Education Journal, 2023, Vol. 51 No. 1, pp. 131–160

The Relationships Between Teachers' Spiritual Well-being and Subjective Quality of Life: A Hong Kong Perspective

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Over the recent decades, the topic of spirituality and health has attracted increasing research interest. Teaching has been recognized as a multi-faceted demanding profession. Particularly, spiritual well-being plays a vital role in cultivating quality of life; yet there is limited research investigating the impacts of spiritual well-being on teachers' quality of life. This study aimed to investigate the relationship between teachers' spiritual well-being and subjective quality of life in the Hong Kong context. Based on previous research, there is no universal standard to determine an "average" degree of spiritual well-being. Therefore, individual spiritual well-being can be better reflected through both the "ideals" and the "lived experience." In this cross-sectional study, the sample consisted of 671 teachers from 22 primary and secondary schools in Hong Kong. Participants were asked about their ideals of spiritual well-being as measured by Life Orientation Measure and their lived experiences of spiritual well-being as

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measured by Spiritual Health Measure. The results of structural equation modeling suggested a difference between Life Orientation and Spiritual Health in the pattern of predicting psychological and social aspects of quality of life. This study further explored the associations between spiritual well-being and subjective quality of life by investigating the effects of discrepancies between Life Orientation and Spiritual Health in three domains, namely personal and communal, environmental, and transcendental. The results of the path analysis suggested that the discrepancies in the three domains significantly predicted the psychological and the social aspects of quality of life among teachers.

Keywords: spirituality; spiritual well-being; quality of life; teacher; Hong Kong

Introduction

In the past decades, the relationship between spirituality and health has attracted increasing research interest. Spirituality is considered as a significant determinant that drives public health practice (Ransome, 2020). At present, there has been a body of research suggesting a strong and positive association between spirituality and quality of life (Akbari & Hossaini, 2018; Bai & Lazenby, 2015; Chaar et al. 2018). However, there are inconsistent conclusions among those studies. Counted et al. (2018) reviewed articles published between 2007 to March 2017 and found that 40% of the included studies reported negative or no relations between relational spirituality and quality of life. Notably, previous studies on spiritual well-being and quality of life tend to focus on patients with certain mental health issues or physical illness (Chen et al., 2018; Martyr et al., 2018), though spiritual well-being is also linked with various psychological outcomes in general population. For instance, Ivtzan et al. (2013) found that "highly spiritual" adults reported higher degrees of self-actualization and sense of life meaning.

Teaching has been recognized as a high-stress profession (von der Embse et al., 2019) and is often considered multifaceted demanding — not only psychologically and but also socially (e.g., Herman et al., 2018; Kwon et al., 2022; Lam & Wong, 2017). Particularly, under the backdrop of educational reform and initiatives in Hong Kong, teachers are facing various challenges and their health status have received concerns from both scholars and practitioners (Huang & Yin, 2018). From 2015 to 2020, the Hong Kong Federation of Education Workers (2021a) conducted a series of large-scale annual survey to investigate the health status of teachers and the results consistently revealed the increasingly heavy workload, stress, emotional problems, and other health problems. Some empirical studies

have shown that spiritual well-being is important for teachers. For example, in Hong Kong, Hue and Lau (2015) adopted a mix-method approach to explore the effects of a six-week mindfulness program for pre-service teachers. The quantitative results revealed that spiritual practice with mindfulness significantly predicted general well-being and stress, anxiety and depression, while the qualitative results suggested the positive effect of spiritual practice with mindfulness on reducing participants' stress and improving mental well-being. Recently, in a two-month randomized controlled trial, Chirico et al. (2020) found that in-service teachers who participated in spiritual practice and reflection (experimental group) showed a significant higher levels of job satisfaction as well as lower levels of burnout symptoms and psychological impairment. Furthermore, teacher's spirituality might have positive effects on students' outcomes. For example, Barsh (2017) found that spirituality significantly positively predicted self-efficacy in teaching among K–12 teachers, while Taylor (2018) found that teachers' spirituality had a positive influence on elementary school students' behavior and academic achievement.

In summary, existing studies suggest that spirituality is vital in human life. However, it seems that very limited empirical studies are conducted for teaching profession in the Hong Kong context.

Literature Review

Spirituality and Spiritual Well-being

Spirituality is described as an inner subjective experience that seeks to understand the meaning of life or transcendence, while religion is more formally structured with worship and theology that reflects an understanding of God and the world (Ellens, 2008; Zinnbauer et al., 1999). Spirituality is an integral part of human experience (Fisher, 2011). People could have spiritual experience where they are deeply touched by the nature or culture, be it religious or non-religious (de Jager Meezenbroek et al., 2012). Therefore, spirituality can include but not necessarily limited to religious (Hill et al., 2000; Ivtzan et al., 2013). For example, the Pew Research Center (2012) conducted a national survey in the United States (N = 2,973) and found that 37% of the respondents who were not affiliated with any religion still perceived themselves as spiritual. In this sense, "spirituality" has a broad meaning (Büssing, 2012), which is considered beyond specific religious beliefs and practices.

In general, spiritual well-being is conceptualized as a multidimensional construct, including but not limited to life meaning and purpose, inner peace, strength and comfort gained from faith, and so on (Fitchett et al., 1996). Yet it seems that there is a lack of universal agreement on the construct of spiritual well-being (Bai & Lazenby, 2015). Ellison (1983) suggested a construct of spiritual well-being with two broad dimensions, namely religious well-being and existential well-being. Specifically, religious well-being is constructed as a vertical axis in relation to the God or even to a transcendental dimension, while existential well-being is constructed as a horizontal axis of spiritual well-being in relation to life meaning and purpose without a specific higher power (Bertelli et al., 2020; Chan, 2018). However, some researchers suggested that the two-dimension construct might be psychometrically problematic (e.g., ceiling effect), especially when applied in non-clinical samples (Sterner et al., 2021; Tavel et al., 2021).

