Mindfulness, Spiritual Intelligence and Mental Health among Nursing Faculty Members.

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Abstract

Background: Nursing faculty members play a crucial role in shaping not only the mindset of their students but also the upcoming generation and nations. However, they are challenged with different stressors that can jeopardize their mental health and thereby their students. Therefore, paying attention to their mental health, awareness with their inner private world, and the meaning of life could virtually provide a comprehensive template that would reinforce credibility in their holy message and move the nursing profession forward. Objective: This study aimed to identify the relationship between mindfulness, spiritual intelligence and mental health among nursing faculty members. Settings: The study was conducted at the three different nursing faculties in Egypt namely, Alexandria, Damanhur and Matrouh. Subjects: the data was collected from 351 nursing faculty members who had at least one year of academic experience and willing to participate in the study. **Tools:** Five tools were used including; Socio-demographic Characteristics questionnaire, The Mindful Attention Awareness Scale (MAAS), Spiritual Intelligence Self-Report Inventory (SISRI-24) and Warwick-Edinburgh Mental Well-being Scale (WEMWBS). Results: More than half of the studied subjects demonstrated moderate level of mindfulness (53%) and nearly half of participants (47%) had high level of spiritual intelligence. Moreover, more than half of them (51.6%) experienced moderate level of mental wellbeing. A significant positive correlation between mindfulness spiritual intelligence and mental wellbeing among the studied subjects (r=0.498, P<0.001, and r=0.500, P<0.001, respectively). Moreover, the spiritual intelligence was significantly positively correlated with mental wellbeing (r=0.544, p<0.001). Conclusion: The present study concluded that mental health was proved to be the independent predictor of mindfulness, spiritual intelligence among the studied subjects. Recommendations: Given the robust relationship between the measured variables mandates the need of the academic institution to devote their effort to improve their nursing faculty members' mental health.

Keywords: Mindfulness, Spiritual Intelligence, Mental Health, Nursing Faculty Members.

Introduction

Faculty members play a crucial role in shaping not only the mindset of their students but also the upcoming generation and nations (El Sheikh et al., 2020; Harris, 2018). They deemed the central figure of the educational process that plays a fundamental role in creating a productive educational environment. They inspire, teach, and mentor the next generation of nursing students, and leading the way related to the quality of nursing care as well. Without them, graduated nursing students would be well-equipped to face

the ever-changing demands of today's dynamic healthcare system (Clark, 2017; El-Sayed et al., 2014; Thomas et al., 2019)

However, a growing body research indicated that the nursing faculty members are subjected to physical and mental stressors such as excessive work institutional hours. rigid policies, interpersonal conflict, and poor working conditions and experiencing such stressors endanger their mental wellbeing, compromising the educational process quality and students' satisfaction as well. (Mohamed & Nagy, 2017; Yousefi & Abdullah, 2019; Zarezadeh et al., 2020). Therefore, paying attention to the mental health of nursing academics is extremely important as they are responsible for building the future generation of health-care providers (Irie et al., 2019; Knapstad et al., 2021; Storrie et al., 2010).

Mental health is an indispensable part in all facets of human life, including the professional one (Womble, 2015). Mental health is defined as "a state of well-being in which the individual realizes his/her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and able to make a contribution to his or her community" (WHO, 2018). Li & Kou (2018) recorded that around 43 % of faculty members were experiencing mental health issues, such as anxiety, psychological distress, depression, and burnout, at some point in their career. This issue has drawn attention and interest of researchers to explore modifiable psychosocial factors that promote optimal mental health and well-being of an individual. They have discovered that spiritual intelligence is related to and influences people's mental health (Dar et al., 2022; Dhami et al., 2021).

Spiritual intelligence (SI) refers to "a set of adaptive mental capacities which contribute to the awareness, integration, and adaptive application of the nonmaterial and transcendent aspects of one's existence, leading to such outcomes as deep existential reflection, enhancement of meaning, recognition of a transcendent self, and mastery of spiritual states" (King, 2008). Several studies have revealed a close relationship between spiritual intelligence and mindfulness and influences each other (Agarwal and Mishra, 2016; Singh and Gupta, 2020; Gieseke, 2014).

Mindfulness plays a pivotal role in improving the overall individuals' mental health. According to Brown & Ryan (2003), mindfulness is "a combination of an enhanced attention to and awareness of the present moment". Studies reported that mindfulness plays an important role in reducing stress, depression, anxiety, pain, negative thoughts, and unhealthy conduct

(Anālayo, 2021; El-Guindy et al., 2022) Varghese and Sharma (2021) documented that spiritual intelligence cannot be addressed without mindfulness and both of them are closely coupled with the concept of mental health. Therefore, it was hypothesized that these variables are interrelated and can affect one another in either a positive or negative way.

The future of the nursing profession shaped by nursing faculty members, who are responsible for educating skilled generation of nurses able to meet the growing demand for health care system (Agu et al.,2021;Beard and Julion,2016). They are in charge for creating a positive learning environment that could influence the nursing students' appreciation of their own educational capabilities and assets. This mandates the need for mentally healthy academics that have the commitment to move the nursing profession forward. Such pledge will catalyze the achievement of the Egypt vision 2030, which aims to idealize the quality of the Egyptian educational system to be aligned with the international one (El Sheikh et al., 2020; Mushemeza, 2016; Yousefi & Abdullah, 2019).

