

Spiritual Resilience in the Sands: Exploring Religion and Subjective Well-being in Abu Dhabi's Community

Masood Badri¹, Mugheer Alkhaili², Hamad Aldhaheeri³, Guang Yang⁴, Saad Yaaqeb⁵, Muna Albahar⁶ and Asma Alrashdi⁷

Abstract

The practice of religion is often strongly linked to various factors influencing well-being. Utilizing data from the 4th cycle of the Abu Dhabi Quality-of-Life survey conducted in 2023, this research aims to uncover the intricate associations between religious practice and various determinants of well-being among the residents of Abu Dhabi. Path analysis was employed to explore the direct and indirect connections between the frequency of religious practice and different well-being factors. A total of 22 paths revealed the overwhelming interrelations between each pair considered in the model, indicating the nuanced ways in which religious beliefs and behaviors contribute to individuals' sense of fulfillment, satisfaction, and resilience, as well as the diverse facets of well-being within the context of religious practices. Notably, results recorded the highest total effects of practicing religion on social trust and social relationship was the only variable that affects religious practice. Additionally, the significance of age, gender, education, nationality, and marital status was observed in this context. The findings are discussed in the light of relevant literature and potential avenues for future research concerning the interplay between well-being indicators and religious practices are suggested.

Keywords: Religion, Subjective Well-Being, Abu Dhabi, Path Analysis

INTRODUCTION

In the dynamic landscape of contemporary society, where rapid digitalization and globalization reshape cultural norms and values, the role of religion remains a steadfast anchor for many individuals. While the pursuit of material wealth and technological advancements dominate much of the discourse surrounding societal progress, the significance of spiritual resilience cannot be overlooked. Rooted in the age-old traditions of faith and devotion, spiritual resilience represents the ability to navigate life's challenges with steadfastness, drawing strength from one's beliefs and values (Faigin & Pargament, 2011; Pargament & Cummings, 2010). Amidst the hustle and bustle of modern life, religious practices often serve as a sanctuary, providing solace, guidance, and a sense of purpose to believers. Nowhere is this truer than in the vibrant community of Abu Dhabi, where diverse cultures and traditions converge against the backdrop of a rapidly evolving urban landscape. In the context of Abu Dhabi, where religion permeates various aspects of daily life, exploring the interplay between religious practices and subjective well-being offers valuable insights into the resilience of its community members.

The intertwining of religiosity, religious practices, and overall subjective well-being has been a focal point of numerous studies in recent years. Religiosity, often deeply ingrained in an individual's life, serves as a cornerstone of their existence, representing a profound connection with a higher power. This spiritual bond fosters a sense of security, serenity, and joy, yielding positive effects on one's overall well-being. Research spearheaded by Kim-Prieto and Diener (2009), Powell et al. (2003), and Villani et al. (2019) stands as a testament

¹ Department of Community Development and United Arab University, Email: masood.badri@addcd.gov.ae

² Department of Community Development and United Arab University

³ Department of Community Development and United Arab University

⁴ Department of Community Development and United Arab University

⁵ Department of Community Development and United Arab University

⁶ Department of Community Development and United Arab University

⁷ Department of Community Development and United Arab University

to this robust connection. Across diverse religious backgrounds, it's a common thread that individuals who actively participate in religious practices often report heightened levels of happiness and well-being. This assertion finds solid ground in the works of Berthold and Willibald (2014), Dolan et al. (2008), and Habib et al. (2018), underscoring the profound impact of religious engagement on subjective well-being across different cultural and societal contexts.

This paper endeavors to delve into the intricate relationship between religious practices and subjective well-being among residents of Abu Dhabi. By examining the experiences and perceptions of individuals deeply ingrained in religious traditions, we aim to uncover the multifaceted ways in which spiritual resilience manifests in the lives of residents of Abu Dhabi. Specifically, we explore how religious engagement influences key dimensions and correlates of subjective well-being, including life satisfaction, subjective health, mental health, satisfaction with family life, satisfaction with social relationships, trust in people, and participation in charitable groups. Through rigorous empirical analysis, we seek to elucidate the underlying mechanisms through which religious engagement fosters psychological, emotional, and social well-being in this unique cultural milieu.

As we embark on this journey of exploration, it is our hope that this research will contribute to a deeper understanding of the profound impact of religious practices on the resilience and flourishing of individuals within the Abu Dhabi community. The valuable insights offered by this research can inform interventions, policies, and practices aimed at promoting holistic well-being and spiritual resilience among residents of Abu Dhabi. Ultimately, by shedding light on the enduring significance of spirituality in an increasingly secular world, we aspire to celebrate the richness of religious diversity and promote holistic approaches to well-being that honor the spiritual dimensions of human existence.