According to Fisher (2021), spiritual well-being is an essential facet of people's overall health, that is, a state of being manifested in "the quality of relationships with self, others, the environment, and/or a transcendent others" (p. 3694). Specifically, the personal domain is centered on discussions about life meaning and values, while the communal domain focuses on interpersonal influence, morality, and culture (Fisher, 2011). The environmental domain entails more than just the physical aspect — a sense of awe and unity in relation to the environment, while the transcendental domain goes a step further, that is, an unseen realm of ultimate concern and/or personal transcendental reality (often referred to as the God) (Fisher, 2011). Based on the four-domain construct, Fisher (2010) developed and validated a measure called the Spiritual Health and Life Orientation Measure (SHALOM) (some cited as Spiritual Well-being Questionnaire, see Fisher, 2021). It is imperative to note that there is no universal standard to determine an "average" degree of spiritual well-being for a population (Berry, 2005; Moberg, 2002), as individuals' personal beliefs and worldviews that shape the extent to which they embrace these four spiritual well-being domains vary from one to another (Fisher, Barnes, et al., 2009; Fisher, Francis, et al., 2002). Therefore, the SHALOM assesses both a person's lived experience of spiritual well-being (i.e., spiritual health) and his/her ideals of spiritual well-being (i.e., life orientation) in the four domains respectively. Recently, Fisher (2021) conducted a review of the SHALOM with details from 60 studies across the world. The results revealed the validity and utility of the SHALOM across a variety of settings and population groups. Overall, the SHALOM showed good psychometric properties.

Quality of Life (QOL)

The concept of QOL has emerged following World War II (Poradzisz & Florczak, 2013) and gradually become an outcome measure in the field of medical health (Lima et al., 2020; Panzini et al., 2017). Traditionally and frequently, physical health parameters play a predominant role in measuring health status and informing treatment. However, as individual's well-being cannot be solely reflected by the absence of deficits or disease (Keyes, 2005), researchers and health practitioners gradually adopted the concept of QOL to address psychological and social factors related to health and well-being (Coghill et al., 2009). Still, there is a lack of consensus on defining QOL (Panzini et al., 2017). Some researchers posited that QOL is subjective and assesses only how a person feels about his/her overall health and well-being (Coghill et al., 2009), while others asserted that QOL also includes objective measures of health and functioning status (Barcaccia et al., 2013). However, there is a distinction between standard of living and (subjective) QOL (Skevington, 2002). The former includes a variety of objective socioeconomic and basic health indicators, whereas the latter refers to the subjective perception of a person's life which may not coincide with the objective indicators (Panzini et al., 2017). In this regard, as suggested by Peterson and Webb (2006), studies on QOL can be categorized to "objective" (e.g., standard of living) or "subjective" (e.g., life satisfaction, happiness).

Generally, QOL is believed to be a multidimensional concept (Felce & Perry, 1995). According to World Health Organization (WHO), QOL is "an individual's perceptions of their position in life, in the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards and concerns" (The WHOQOL Group, 1998). Fassio et al. (2013) suggested that QOL concerns three main aspects: individual (physical and psychological health), interpersonal (social relationships), and contextual (environment) aspects. Therefore, individual's QOL depends on both intrinsic and extrinsic factors, varying from one to another (Lima et al., 2020). Particularly, it should be noted that (physical) health-related QOL measures are frequently used for investigating how a certain health condition can impact on overall well-being (Fayers & Machin, 2016); thus, (physical) health-related QOL measures may not be generally applicable due to its disease-specific nature (Hays & Reeve, 2010; Karimi & Brazier, 2016).

Spirituality, Spiritual Well-being, and QOL

Existing literature has established a link between spirituality and QOL. Spirituality is the "integrative power or force" for all the subsystems of human being (Ellison, 1983, p. 331) and permeates different dimensions of health (Fisher, 1998). Furthermore, spiritual well-being is considered a measurable domain for indicating one's QOL (Ellison, 1983; Fehring et al., 1987; Paloutzian et al., 2012). For instance, Sawatzky et al. (2005) conducted a systematic review and the results of meta-analysis revealed a moderate correlation (r = .34) between spirituality and QOL, suggesting that spirituality was related to QOL but remaining distinct from QOL. In this review, although some sociodemographic variables such as age, gender, and religion were found to moderate the relationship between spirituality and QOL, the results were not inclusive. In a recent systematic review, Bai and Lazenby (2015) found a positive relationship between overall spiritual well-being and overall QOL among patients with cancer (ranged from .36 to .70), after controlling demographic and clinical variable. Moreover, overall spiritual well-being was found to be associated with physical, social, emotional, and functional dimensions of QOL. Generally, existing literature on the topic of spirituality and QOL tends to focus on special population groups in clinical settings, such as elderly with dementia (Agli et al., 2015), patients with cancer (Visser et al., 2010), patients with chronic illness (Riley et al., 1998), and patients with HIV (Doolittle et al., 2018). Interestingly, it should be noted that there may exist a difference between general population and some groups with specific health problems regarding the influence of spirituality on QOL. For instance, in a sample of 1,046 Brazilian adults, Vitorino et al. (2018) found that participants who perceived themselves as "spiritual/religious" reported better psychological QOL and social QOL when compared with relatively "non-spiritual/religious" counterparts, yet there was no significant difference in physical QOL. One possible explanation may be that physical factors tend to be more extrinsic (Lima et al., 2020). Population groups with specific health problems may be more sensitive to physical and environmental factors in perceiving QOL (e.g., Poortinga, 2006; Rimmer et al., 2004; Shields et al., 2012) than general population.

Regarding relevant studies on teachers, although very limited empirical evidence can be found, the findings seem to suggest the positive role of spiritual well-being in predicting a quality life. For instance, in Turkey, Ekşi et al. (2020) found that the level of transcendence positively predicted the level of general happiness, while Cetinkaya (2020) found a moderate positive relation between prospective teachers' spiritual well-beings and life satisfaction. Similarly, Clarence and George (2018) found that spirituality was a

significant positive predictor of life satisfaction in a sample of college teachers in India. Recently, Özgenel and Yilmaz (2020) also found that transcendence and harmony with nature both significantly and positively correlated with happiness in a sample of primary and secondary school teachers in Istanbul.

