relationships and situations). According to Zimbardo and Boyd's theory, ideal time perspective means balanced high score in past positive, present hedonistic and future and low score in past negative and present fatalistic; and this ideal balanced form is the most important factor to achieve social success and mental health (15,34); that produces a high level of quality of life.

The third part of findings proved that intrinsic religious orientation positively correlated with future and extrinsic religious orientation negatively correlated with it. Zimbardo and Boyd's study indicated a positive correlation between religiosity and future subscale (20). Future subscale refers to considering consequences of each activity and fulfilling the obligations (21); that they are the result of internalizing religious commands.

Fourth, extrinsic religious orientation has a positive correlation with present hedonistic.

Zimbardo and Boyd's study indicated that individuals who were less religious scored higher on present hedonistic subscale (24). Individuals with extrinsic religious orientation are hedonist and concentrate on personal pleasures and profits and because of that use religion as an instrument to obtain them (4,5).

Fifth, intrinsic religious orientation positively correlated with past positive and negatively correlated with past negative; and extrinsic religious orientation positively correlated with past negative. No research was found studying such a relation, but some Iranian studies indicated that religiosity and intrinsic religious orientation positively correlated with hope and coping (35), happiness (27,29), emotional stability (36), health, emotional and social adjustment (37), and negatively correlated with dangerous behaviors (7), anxiety and depression (38); The extrinsic religious orientation negatively correlated with quality of life (32) and positively correlated with emotional instability (36). Darvyri et al. reported that religiosity has positive correlation with sense of well-being, positive emotions, positive perception of life, healthy behaviors, life satisfaction, healthy eating, happiness, stress reduction, psychological well-being, physical and mental health and has negative correlation with anxiety, depression, aggression, suicide, smoking and drinking (6).

The last part of findings indicated a negative correlation between intrinsic religious orientation and present fatalistic; and a positive correlation between extrinsic religious orientation and present fatalistic. No research was found studying the relation of these subscales, but Asghari, Kurdmirza and Ahmadi's study (39) demonstrated that individuals with intrinsic religious orientation had intrinsic locus of control and individuals with extrinsic religious orientation had extrinsic locus of control; and a study by Haghghatgoo, Besharat and Zebardast (18) indicated the positive correlation of extrinsic locus of control and present fatalistic. Present fatalistic reflects the belief in a predestined future and fatalism that causes a helpless and hopeless attitude towards life and future; they perceive a lack of control in life (20).

Religious teachings emphasize the empowerment of the individual and encourage him to be hopeful and try to manage his life; so individuals with intrinsic religious orientation consider what happens to them as consequences

of their own actions and don't believe in fatalism, luck, and destiny.

Although these findings were not in conflict with results of any researches that contained similar variables as the current study, there was a major limitation on the comparison of findings, because no research was found that exactly contained the variables which considered in this study. The current study investigated the model for the first time, so it is suggested to conduct similar researches on different populations. The method which was used cannot prove causality, so it is suggested to study the effectiveness of reinforcing intrinsic religious orientation, using the experimental method.

Conclusion

It is proved that unlike extrinsic religious orientation, intrinsic religious orientation positively associates with ideal time perspective

and therefore with the quality of life; so it is possible to improve the quality of life by reinforcing intrinsic religious orientation during long-term official education period and through informal teaching by mass media. Besides, it is suggested to hold a series of psychological workshops in university, by specialists in the psychology of religion, to modify students' attitude towards religion and religiosity and improve their quality of life by reinforcing their intrinsic religious orientation.

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