LITERATURE REVIEW

Life satisfaction, as defined by Diener et al. (2002), encapsulates an individual's cognitive and emotional assessment of their own life - a profound reflection of one's overall well-being and fulfillment. Delving deeper into this concept, researchers have illustrated its multifaceted impact on individuals' lives, revealing its pivotal role in navigating the diverse terrain of human experience. Studies by Abrams et al. (2005) and Batthyany and Russo-Netzer (2014) underscore the empowering influence of heightened life satisfaction, equipping individuals with the resilience to weather life's storms and savor its triumphs. Manning-Walsh (2005) further explores life satisfaction as a barometer of overall life quality, shedding light on its intimate connection to happiness and even its potential as a buffer against depression, as observed by Nasiri and Bahram (2008). Beyond its psychological implications, life satisfaction intertwines with profound emotions of appreciation and gratitude (Proyer et al., 2013), and fosters a profound sense of joy and humor (Çalışandemir & Tagay, 2015). Moreover, the intricate web of factors shaping life satisfaction extends to the realm of social dynamics, self-esteem, and the fulfillment derived from personal roles (Matud et al., 2014). As these diverse strands of research converge, they paint a vibrant tapestry of life satisfaction - a dynamic force shaping human experience and illuminating the path to holistic well-being.

Research has unraveled an array of demographic and socio-economic factors intricately linked to an individual's life satisfaction (Diener et al., 1999; Ngamaba, 2016). As identified in the literature, these factors include marital status (e.g., Diener et al., 2000; Grover and Helliwell, 2019), age (e.g., Selim, 2008), education level (e.g., Michalos, 2017), income level (e.g., Levin et al., 2011), social relationships (e.g., Sarracino, 2013), social support networks (e.g., Helliwell et al., 2017), as well as spirituality and religiousness (e.g., Kim-Prieto & Diener, 2009; Villani et al., 2019). Among these, religiosity as an internal force of paramount importance in bolstering the psychological well-being of individuals has been underscored.

Religiosity is a multifaceted framework rooted in an individual's faith, encompassing beliefs and rituals that establish a spiritual connection with a divine presence (Holdcroft, 2006; Davis et al., 2019). According to Lipnicka and Peciakowski (2021), religiosity represents both a personal and communal manifestation of one's affiliation with a specific religious tradition. Religion's profound influence on human life has captivated researchers, driving investigations into its direct and tangential impacts on personalities and lifestyles. Through these multifaceted inquiries, a richer understanding emerges of how religion intertwines with various facets of human existence, offering insights into its profound implications for well-being.

Within the realm of religion, hope emerges as a beacon of optimism, guiding individuals towards positive progress, aspirations, and personal growth (Snyder, 2002). Extensive research has illuminated the profound correlation between hope and life satisfaction (Valle et al., 2004), underscoring its pivotal role in fostering personal adaptation and psychological well-being (Gilman & Huebner, 2006). Moreover, scholars have uncovered a rich tapestry of connections linking hope, optimism, and life satisfaction (Ciarrochi et al., 2007; Duggal et al., 2016; Feldman & Snyder, 2005), painting a compelling picture of how faith in the future can infuse individuals with resilience and joy on their journey towards fulfillment.

Furthermore, a profound link between positive religious coping mechanisms and bolstered psychological well-being was epitomized by the seminal study led by Lewis et al. (2005). In a similar vein, Maltby et al. (1999) unearthed the pivotal role of personal prayer frequency in bridging the gap between religiosity and overall well-being. Building upon this foundation, Krok (2014) delved into the intricate interplay between religious belief systems, religious practices, and psychological states, particularly during challenging times. Echoing these findings, Unterrainer et al. (2010) contributed to the discourse by highlighting a robust correlation between heightened levels of religiosity, spirituality, and augmented psychological well-being. Through these collective endeavors, a clearer picture emerges of the profound impact of religious engagement on individuals' psychological resilience and overall well-being.

While some scholars have scrutinized the overarching construct of life satisfaction as a primary outcome of religious dedication (Cohen et al., 2005; Diener & Clifton, 2002), others have ventured into the domains of subjective mental and physical health (Karademas, 2010; Kim-Prieto & Diener, 2009; Strawbridge et al., 2001). A recent report by Pew Research Center (2019), spanning the United States and over two dozen other nations, found that the religiously active individuals demonstrate lower rates of smoking and alcohol consumption, although exercise frequency and obesity rates remain comparable. Studies spearheaded by Koenig et al. (1993) and Miller and Gur (2002) have underscored the inverse relationship between religiosity and the prevalence of anxiety disorders and depression. These revelations shed light on the protective role of religious engagement against debilitating mental health conditions, offering hope and resilience to individuals navigating psychological challenges. Moreover, the impact of religiosity extends beyond direct effects on mental health (Levin & Chatters, 1998).

Indeed, the intricate relationship between religiosity and psychological well-being remains a subject of diverse findings and interpretations within the scientific community. While some studies, such as those conducted by Dezutter et al. (2006) and King and Schafer (1992), suggest a positive correlation between higher levels of religious practices and elevated personal distress, contrasting perspectives have emerged from other scholarly inquiries. For instance, investigations led by Daaleman et al. (2004), Leondari and Gialamas (2009), and O'Connor et al. (2003) have found no significant correlations between religiosity and various indicators of psychological well-being, including mental health, physical health, feelings of loneliness, stress levels, and experiences of depression. Such contrasting findings tend to underscore the complexity of the relationship between religiosity and psychological well-being.