The Current Study

Most existing studies investigating the relationship between spiritual well-being and QOL tend to focus on special population groups, especially those with a certain (diagnosed) health condition. Teaching has been recognized as a multifaceted demanding profession (e.g., Herman et al., 2018; Kwon et al., 2022; Lam & Wong, 2017); however, no empirical study can be found to examine the association between spiritual health and QOL among in-service teachers in Hong Kong. Therefore, this study aimed to fill in this research gap by exploring empirical evidence and add values to the knowledge body. Some studies suggested the potential biases regarding (physical) health-related QOL measures and extrinsic factors such as physical and environmental factors (see discussions in the above sections). Hence, given that the target population is general teachers in this study, we particularly focus on the influence of spiritual well-being on subjective (i.e., psychological and social) QOL. Following Fisher's (2010, 2011) approach to investigate spiritual well-being, we hypothesized that Life Orientation and Spiritual Health would impact on the psychological and social QOL respectively. Furthermore, we also hypothesized that the discrepancy between Life Orientation (ideals) and Spiritual Health (lived experience) would impact on psychological and social QOL respectively.

Methodology

Participants

The sample consisted of 671 teachers from 22 primary and secondary schools in Hong Kong, including 496 female participants (73.9%), 166 male participants (24.7%), and 9 missing values (1.3%). Most teachers were between 31 to 50 years old, with 32.0% between 31 to 40 (n = 215) and 28.9% between 41 to 50 (n = 194); 14.2% and 13.6% of the teachers were between 51 to 60 (n = 95) and between 25 to 30 (n = 91) respectively; about 10.6% of the participants aged below 30 (n = 71). Regarding teaching experience, about one-third (29.4%, n = 197) of the teachers had over 21 years of teaching experience,

followed by less than 5 years (24.1%, *n* = 162), 16 to 20 years (18.8%, *n* = 126), 11 to 15 years (17.0%, *n* = 114), and 6 to 10 years (10.6%, *n* = 71). Over half of the participants were not affiliated with any religion (56.5%, *n* = 379) and more than one-third of the participants were Christians (31.9%, *n* = 214). Other participants were affiliated with Buddhism (4.0%, *n* = 27), Catholicism (3.3%, *n* = 22), Taoism (0.4%, *n* = 3), and other religions (1.3%, *n* = 9) respectively.

Procedures

This study is part of the project entitled "Understanding of Religiosity, Spirituality, Spiritual Well-being and Self-efficacy of Hong Kong Teachers." This study adopted a quantitative research method. Before data collection, this study obtained research ethics approval from The Education University of Hong Kong. The data was collected during the second semester of the 2019–2020 school year from March to June 2019. Invitations with information about the project aims and procedures were sent to primary and secondary schools in Hong Kong. After obtaining individual consent, primary and secondary school teachers participated in this survey study. All participants were informed about confidentiality and assured that they had the right to withdraw at any time without any negative consequences. It took about 20 minutes to complete the questionnaire.

Measures

Spiritual Health and Life Orientation Measure (SHALOM)

The SHALOM (Fisher, 2010) consists of two subscales, namely Spiritual Health Measure (SHM) and Life Orientation Measure (LOM). The SHM consists of 20 items and assesses one's self-perception of lived experienced in four spiritual domains (i.e., personal, communal, environmental, and transcendental); the LOM consists of the same 20 items as in the SHM and assesses one's ideal values in the same four domains. Each item is rated on a 5-point Likert scale from 1 (very low) to 5 (very high). Example of the items include "joy in life" (personal), "trust between individuals" (communal), "connection with nature" (environmental), and "worship of the Creator" (transcendental). A reliable four-factor structure was adopted in various studies in the West (Fisher, 2021). The SHALOM has been translated into Chinese and validated in youth and pre-service teacher populations (Fisher & Wong, 2013; C. H. Leung & Pong, 2021; Pong et al., 2020). Overall, both subscales showed good internal consistency. Particularly, a three-factor structure had been identified in

Chinese population due to a cultural difference that may be explained by the Confucian thoughts (see detailed discussions in Pong et al., 2020; C. H. Leung & Pong, 2021), in which the personal and communal domains were combined (10 items) while the other two domains remained the same. This three-factor structure showed acceptable model fit for both subscales. In this study, for the LOM, the Cronbach's alphas of the four dimensions ranged from .814 to .947, while for the SHM, the Cronbach's alphas of the four dimensions ranged from .802 to .928 (see Table 1).

World Health Organization Quality of Life-Brief (WHOQOL-BREF).

The WHOQOL-BREF has been validated in Hong Kong (Lau et al., 2015; K. F. Leung, Tay, et al., 1997; K. F. Leung, Wong, et al., 2005; WHO, 1996). This study particularly focuses on psychological and social dimensions:

- *Quality of Life-Psychological (QOL-P)*. The 8-item psychological subscale was used to assess participants' psychological aspect of QOL. Each item is rated on a 5-point Likert scale. An example of the items is "How much do you enjoy life?" In this study, the QOL-P showed adequate reliability (Cronbach's $\alpha = .793$).
- *Quality of Life-Social (QOL-S)*. The 3-item social subscale was used to assess participants' social aspect of QOL. Each item is rated on a 5-point Likert scale. An example of the items is "How satisfied are you with the support you get from your friends?" In this study, the QOL-S showed acceptable reliability (Cronbach's $\alpha = .622$).

Data Analysis

The analyses were conducted by Mplus 8.0 software. First, descriptive analyses were performed to calculate means, standard deviations (*SD*s), and internal consistency reliability for each measure. Second, confirmatory factor analysis (CFA) was performed to examine the construct of each measure. Third, structural equation modeling (SEM) was used to examine the effect of Life Orientation on subjective QOL and the effect of Spiritual Health on subjective QOL respectively. The bootstrap method (bootstrap = 5000) was used to calculate the estimates with 95% confidence interval (CI) in this study. If the CI includes 0, which means the coefficient is deemed insignificant. The following indices will be used to determine an acceptable model fit: Chi-square ratio ($\chi^2/df < 3.0$), comparative fit index (CFI > .90), Tucker-Lewis index (TLI > .90) (Bollen, 1989; Byrne, 2001; Hu & Bentler, 1999), and root mean square error of approximation (RMSEA, values ranging from .05 to .10

indicate mediocre fit; see MacCallum et al., 1996). Lastly, path analysis was used to investigate whether the discrepancy between Life Orientation and Spiritual Health impacts on subjective QOL.

Results

Descriptive analyses

Table 1 summarized the descriptive statistics for the measures. There was a strong positive correlation between personal domain and communal domain in the LOM (r = .711, p < .01) and the SHM (r = .794, p < .01) respectively. The QOL-P was positively correlated with the transcendental dimension of the LOM (r = .253, p < .01) as well as that of the SHM (r = .270, p < .01). Particularly, the QOL-P was significantly positively correlated with the personal domain of the LOM (r = .123, p < .01), while the relationship between the QOL-P and the personal domain of the SHM was not significant. The QOL-S was positively correlated with the environmental dimension of the LOM (r = .140, p < .01) as well as that of the SHM (r = .081, p < .05). Particularly, the QOL-S was significantly positively correlated with the transcendental dimension of the LOM (r = .080, p < .05), while the relationship between the QOL-S and the transcendental dimension of the SHM was not significant. For the LOM, teachers scored higher on the communal dimension (M = 4.128, SD = 0.614) and the personal dimension (M = 4.102, SD = 0.647) and lowest on the transcendental dimension (M = 3.065, SD = 1.123). Similarly, for the SHM, teachers also scored higher on the communal dimension (M = 4.040, SD = 0.597) and the personal dimension (M = 4.023, SD = 0.619) and lowest on the transcendental dimension (M = 3.073, SD = 1.072). In general, teachers reported slightly above-average level of subjective QOL (QOL-P, M = 3.494, SD = 0.495; QOL-S, M = 3.462, SD = 0.582).

Confirmatory factor analysis (CFA)

CFA was used to test the factor structure of the SHALOM. For the LOM, the original four-factor structure showed good model fit (CFI = .968, TLI = .963, REMSE = .102, 90% CI: .097, .108); however, the standardized correlation between personal dimension and communal dimension was too high (r = .911). By combing personal and communal dimensions, a three-factor structure also indicated good model fit (CFI = .963, TLI = .958, REMSE = .110, 90% CI: .104, .115). Similarly, for the SHM, the original four-factor

Table 1: Descriptive Statistics of the Life Orientation, Spiritual Health, and Subjective Quality of Life

	Life Orientation Measure (LOM)				Spiritual Health Measure (SHM)			Quality of life (QOL)		
	1	2	3	4	5	6	7	8	9	10
1. Personal	1									
2. Communal	.711**	1								
3. Environmental	.551**	.574**	1							
4. Transcendental	.198**	–.010	.201**	1						
5. Personal	.851**	.658**	.522**	.179**	1					
6. Communal	.730**	.753**	.475**	.060	.794**	1				
7. Environmental	.534**	.440**	.711**	.105**	.606**	.539**	1			
8. Transcendental	.171**	–.065	.096*	.871**	.200**	.049	.202**	1		
9. Psychological	.123**	.038	.062	.253**	.071	.019	.022	.270**	1	
10. Social	.045	.036	.140**	.080*	.009	.009	.081*	.035	.506**	1
Mean	4.102	4.128	3.714	3.065	4.023	4.040	3.664	3.073	3.494	3.462
SD	0.647	0.614	0.704	1.123	0.619	0.597	0.655	1.072	0.495	0.582
alpha	.860	.824	.814	.947	.928	.848	.802	.810	.793	.622

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

structure showed good model fit (CFI = .950, TLI = .942, REMSE = .110, 90% CI: .104, .115), with a high standardized correlation between personal dimension and communal dimension (r = .970). By combing personal and communal dimensions, a three-factor structure also indicated good model fit (CFI = .946, TLI = .939, REMSE = .113, 90% CI: .108, .118).

Structural equation modelling (SEM)

Based on the CFA, SEM was used to examine the relationship between the three-factor LOM and subjective QOL and the relationship between the three-factor SHM and subjective QOL.

Overall, Model 1 (see Figure 1) showed acceptable model fit (CFI = .908, TLI = .900, RMSEA = .087, 90% CI: .084, .090). The bootstrapped standardized coefficients and 95% CI were summarized in Table 2. Both the personal and communal domain and the transcendental domain of the LOM were significantly positively correlated with the QOL-P (β_1 = .192, 95% CI: .031, .361; β_2 = .252, 95% CI: .147, .357). The environmental domain of the LOM was significantly positively correlated with the QOL-S (β = .327, 95% CI: .132, .521). Gender, with female teachers scoring higher than male teachers, was

significantly correlated with the QOL-P (β = .189, 95% CI: .105, .269). Religion, with people who had religious belief scoring higher than those who did not have, was significantly associated with the QOL-P (β = .216, 95% CI: .127, .299). In addition, teachers' age and teaching experience had no effect on either the psychological or the social aspect of the QOL.

Figure 1: Model 1. Life Orientation Measure (LOM) and Subjective Quality of Life (QOL)