Numerous studies have delineated significant associations between regular religious practice and familial relationships, where family members offer mutual support during challenging circumstances and provide guidance to one another (Kasielska-Trojan et al., 2022). It is widely recognized that engagement in religious practices tends to cultivate more positive and cohesive family dynamics (Pearce & Axinn, 1998). Further investigations have delved into specific familial bonds that are strengthened through regular religious participation, including mother-child (Pearce & Axinn, 1998) and father-child relationships (King, 2003), as well as overall family cohesion (King et al., 2013). Moreover, research underscores the role of organized religion in providing substantial community support for families, guiding them on values and behaviors deemed beneficial for the collective (Miller-Wilson, 2020). Religious affiliation fosters interconnectedness among adherents, potentially enhancing empathy and social cohesion within families. Additionally, practicing religion imparts a sense of meaning and purpose to life, reinforces social unity, and serves as a mechanism of social control (Emerson et al., 2011).

The connections between friendships and religious practice have been explored, shedding further light on the social dimensions of religion and the dynamics within religious networks. Cheadle and Schwadel (2012) emphasized the influence of both selection and socialization mechanisms in shaping these relationships. Kandel (1978) highlighted the role of friends' religious affiliations in shaping individuals' religious practices through socialization processes. Gutierrez et al. (2017) further elucidated the impact of friends' religiousness on friendship dynamics and indicated that religiousness of participants' friends significantly predicted support in friendships. However, contrary perspectives from researchers such as Schwadel (2005) suggest that the social context of religion may not always be immediately apparent.

The relationship between religiosity and trust has been a subject of inquiry, with recent research by Valente et al. (2022) shedding light on this dynamic by examining two dimensions of religiosity simultaneously. Consistent with prior studies, their findings suggest that religiosity may influence outgroup prejudice, particularly in religiously diverse societies (Hall et al., 2010; Sosis, 2005). Conversely, social religiosity appears to promote trust in other individuals (Mencken et al., 2009; Tan & Vogel, 2005), suggesting that individuals are more inclined to trust those who exhibit higher levels of religiosity. Further elaboration on the multidimensional nature of religiosity was provided by Daniels and Von der Ruhr (2010), who found that integration within religious communities enhances trust. Using data from the European Values Survey, Dingemans and Van Ingen (2015) supported this finding and concluded that a distinction between the micro effects and macro effects of religiosity on trust should be recognized, as they found that on the macro level religious diversity increases social trust. These insights underscore the complex interplay between religiosity and trust, wherein social aspects of religiosity appear to foster trust in others while broader religiosity dimensions may have nuanced effects on intergroup attitudes and trust dynamics.

The role of religious participation in charitable endeavors has garnered attention in scholarly discourse. It is widely acknowledged that religious giving constitutes a significant portion of charitable contributions across various cultures (Uslaner, 2002). Moreover, research conducted in Sweden suggests an increased propensity among regular attendees of religious services to volunteer for political parties (Wallman, 2022). However, empirical findings regarding the relationship between religious participation and civic engagement, particularly in the context of charitable giving, have yielded mixed results. While some scholars argue for the absence of a link or even a negative relationship between religious participation and civic engagement (Prouteau & Sardinha, 2015; Yeung, 2017), others have found that individuals without religious affiliation are less inclined to volunteer or make charitable donations (Berger, 2006). There remains ongoing debate surrounding the extent to which religious participation correlates with civic engagement, operationalized through charitable giving, volunteering, and political involvement, particularly within secularized contexts.

While addressing the relationship between religion practices and well-being, some researchers note that differences might exist between the different biographies such as gender, marital status, education, and nationality. Numerous sociological studies have shown that valuing religion and regularly practicing it are associated with greater marital stability, higher levels of marital satisfaction, and an increased inclination to marry (Aman et al, 2019). Some studies pointed out that in Western nations the intensity of religious beliefs decreases with education, but attendance and religious practice increases (Sacerdote & Glaeser, 2001). Other studies indicate that the religious have higher education than the non-religious (Smith, 1998). Kent (2020) notes that religion and spirituality may operate differently for men than women concerning their mental well-being. Diener et al. (2011) suggests that the relationships of religiousness–well-being are independent of religious affiliation, however, some analysts have claimed that this depends on the religious measures used (Poloma & Pendleton, 1990).

Through these seminal inquiries, a deeper understanding emerges of how religiosity serves as a beacon of strength and solace, offering pathways to holistic well-being and inner harmony. The extant literature illuminates the intricate pathways through which religiosity influences health status, psychological well-being, family and social relationships, and trust and civic engagement, unveiling the multifaceted nature of this profound connection. Overall, it is suggested that religious engagement contributes to both psychological and physical well-being, motivating individuals to foster positive social connections and catalyze societal change. Although inconsistent or contrasting findings do exist, the literature collectively underscores the complex,

multifaceted impact of religiosity and religious practice on a variety of social and individual domains and dynamics, highlighting the need for further exploration to elucidate the underlying mechanisms and contextual factors influencing those associations and interplays.

METHODS AND ANALYSIS

Instrument and Survey

Utilizing various international well-being frameworks, the Abu Dhabi Quality of Life Survey comprehensively addresses subjective indicators drawn from prominent sources such as the OECD's Better Life Index, the World Happiness Report, the Gallup Global Well-being Survey, and the European Quality of Life Survey. Thus, the survey incorporates a diverse array of dimensions and factors thought to influence the well-being of Abu Dhabi residents, ranging from housing, income, employment, to health, education, safety, and social connections.