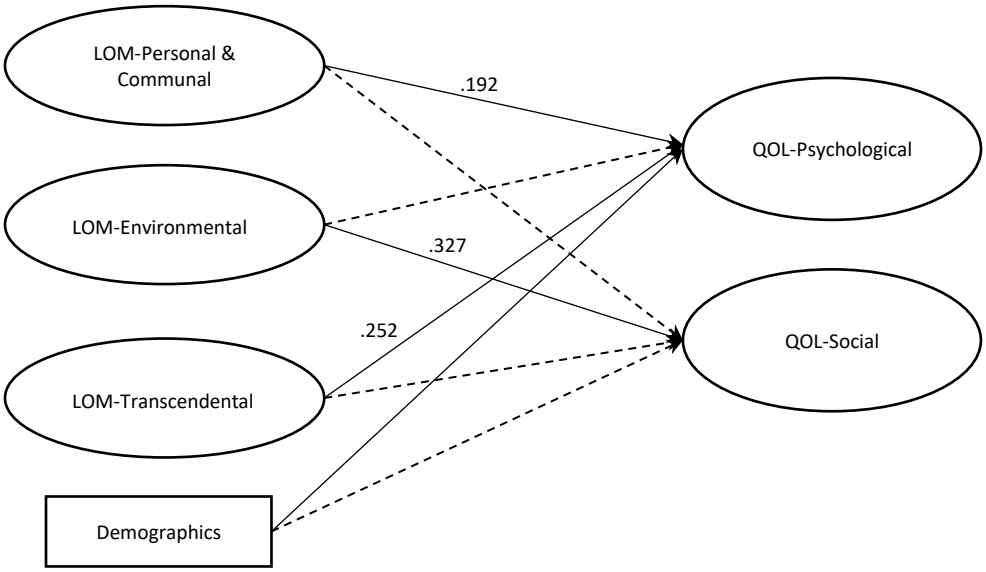

Table 2: Standardized Coefficients With Bootstrapped Standardized Error and 95% CI in Model 1

	QOL-Psychological		QOL-Social	
	Estimate	95% CI	Estimate	95% CI
Gender	.189	[.105, .269]	.091	[–.004, .191]
Age	–.035	[–.159, .095]	.123	[–.029, .264]
Teaching experience (years)	–.051	[–.179, .075]	–.080	[–.225, .066]
Religion	.216	[.127, .299]	.040	[–.067, .131]
LOM-Personal & Communal	.192	[.031, .361]	–.159	[–.356, .022]
LOM-Environmental	–.133	[–.312, .052]	.327	[.132, .521]
LOM-Transcendental	.252	[.147, .357]	.033	[–.082, .142]

Note: LOM: Life Orientation Measure; QOL: Quality of Life.

Overall, Model 2 (see Figure 2) showed acceptable model fit (CFI = .905, TLI = .896, RMSEA = .084, 90% CI: .081, .087). The bootstrapped standardized coefficients and 95%

CI were summarized in Table 3. Only the transcendental domain of the SHM was significantly positively correlated with the QOL-P (β = .240, 95% CI: .142, .336). Interestingly, the personal and communal domain of the SHM was significantly negatively correlated with the QOL-S (β = –.173, 95% CI: –.321, –.016), while the environmental domain of the SHM was significantly positively correlated with the QOL-S (β = .290, 95% CI: .089, .445). Gender, with female teachers scoring higher than male, was significantly correlated with the QOL-P (β = .187, 95% CI: .102, .271). Religion, with people who had religious belief scoring higher than those who did not have, was significantly correlated with the QOL-P (β = .220, 95% CI: .135, .308). Similar to Model 1, teachers' age and teaching experience had no effect on the psychological or the social aspect of the QOL.

Figure 2: Model 2. Spiritual Health Measure (SHM) and Subjective Quality of Life (QOL)

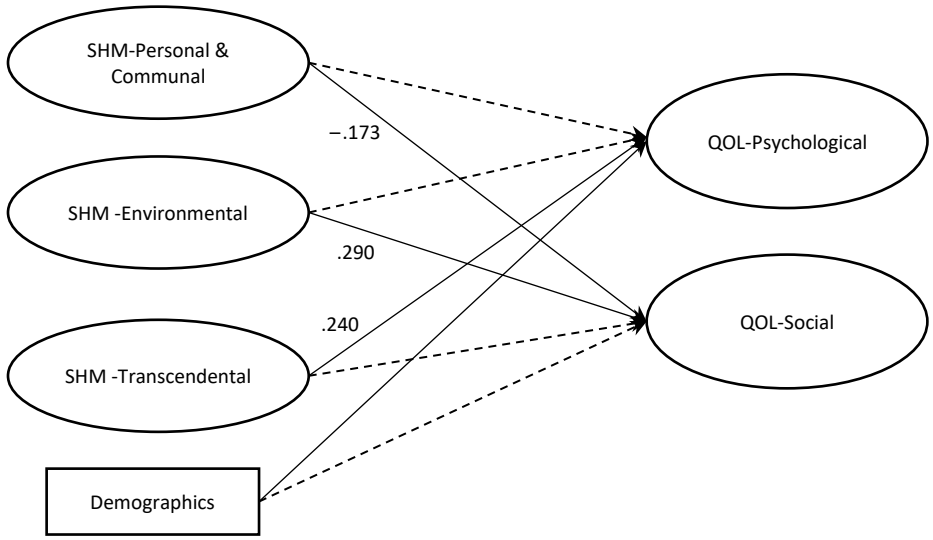

Table 3: Standardized Coefficients With Bootstrapped Standardized Error and 95% CI in Model 2

	QOL-Psychological		QOL-Social	
	Estimate	95% CI	Estimate	95% CI
Gender	.187	[.102, .271]	.090	[–.010, .183]
Age	–.034	[–.170, .090]	.123	[–.033, .261]
Teaching experience (years)	–.052	[–.176, .075]	–.081	[–.225, .068]
Religion	.220	[.135, .308]	.040	[–.066, .134]
SHM-Personal & Communal	.043	[–.122, .184]	–.173	[–.321, –.016]
SHM-Environmental	–.040	[–.200, .142]	.290	[.089, .445]
SHM -Transcendental	.240	[.142, .336]	–.005	[–.113, .104]

Note: SHM: Spiritual Health Measure; QOL: Quality of Life.

Path Analysis

Based on the results of CFA, three new independent variables were created by calculating the difference between factor scores of each domain of the LOM and the SHM. The descriptive statistics were summarized in Table 4. The discrepancy in the personal and communal domain was the largest (M = 0.023, SD = 0.401), followed by the discrepancy in the environmental domain (M = 0.013, SD = 0.499) and the discrepancy in the transcendental domain (M = 0.005, SD = 0.415). Path analysis was used to examine Model 3 (see Figure 3.) The results of path analysis were summarized in Table 5. The discrepancy in the personal and communal domain and the discrepancy in the transcendental domain were positively correlated with the QOL-P (β_1 = .192, 95% CI: .088, .291; β_2 = .084, 95% CI: .007, .162) and QOL-S (β_1 = .206, 95% CI: .110, .306; β_2 = .157, 95% CI: .072, .241). Interestingly, the discrepancy in the environmental domain was negatively correlated with QOL-S (β = –.185, 95% CI: –.296, –.066). Female teachers had higher QOL-P (β = .208, 95% CI: .133, .286) and QOL-S (β = .172, 95% CI: .096, .249) than males. Teachers with religious belief had higher QOL-P (β = .160, 95% CI: .079, .238).

Table 4: Descriptive Statistics of the Discrepancies Between Life Orientation and Spiritual Health and Subjective Quality of Life

	1	2	3	4	5
1. LOM−SHM Personal & Communal	1				
2. LOM−SHM Environmental	.705**	1			
3. LOM−SHM Transcendental	.273**	.517**	1		
4. QOL-Psychological	.128**	.086*	.084*	1	
5. QOL-Social	.118**	.067	.125**	.851**	1
Mean	0.023	0.013	0.005	0.002	0.004
SD	0.401	0.499	0.415	0.713	0.547

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

Note: LOM: Life Orientation Measure; SHM: Spiritual Health Measure; LOM−SHM: discrepancy between LOM and SHM; QOL: Quality of Life.

Figure 3: Model 3. The Discrepancies Between Life Orientation Measure (LOM) and Spiritual Health Measure (SHM) and Subjective Quality of Life (QOL)

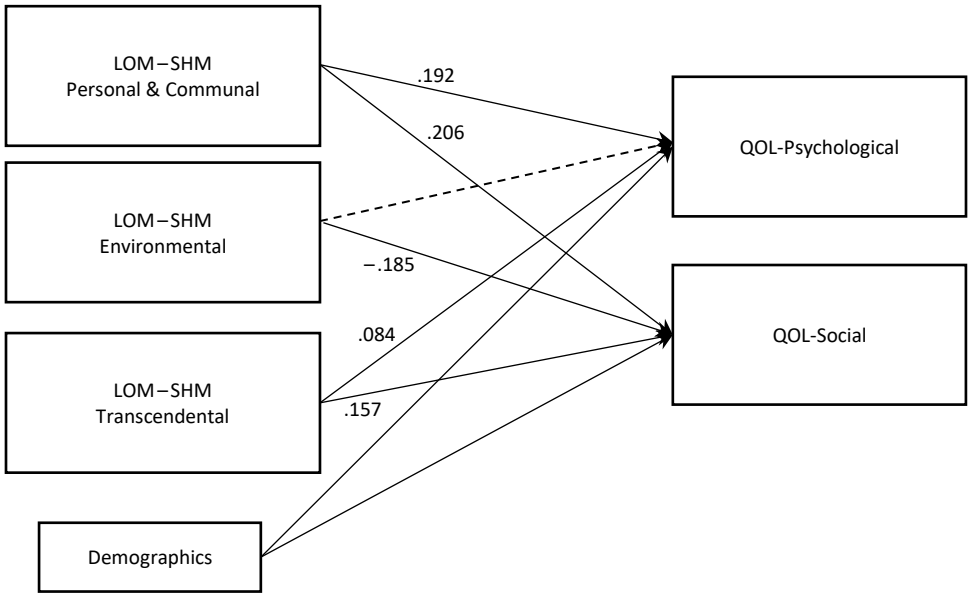

Table 5: Standardized Coefficients With Bootstrapped Standardized Error and 95% CI in Model 3

	QOL-Psychological		QOL-Social	
	Estimate	95% CI	Estimate	95% CI
Gender	.208	[.133, .286]	.172	[.096, .249]
Age	−.029	[−.147, .086]	.030	[−.084, .145]
Teaching experience (years)	−.023	[−.135, .093]	−.037	[−.149, .074]
Religion	.160	[.079, .238]	.066	[−.017, .145]
LOM−SHM Personal & Communal	.192	[.088, .291]	.206	[.110, .306]
LOM−SHM Environmental	−.124	[−.237, .000]	−.185	[−.296, −.066]
LOM−SHM Transcendental	.084	[.007, .162]	.157	[.072, .241]

Note: LOM: Life Orientation Measure; SHM: Spiritual Health Measure; LOM−SHM: discrepancy between LOM and SHM; QOL: Quality of Life.

Discussion

Teacher has been recognized as a psychologically and socially demanding profession. Existing literature suggested spiritual well-being as an important predictor of psychological and social QOL. Therefore, in the current study, we examined the associations between spiritual well-being and psychological and social QOL among in-service teachers in Hong Kong. Specifically, in line with Fisher's (2010) research, participants were asked about their ideals of spiritual well-being (as measured by the LOM) and lived experience of spiritual well-being (as measured by the SHM) respectively. The results of this cross-sectional study revealed significant associations between different domains of spiritual well-being and psychological and social QOL. There were some commonalities and differences between the "ideals" and the "lived experience" in the pattern of predicting psychological and social quality of life respectively. In the Hong Kong context, this is the first attempt to contribute to the link between spiritual well-being and subjective QOL among in-service teachers.

In this study, teachers reported the highest mean score on the communal domain of the LOM, followed by the personal domain, the environmental domain, and the transcendental domain. A same pattern was observed in the mean scores on the SHM. The effect of religion on spiritual well-being is not the research focus of this study, but it is noted that more than 56% of the respondents were not affiliated with any religion. Although spiritual well-being is not restricted to religion (Hill et al., 2000; Ivtzan et al., 2013), religious belief can affect one's perception of his/her relationship with the transcendental realm (Pong et al., 2020; Vitorino et al., 2018), which may help explain the lowest mean scores on the transcendental domain in both the LOM and the SHM. By comparison, the overall mean scores on the domains of the SHALOM in this study were close to previous studies using the SHALOM in Hong Kong (Fisher & Wong, 2013; C. H. Leung & Pong, 2021; Pong et al., 2020).