Conducted online from January to June 2023, the fourth cycle of the Abu Dhabi Quality of Life Survey (QoL-4) encompassed residents aged 15 and above across all regions of the Emirate of Abu Dhabi. The online survey was disseminated to individuals registered in various accessible databases maintained by government departments, public community associations, as well as through social media platforms and numerous public events held in Abu Dhabi. For individuals residing in worker residential cities, face-to-face interviews were conducted by trained enumerators from Statistics Center Abu Dhabi, employing a random sampling methodology. Ethical approval for the survey was granted by both the Department of Community Development and Statistics Center Abu Dhabi. The QoL-4 in the end collected over 90 thousand usable responses.

Measurements and Analysis

In light of the insights gleaned from the comprehensive review of literature, this research aims to leverage these findings in crafting robust analytical framework utilizing path analysis, which could captures the complexities of spiritual resilience and its impact on individuals' well-being in this cultural context. In line with the literature that used religious practice as a significant variable in well-being related studies (Villani et al., 2019), this study leverages the concept of frequency of religious practice as an indirect measure of religiosity. Based on the findings of the literature review, eight variables, hypothesized to have a significant association with religious practice, were chosen from the survey for the present investigation (Table 1). Among the eight variables, 'mental health' is a composite variable, with a higher score indicating more mental health problems. Because of the different scales that these variables and constructs used, the associated data was standardized for the final analysis.

Descriptive analysis was conducted to examine the raw data and ascertain data distribution. Normality tests were performed on all data points included in the study, and in cases where deviations from normality were observed, natural logarithm transformations were applied. To facilitate path analysis due to the varied scales used in the survey, data standardization was performed. Pre-analysis procedures, including correlation and linear regression analyses, were carried out to explore the relationships among the variables, with a particular focus on the variable of frequency of practicing religion. As the result of the pre-analysis, certain variables such as happiness, income satisfaction, satisfaction with surrounding living environment, work-life balance, and feelings of safety were excluded from further analysis.

Variables	Explanations and scales
L11 Frequency of practicing religion	How often do you practice your religion? (1 never - 5 always)
O1 Life satisfaction	From a scale of 0-10, all things considered, how satisfied are you with your life as a whole nowadays? (0-10)
F1 Subjective health	How do you personally assess your current health status? (1 poor - 5 excellent)
F5 Mental health	During the past four weeks, how much of a problem did you have with the following: feeling depressed, worry or anxiety, concentrating or remembering things, fear, loneliness, boredom? (1 not at all - 5 to a great extent)
I10 Satisfaction with family life	I am satisfied with my family life. (1 strongly disagree - 5 strongly agree)

I11	Satisfaction with social relationships	I am satisfied with my relationships with other people I know. (1 strongly disagree -5 strongly agree)
I7	Social trust	Most people can be trusted. (1 strongly disagree -5 strongly agree)
I5D	Participation in charitable groups	In the past 12 months, how often have you taken part in charitable groups? (1 never - 5 always)

Path analysis serves as a powerful tool for examining complex relationships among variables. We used LISREL to conduct the path analysis (Jöreskog & Sörbom, 1996). To test the final path model, a variety of statistical measures were used, including Maximum Likelihood Ratio Chi-Square, Root Mean Square Error of Approximation (RMSEA), P-Value for Test of Close Fit, Normed Fit Index (NFI), Non-Normed Fit Index (NNFI), Comparative Fit Index (CFI), Goodness of Fit Index (GFI), Adjusted Goodness of Fit Index (AGFI), Root Mean Square Residual (RMR), Standardized RMR, and the Parsimony Goodness of Fit Index (PGFI) (Boker et al., 2002; Wolfle, 2003). As an adjunct to our primary path analysis and path model, and with a specific emphasis on the variable of frequency of practicing religion, the study additionally incorporated analysis of variance (ANOVA) to ascertain potential significant variations across gender, age, marital status, education level, and nationality.

RESULTS

Table 2 shows the distribution of the segments participating in the QoL-4. Males record a higher percentage than female respondents (53.4% relative to 46.6%). The 35-39 age group accounts for 16.8% of the total, followed by the 40-44 cohort (16.3%), 30-34 cohort (14.3%), 15-10 cohort (12.7%), and 45-49 cohort (10.5%). The married represent the majority (65.5%), while the singles account for 26.6%. In terms of distribution by nationality, the non-Emirati constitute 51.4% of respondents. The largest portion of participants are Muslims (84.7%). The non-Muslims include individuals who have faith in Christianity, Judaism, Hinduism, Sikhism, Buddhism, and other religions.