In addition, there were strong associations between each corresponding domain in the LOM and the SHM. To some extent, this suggests that the "ideals" may lead to changes in the "lived experiences," or vice versa. Fisher (2010) suggested a distinction between the "ideals" and the "lived experiences," in response to the argument that there is no universal standard to determine an "average" degree of spiritual well-being for a population (Berry, 2005; Moberg, 2002). However, whether the discrepancies can impact the outcome variables of interest remain rarely explored in existing relevant literature. This study attempted to take a further step to investigate the effect of these discrepancies on psychological and social QOL, which can be a reference point for future research on spirituality.

Factor Structure of the Multidimensional SHALOM

In the original study (Fisher, 2010), the SHALOM was designed to assess four domains, but subsequent validation studies in the Chinese context suggested a three-factor structure for university students (C. H. Leung & Pong, 2021; Pong et al., 2020). In this study, a high correlation was observed between the scores on the personal domain and the communal domain for the LOM and the SHM respectively. Therefore, we also conducted CFA to examine the factor structure. The results were consistent with previous studies, suggesting a three-factor structure by combining the personal and the communal domains. Compared with previous two studies in the Chinese context, this study focused on general teacher population, showing the validity of the SHALOM across different Chinese populations. In Chinese culture, the personal domain and the communal domain are often strongly related, which reflects the influence of Confucianism on personal cultivation and social harmony (Pong et al., 2020). In addition to Chinese culture, another possible explanation is that most school teachers in Hong Kong perceive teaching as meaningful service to others and establish a sense of self-identify through cultivating students at the same time (Tang et al., 2018). To some extent, this echoes with "self-awareness" in the personal domain and "love for others" in the communal domain.

Life Orientation, Spiritual Health, and Subjective Quality of Life

From the results of Model 1, both the personal and communal domain and the transcendental domain significantly positively predicted the psychological aspect of QOL, while only the environmental domain significantly positively predicted the social aspect of QOL. From the results of Model 2, only the transcendental domain significantly positively predicted the psychological aspect of QOL. Both the personal and communal domain and the environmental domain were significant predictors of the social aspect of QOL, but the former was negative while the latter was positive. Overall, the results were partially supportive to the expected impacts of spiritual well-being on subjective QOL. By comparison, it is not hard to note the difference between Life Orientation and Spiritual Health in the pattern of predicting subjective QOL. For example, the psychological aspect of QOL reflects individual's perception of life status such as life meaning and life satisfaction, while the social aspect of QOL reflects individual's perception of social relationships. In this sense, it is not uncommon for teachers who had more harmonious connections with self and others to report significant higher level of QOL-P and QOL-S. However, in this study it is

not the case. One of the reasons for the negative association might be that the scales and samples used here were different from previous studies (Alorani & Alradaydeh, 2018; Bai & Lazenby, 2015; Sawatzky et al., 2005). According to Maslow's Hierarchy Theory of Needs (Maslow, 1943), people have social needs, and the more one lacks it, the more one values it. Thus, the study guesses that persons who give much the importance on the personal and communal domain and value more on oneself and harmony might be more sensitive to the relationships with others. Hence, the demand for social supports was also higher and the need was much more difficult to be met, which might explain the negative effect. This also suggests that it is necessary to take a further step to investigate the effect of these discrepancies on psychological and social QOL.

Discrepancies Between Life Orientation and Spiritual Health

Typically, the scores on the LOM are higher than the scores on the SHM (Pong et al., 2020). In this study, based on the results of CFA, the discrepancies between the "ideals" and the "lived experience" (i.e., LOM minus SHM) ranged from 0.005 to 0.023 (see Table 4). The results of path analysis suggested that the discrepancies in the three domains significantly predicted the QOL-P and the QOL-S respectively, except for the effect of environmental domain on QOL-P. This suggests spiritual well-being as a measurable domain reflecting one's QOL (Ellison, 1983; Fehring et al., 1987; Paloutzian et al., 2012), which echoes with the argument that spiritual well-being integrates the subsystems of human being (Ellison, 1983) and permeates different dimensions of health (Fisher, 1998). Specifically, the discrepancy in the personal and communal domain significantly positively predicted both the psychological and the social aspects of QOL. This finding is consistent with Bai and Lazenby's (2015) results of systematic review that spiritual well-being was associated with social, emotional, and functional dimensions of QOL among patients with cancer. In addition, the discrepancy in the transcendental domain significantly positively predicted both the psychological and the social aspects of QOL. The transcendental domain reflects the realm of ultimate concern and transcendental connections and is not necessarily religious. This finding is consistent with Levin and Steele (2005) that individual who had more transcendental experience showed higher levels of psychosocial well-being. Interestingly, the discrepancy in the environmental domain was found to be a significant negative predictor of the social aspect of QOL. In Hong Kong, the living environment has been a public concern which affects ones' quality of life (Ng et al., 2018). Ideally, participants may expect a higher level of living environment, but there is a certain gap

between the expectation and the reality so they may be struggling, resulting in a negative effect on the subjective QOL. Regarding teaching as a profession, the changing educational environment such as educational reform and initiatives and a stressful school environment may be two of the culprits (Hassard et al., 2017; Huang & Yin, 2018). This finding echoes with that teachers reported increasingly heavy workload, stress, emotional problems, and other health problems (Hong Kong Federation of Education Workers, 2021a).

Demographic Variables of Interest

In the three models, the results revealed that female teachers in Hong Kong had higher levels of QOL-P. It may echo a recent study about gender differences among optimism and gratitude in Hong Kong (Yue et al., 2017) which found that women reported higher optimism, gratitude, and subjective well-being than men. Furthermore, teachers who were affiliated with religion had higher levels of QOL-P than those without. In a longitudinal study of Chinese university students, Zhang et al. (2014) found that students' well-being may be promoted by spiritual values through finding life meaning and purpose. Even though the effect of sociodemographic variables such as age, gender, and religion on the relationship between spirituality and QOL remains inclusive across cultures (Sawatzky et al., 2005), this study may add values to the knowledge body especially in the Chinese context.

Conclusion

The findings of this study suggest that teachers' spiritual well-being is significantly linked with subjective QOL. This study further explored the effects of discrepancies between Life Orientation and Spiritual Health in three domains, namely personal and communal, environmental, and transcendental. This is the first study to investigate the effects of the discrepancies on the associations between spiritual well-being and psychological and social QOL. The results provide implications for different stakeholders concerning teachers' well-being.

Theoretically, the concept of the multi-domain spiritual well-being (Fisher, 2010, 2011) is to some extent related to life education (Lee et al., 2021, p. 6) which comprises self, others, matter and transcendence dimensions. In Hong Kong, the government has been promoting life education for students via the values education curriculum framework (The Government of Hong Kong Special Administrative Region, 2021). Under this backdrop, it is a good opportunity to provide professional development training for teachers not only in

teaching life education but also in reflecting teachers' own spiritual experience. For example, in Taiwan, Kuo (2013) found that implementing life education courses positively impacted participants' spiritual health. In addition to professional development, life education learning community which shares resources with peers in an open atmosphere can be considered an effective way of spiritual cultivation (Wu, 2019). From a practical point of view, first and foremost, this study found that both Life Orientation and Spiritual Health predict psychological and social QOL, though there is a difference in the predicting pattern. Therefore, to enhance teachers' subjective QOL, it is imperative to target the "ideal" aspect and the "lived experience" aspect at the same time, and more importantly, to facilitate teachers to be aware of their own "discrepancies" and then pursue and live out an "ideal" spiritual life. For the "ideal" aspect, more efforts could be made in enhancing teachers' understanding and interpretation of what is "ideal" in their own spiritual world. For instance, the government, schools, NGOs, and professional associations of spiritual well-being could make a joint effort in organizing different series of talks, sharing sessions, and/or courses for this topic (Education Bureau, 2021). For the "lived experience" aspect, the government should take the leading role and allocate more resources in creating opportunities for spiritual practice. For example, the Education Bureau could study and formulate guidelines on the maximum working hours for teachers, streamline school administrative work, and increase manpower to support related work (Hong Kong Federation of Education Workers, 2021b), so as to keep work-life balance for teachers and relieve teachers' burden, thus allowing them to have more time and space to be engaged in spiritual experience — be it religious (e.g., going to church) or non-religious (e.g., enjoying the nature). Besides, the government could develop short-term or long-term programs for teachers to promote their spiritual well-being. In recent years, the government has been dedicating in promoting mental health projects and education on campus, but the main targets are students while teachers are just "encouraged" to participate these activities (The Government of Hong Kong Special Administrative Region, 2019). The government could set up more funds to target teachers' spiritual well-being as a priority theme. For instance, the Quality Education Fund has supported several projects to provide mindfulness training to school teachers and these projects have proved to be effective in enhancing teachers' spiritual well-being (Quality Education Fund Cyber Resource Centre, 2020a, 2020b). Besides, school leaders could cultivate a spiritual atmosphere and incorporate spiritual elements at school; for example, they could build whole-system values, provide measures for teachers to develop their full potential, and offer spiritual psychologies (Mahipalan & Sheena, 2019). Certainly,

there is a need to further investigate to how the "discrepancies" in spiritual well-being impacts teachers' well-being. For instance, to what extent will the "discrepancies" be significant? Is there a threshold to determine a significant "discrepancy" in each one of the four domains? If yes, is there a difference between two specific populations in the threshold? More research is expected to explore these meaningful questions.

Limitations

Firstly, this study did not use random sampling method to select participants and was subject to sampling bias. Secondly, the results of this study were limited in the Hong Kong context. In order to examine its generalizability in other societies, a wider selection of samples and cross-regional comparisons could be considered. Thirdly, the QOL-S measure showed relatively low reliability (Cronbach's $\alpha = .622$) when compared with other studies in Hong Kong (Lau et al., 2015; K. F. Leung, Wong, et al., 2005), though it indicated a marginally acceptable level (Hajjar, 2018). A low value of alpha could be due to a low number of items (Tavakol & Dennick, 2011), so statistically this study kept all three items of QOL-S for further analysis. Lastly, since it is a cross-sectional study, no causality of the associated factors can be ascertained for QOL. Future studies can further investigate the long-term effect of spiritual well-being on subjective QOL.

Acknowledgment

The authors would like to thank Ms. Michelle Li and the Centre for Religious and Spirituality Education, The Education University of Hong Kong (EdUHK) for supporting this study. Thanks are extended to Prof. John W. Fisher for permitting the use of the SHALOM, Dr. Esther E. Y. Lau for sharing the Chinese version of WHOQOL-BREF and their support in this study. The opinions in this article reflect personal views only and does not necessarily represent those of the EdUHK, and do not commit the respective organization.

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教師靈性健康與主觀生活質素的關係：香港視角

況小雪、張星洲、李子建、劉雅詩

摘 要

近幾十年來，有關靈性與健康的話題引起了愈來愈多的研究興趣。教學被視為一項具有多方面要求的專業。靈性健康在促進生活質素方面起着重要作用，但關於靈性健康對教師生活質素影響的研究卻很有限。本研究旨在探討在香港背景下教師靈性健康與主觀生活質素的關係。基於過往研究，靈性健康沒有一個「平均」的普遍標準。因此，個人靈性健康可以透過「理想」和「生活體驗」兩方面更好地反映。在這項橫斷面研究中，樣本由香港 22 所中、小學的 671 名教師組成。參與者需回答他們理想的靈性健康（以生活取向量表測量）和現實的生活體驗（以靈性健康量表測量）。結構方程模型的結果表明，在預測心理和社會方面生活質素的模式上，理想的靈性健康和現實的生活體驗之間存在差異。本研究透過檢驗兩者在「個人和公共」、「環境」、「超越」三個領域之間差異的影響，進一步探討靈性健康與主觀生活質素的關聯。路徑分析的結果表明，三個領域的差異顯著預測了教師心理和社會方面的生活質素。

關鍵詞：靈性；靈性健康；生活質素；教師；香港

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