	Number	Percent
Gender		
Male	43,359	53.4%
Female	37,791	46.6%
Age		
15-19	11,781	12.7%
20-24	3,861	4.2%
25-29	7,930	8.6%
30-34	13,219	14.3%
35-39	15,532	16.8%
40-44	15,110	16.3%
45-49	9,759	10.5%
50-54	6,368	6.9%
55-59	3,328	3.6%
60 or older	5,688	6.1%
Marital status		
Single	21,621	26.6%
Married	53,201	65.5%
Divorced	4,084	5.0%
Separated	674	0.8%
Widow/widower	1,570	1.9%
Education		
Read and write	2225	2.7%
Primary	2521	3.1%
Intermediate	5635	6.9%
Secondary	25391	31.3%
Bachelor's degree	27350	33.7%
Master's degree	8530	10.5%
Doctorate	1574	1.9%
Nationality		
Emirati	39,404	48.6%
Non-Emirati	41,746	51.4%
Religion		
Islam	53,385	84.7%
Other religions	9,678	15.3%

Table 3 shows the final list of variables in the path mode, their arithmetic means, and standard deviations. Both life satisfaction and frequency of practicing religion record high mean values (4.841 and 4.546). On the other hand, variables with the lowest means are mental health and participation in charitable groups (2.092 and 1.845). Table 4 shows the covariance matrix of the variables in the model.

		Mean	Standard deviation
L11	Frequency of practicing religion	4.546	1.393
O1	Life satisfaction	4.841	0.946
F1	Subjective health	3.489	1.070
F5	Mental health	2.092	1.162
I10	Satisfaction with family life	4.029	1.063
I11	Satisfaction with social relationships	3.809	0.865
I7	Social trust	2.661	1.078
I5D	Participation in charitable groups	1.845	1.168

	F1	F5	I5D	I7	I10	I11	O1	L11
F1 Subjective health	0.799							
F5 Mental health	-0.212	0.890						
I5D Participation in charitable Groups	0.055	-0.031	0.876					
I7 Social trust	0.074	-0.129	0.060	0.852				
I10 Satisfaction with family life	0.265	-0.338	0.087	0.197	1.000			
I11 Satisfaction with social relationships	0.222	-0.252	0.083	0.228	0.498	0.871		
O1 Life satisfaction	0.235	-0.242	0.058	0.181	0.426	0.318	0.730	
L11 Frequency of practicing religion	0.049	-0.031	0.050	-0.031	0.049	0.044	0.041	0.614

All goodness-of-fit statistics presented in Table 5 are favorable for the final model. The Degrees of Freedom (6) has the Maximum Likelihood Ratio Chi-Square of 16.169, with a P-Value for Test of Close Fit of 0.879. The RMSEA is 0.0256, the NFI is 0.996, the NNFI is 0.984, the CFI is 0.996, the RMR is 0.0079, the GFI is 0.999, and the AGFI is 0.994. All measures are well above the recommended levels (Jöreskog & Sörbom, 1996).

Fit statistics and properties	Values
Degrees of Freedom	6
Maximum Likelihood Ratio Chi-Square	16.169
Root Mean Square Error of Approximation (RMSEA)	0.0256
P-Value for Test of Close Fit	0.879
Normed Fit Index (NFI)	0.996
Non-Normed Fit Index (NNFI)	0.984
Comparative Fit Index (CFI)	0.996
Goodness of Fit Index (GFI)	0.999
Adjusted Goodness of Fit Index (AGFI)	0.994
Root Mean Square Residual (RMR)	0.0079
Standardized RMR	0.00916
Parsimony Goodness of Fit Index (PGFI)	0.167

Table 6 provides the detailed path estimates between the indicators with their t-statistics and level of significance. While all the relationships are significant, the top estimates are the linkages between ‘family life’ and ‘life satisfaction’ (0.581), between ‘mental health’ and ‘family life’ (-0.222), between ‘subjective health’ and ‘life satisfaction’ (0.198), between ‘social relationships’ and ‘life satisfaction’ (0.175), and between ‘social relationships’ and ‘charitable groups’ (0.174).

Path from	Path to	estimate	t-value	Sig.
Religion practice	Mental health	-0.015	-3.298	0.001
Religion practice	Family life	0.045	9.021	0.001
Religion practice	Subjective health	0.049	11.650	0.001
Religion practice	Life satisfaction	0.066	15.056	0.001
Religion practice	Charitable groups	0.068	14.181	0.001
Religion practice	Social trust	0.145	-17.045	0.001
Family life	Life satisfaction	0.581	140.989	0.001
Family life	Subjective health	0.137	34.572	0.001
Social relationships	Mental health	-0.094	-3.298	0.001
Social relationships	Charitable groups	0.174	13.626	0.001
Social relationships	Family life	0.046	108.86	0.001

Social relationships	Religion practice	0.027	6.690	0.001
Social relationships	Life satisfaction	0.175	40.248	0.001
Social relationships	Subjective health	0.089	22.899	0.001
Mental health	Subjective health	-0.125	-32.507	0.001
Mental health	Life satisfaction	-0.160	-33.113	0.001
Mental health	Social trust	-0.051	-12.585	0.001
Mental health	Family life	-0.222	-49.62	0.001
Charitable groups	Subjective health	0.125	32.507	0.001
Subjective health	Life satisfaction	0.198	43.690	0.001

Figure 1. The path model

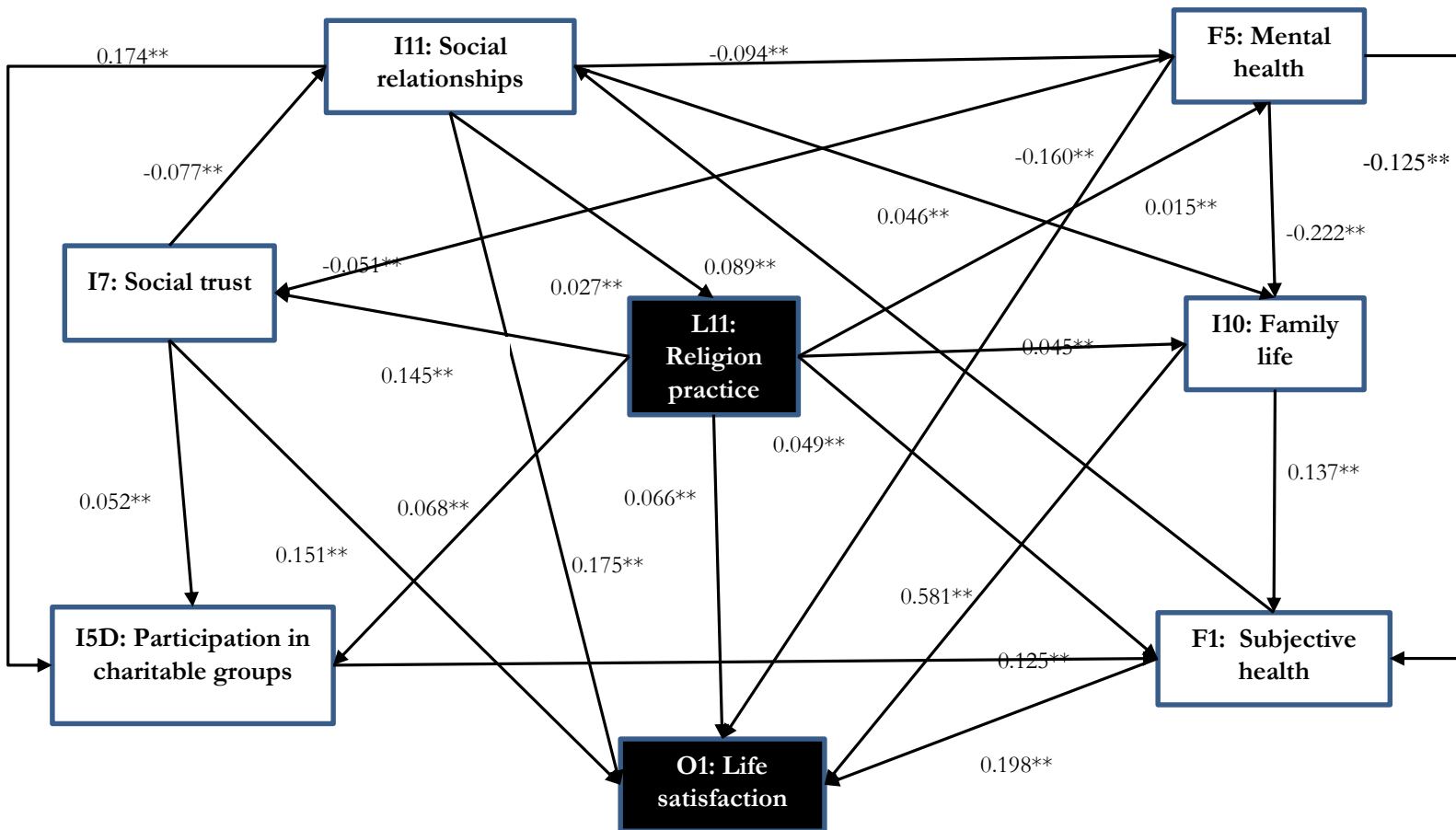


Figure 1 shows the final path model with eight pillars, with ‘religion practice’ and ‘life satisfaction’ taking the central stage as the most sensitive variables with the highest number of interactions and reactions. The ‘religion practice’ variable shows direct associations with all other variables in the model. Its highest estimated associations are seen with ‘social trust’ (0.145). Interestingly, ‘satisfaction with social relationships’ is the only indicator that affects ‘religion practice’ (0.027). Life satisfaction shows a significant direct association to six indicators except for ‘participation in charitable groups’, with which it is indirectly associated. Among the highest estimates are those with ‘satisfaction with family life’ (0.581), ‘subjective health’ (0.198), and ‘satisfaction with social relationships’ (0.175).

There are also significant linkages between other indicators. Due to the scales used, ‘mental health’ shows direct negative connections with ‘satisfaction with family life’ (-0.222), ‘life satisfaction’ (-0.160), ‘subjective health’ (-

0.125), and 'social trust' (-0.051). 'Satisfaction with social relationships' has a direct negative effect on 'mental health' (-0.094). 'Participation in charitable groups' is at the receiving end from two other indicators apart from 'religion practice': 'satisfaction with social relationships' (0.174) and 'social trust' (0.052).

Path analysis provides insights in understanding the direct and indirect pathways leading to each of the indicators of well-being. As shown in Table 7, 'religion practice' encompasses the maximum number of seven direct paths. 'Social relationships' also shows seven paths associated with it. Next in line with the number of direct paths are 'life satisfaction' and 'mental health', with a total of six paths each. The highest total effects are observed between 'family life' and 'life satisfaction' (0.608), between 'mental health' and 'family life' (0.223); and between 'subjective health' and 'life satisfaction' (0.214). Focusing on the variable of 'religion practice', we note that the highest total effect is associated with 'social trust' (0.146), 'life satisfaction' (0.129), and 'subjective health' (0.092).

From	To	Direct effect	Indirect effect	Total effect
Religion practice	Life satisfaction	0.066	0.0622	0.1286
Religion practice	Mental health	0.015	0.0011	0.0161
Religion practice	Social trust	0.145	0.0008	0.1458
Religion practice	Charitable groups	0.068	0.0078	0.0758
Religion practice	Subjective health	0.049	0.0432	0.0922
Religion practice	Family life	0.045	0.0033	0.0483
Social relationships	Religion practice	0.027	-----	0.0270
Subjective health	Life satisfaction	0.198	0.0557	0.2136
Family life	Life satisfaction	0.581	0.0271	0.6081
Mental health	Life satisfaction	-0.160	0.0385	0.1985
Social relationships	Life satisfaction	0.175	0.0056	0.1806
Social trust	Life satisfaction	0.151	0.0172	0.1682
Mental health	Subjective health	-0.125	0.0304	0.1554
Mental health	Family life	-0.222	0.0005	0.2225
Mental health	Social trust	-0.051	-----	-0.0510
Social trust	Social relationships	-0.077	0.0006	0.0775
Social trust	Charitable groups	0.052	0.0134	0.0654
Social relationships	Charitable groups	0.174	0.0018	0.1758
Social relationships	Mental health	-0.094	0.0004	0.0944
Social relationships	Family life	0.046	0.0221	0.0681
Subjective health	Social relationships	0.089	-----	0.0890
Charitable groups	Subjective health	0.125	-----	0.1250

The demographic differences of respondents reporting their frequency of practicing religion are also examined. Table 8 presents the means for each respondent category and ANOVA scores. Significant differences are revealed between the two genders as males record a mean of 4.321 and females record 4.411. There are also significant differences among the age groups, with the frequency of practicing religion being positively associated with age. Among different marital status, the singles record the lowest mean (4.210), while the widow/widower report the highest mean (4.586). Looking at the differences between respondents with different educational level, we note that those with a bachelor's degree or higher record the highest means. Emiratis record a higher mean than non-Emiratis (4.468 relative to 4.261). Interestingly, there is no difference between Muslims and those believe in other religions.

Table 8. The means of religion practice by groups of participants and the ANOVA scores

	Means	F-scores	Significance
Gender:		96.217	0.001
Male	4.3214		
Female	4.4107		
Age:		82.531	0.001
15-19	4.2112		
20-24	4.2376		
25-29	4.2665		
30-34	4.3505		
35-39	4.4053		
40-44	4.4554		
45-49	4.4597		
50-54	4.5030		
55-59	4.4906		

60 or older-64	4.6670		
Marital status		113.227	0.001
Single	4.2098		
Married	4.4311		
Divorced	4.4366		
Separated	4.2646		
Widow/widower	4.5858		
Education		56.850	0.001
Read and write	4.2999		
Primary	4.2834		
Intermediate	4.1947		
Secondary	4.2858		
Bachelor's degree	4.4781		
Master's degree	4.4316		
Doctorate	4.4022		
Nationality		523.75	0.001
Emirati	4.4680		
Non-Emirati	4.2606		
Religion			
Islam	4.564	1.318	0.131
Other religions	4.529		

DISCUSSIONS

This study presents a significant contribution to the field by employing path analysis to elucidate the broader scope of religion practice and its relationship with various determinants of well-being. Leveraging the Abu Dhabi Quality of Life framework, we offer a comprehensive depiction of both the direct and indirect effects exerted by regular religious engagement on life satisfaction alongside other key well-being determinants. This analytical approach not only enhances our understanding of the intricate interplay between religious practice and overall well-being but also provides a nuanced perspective on the multifaceted mechanisms underlying these associations.

The pathways presented in Figure 1 reveal a compelling insight into the intricate network of relationships among various determinants of well-being, particularly emphasizing the nexus between overall life satisfaction and the frequency of religious practice. Notably, the model encapsulates a total of 22 paths, underscoring the nuanced interplay among these variables. A striking observation is the prominence of practicing religion within the model, as it emerges as the focal point of seven distinct paths. This highlights the central role that religious engagement plays in shaping individuals' well-being across multiple dimensions. Furthermore, it suggests that the frequency of religious practice exerts a significant and multifaceted influence on various aspects of life satisfaction and well-being.

The significant and robust association between religious practice and life satisfaction, reported by this study, is congruent with numerous findings across the literature exploring the intersections of religion, hope, optimism, aspirations, and personal growth and fulfillment (Abrams et al., 2005; Batthyany & Russo-Netzer, 2014; Snyder, 2002; Valle et al., 2004). Furthermore, our findings are consistent with a wealth of empirical evidence demonstrating the role of religious practices in fostering personal adaptation and psychological well-being (Duggal et al., 2016; Feldman & Snyder, 2005; Gilman & Huebner, 2006). The consistent alignment of our results with these established studies underscores the robustness and generalizability of the relationship between religious practice frequency and individuals' subjective well-being. By corroborating and extending upon these established findings, our study contributes to the cumulative knowledge base through fortifying the theoretical underpinnings elucidating the positive influence of religious involvement on overall life satisfaction and highlighting the robustness of the link between religious engagement and subjective well-being across diverse populations and contexts, while acknowledging that a nuanced landscape should be borne in mind where the effects may vary widely among individuals.

The findings of the present study illuminate a diverse array of well-being determinants that exhibit associations with the frequency of religious practice, encompassing aspects such as physical and mental health, family life, social relationships, trust in others, and engagement in charitable endeavors. This expansive spectrum of associations resonates with observations made by other scholars (Kim-Prieto and Diener, 2009; Powell et al., 2003), who have similarly documented the broad-reaching impact of religious engagement on various

dimensions of well-being. Moreover, our results align with prior research indicating significant positive associations between religious practice and well-being across diverse religious and cultural backgrounds (Berthold & Willibald, 2014; Dolan et al., 2008; Habib et al., 2018).

Our study underscores the significance of religious practice as a determinant positively influencing psychological well-being, aligning with international studies that illuminate a compelling connection between religious coping mechanisms and enhanced psychological well-being, as well as the intricate interplay between religious belief systems, practices, and psychological states, particularly in the face of adversity (Krok, 2014; Lewis et al., 2005; Unterrainer et al., 2010). The results from our path model offer a clear depiction of the profound impact of religious engagement on individuals' psychological resilience and overall well-being, thus enriching our understanding of the intricate mechanisms underlying the relationship between religiosity and psychological health.

Our findings further highlight the substantial influence of religious practice on individuals' subjective health. This observation resonates with previous research endeavors that have investigated the correlations between religious engagement and physical health outcomes (Karademas, 2010; Kim-Prieto and Diener, 2009; Strawbridge et al., 2001). Our study, thus, contributes to the growing body of evidence emphasizing the integral role of religious practice in shaping not only psychological well-being but also subjective health perceptions, highlighting the importance of considering religious practices in health-related interventions.

Another notable finding arising from our study is the salience of religious engagement and its association with familial relationships. This empirical finding echoes the congruent observations documented in prior research efforts, notably those conducted by Kasielska-Trojan et al. (2022), King et al. (2013), and Pearce and Axinn (1998), that family ties offer vital mutual support during challenging circumstances and serve as a source of guidance. Moreover, our findings are consistent with prior research highlighting the multifaceted impact of religious practice on individuals' lives. Practicing religion frequently not only imbues life with meaning and purpose but also reinforces social unity and acts as a mechanism of social control (Emerson et al., 2011). These collective findings underscore the intricate and profound influence of religious practice on familial relationships and broader social dynamics.

A pivotal revelation emerged in this study is the apparent influence of 'satisfaction with social relationships', as the only variable, on 'religion practice'. Underlining the influence of social relationship networks and social dimensions of religion, Cheadle and Schwadel (2012) and Kandel (1978) also depict comparable patterns, suggesting a consistent trend across diverse contexts. This finding holds significant implications, particularly for social policymakers tasked with addressing the intersection of faith and well-being. By recognizing the unique dynamic between individuals' religious engagement and their relationships with friends, policymakers can tailor interventions to foster supportive social networks that enhance individuals' overall well-being.

In addition, while life satisfaction demonstrates a robust relationship with several determinants of well-being, it does not exhibit a direct connection with participation in charitable groups. This suggests that while charitable involvement may contribute to other aspects of well-being, its impact on overall life satisfaction may be mediated through indirect pathways.

CONCLUSIONS

By employing a robust methodology and integrating a comprehensive theoretical framework, our study offers valuable insights into the complex dynamics shaping individuals' well-being within the context of religious engagement. The results of this study align cohesively with extensive research that has elucidated the intricate relationship between religiosity and subjective well-being. In essence, the path analysis underscores the significance of religious practice as a pivotal determinant of well-being, while also shedding light on the complex interplay among various factors shaping individuals' overall life satisfaction.

These findings not only contribute to our understanding of the multifaceted nature of well-being but also offer valuable insights for interventions aimed at enhancing individuals' quality of life and subjective well-being. By reaffirming and extending these established connections, our study further contributes to a deeper

understanding of the multifaceted ways in which religious practice interfaces with individuals' well-being across diverse populations and settings. Understanding the nuanced nature of these relationships is crucial for developing effective strategies aimed at promoting holistic well-being within communities in Abu Dhabi and worldwide.

Religiosity is a multidimensional phenomenon. In this study, however, we used a single item of frequency of practicing religion to represent religiosity and religious engagement. Future research should employ a multidimensional conceptual framework to operationalize religiosity and should consider replicating this study with a population that has larger religious variability. It would also be insightful to examine if changes occur in the relationship between religious practice and those well-being indicators. We also recommend that future research could concentrate on the friendship aspect of the younger generation since it exhibits a direct impact on practicing religion.

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