Aims of the Study

This study aims to:

- Assess the level of mindfulness, spiritual intelligence and mental health among nursing faculty members.
- Investigate the relationship between mindfulness, spiritual intelligence and mental health among nursing faculty members.

Research Questions

- What is the level of mindfulness, spiritual intelligence and mental health among nursing faculty members?
- Is there a relationship between mindfulness, spiritual intelligence and mental health among nursing faculty members?

Materials and Method

Materials

Design:

A descriptive correlational design was used to conduct this study.

Settings:

The study was conducted at the three different nursing faculties in Egypt namely, Alexandria, Damanhur and Matrouh. Nursing faculty of Alexandria University, nursing faculty of Damanhur University and nursing faculty of Matrouh University were established in 1954s, 2010s and 2018s, respectively.

Subjects:

The data was collected from 351 nursing faculty members who had at least one year of academic experience and willing to participate in the study with a total response rate 78%. They were ranked as clinical instructors, demonstrators, assistant lecturers, lecturers, assistant professors, professors and emeritus professors.

Tools: Four tools were used for data collection:

Tool I: A Socio-demographic characteristics questionnaire.

This tool was developed by the researcher to elicit data about the studied nursing faculty member's socio-demographic characteristics such as; age, sex, marital status, academic position, monthly income, academic department and faculty.

Tool II: The Mindful Attention Awareness Scale (MAAS).

This scale was developed by Brown & Ryan (2003) to assess the level of dispositional mindfulness. It consists of 15 items rated on 6-point likert scale ranging from1 (almost always) to 6(almost never). The total score ranged from 15 – 90 .The total score was converted into a percent score and classified as: low level of mindfulness less than 50 %, moderate level from 50% to less than 75 %, and high level equal and more than 75 % (Gomaa et al., 2022).

The tool demonstrated high reliability and stability as Cronbach's Alpha was 0.87(Brown & Ryan, 2003). Al Shmemri

(2019) translated the tool into Arabic language and applied in previous study on Saudi population and was high reliability as Cronbach's Alpha was 0.92 .The Arabic version of this scale was adapted and modified according to the Egyptian culture and used in the present study.

Tool III: Spiritual Intelligence Self-Report Inventory (SISRI-24).

This scale was developed by David King (2008). It consists of 24 items to measure the level of spiritual intelligence. Each item rated on five-point likert scale ranging from 0(Not at all true of me) to 4 (Completely true of me). The item number 6 was reversed score (King, 2008). Total score ranged from 0 to 96. The total score was converted into a percent score and classified as: less than 40 (41%) indicated low level, scores ranged from 40 (41%) to less than 65(66%) indicated moderate level and scores 65(66%) and more indicated high level of spiritual intelligence (King, 2008; Metwally and Mohamed, 2021). The tool demonstrated high reliability as Cronbach's Alpha coefficient was 0.92 and demonstrated high reliability of each subscales as the Cronbach's Alpha coefficient were Critical Existential Thinking = 0.78; Personal Meaning Production = 0.78; Transcendental Awareness = 0.87; Conscious State Expansion = 0.91 (King, 2008). Al Shmemri (2019) translated the tool into Arabic language and applied in previous study on Saudi population and was high reliability as Cronbach's Alpha was 0.94. The Arabic version of this scale was adapted and modified according to the Egyptian culture and used in the present study.

Tool IV: Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS).

This scale was developed by Tennant et al., (2007) to measure the level of mental wellbeing. It comprises 14- items. The participants are asked to rate their own feelings and thoughts over the last 2 weeks on a five-point Likert scale ranging from 1 (none of the time) to 5 (all of the time). Total score ranged from 14 to 70, with scores ranged from 14 to less than 42(60%) indicated low level, scores ranged from 42 (60%) to less than 56 (80%) indicated moderate level and scores 56 (80%) and more indicated high level of Mental Wellbeing (Elsayed et al., 2021; Tennant et al.,

2007).

The scale demonstrated high reliability as Cronbach's Alpha of 0.91 on adults sample (Tennant et al., 2007). Alshehri (2021) translated the scale into Arabic language and applied in previous study on Saudi population and was high reliability as Cronbach's Alpha coefficient was 0.87. The Arabic version of this scale was adapted and modified according to the Egyptian culture and used in the present study.

Method:

- A written official approval for conducting the study was obtained from the Research Ethical Committee of Faculty of Nursing-Alexandria University – Alexandria, Egypt.
- A written official permission was obtained from official authorities including; Dean of Nursing Faculty at Alexandria University, Dean of Nursing Faculty at Damanhur University and Dean of Nursing Faculty at Matrouh University to collect data from nursing faculty members.
- Tool I (A Socio-demographic Characteristics questionnaire) was developed by the researcher after review of literature.
- A pilot study was carried out on 50 nursing faculty members in order to assess the clarity, feasibility and applicability of the study tools and to estimate the time required for each participant to complete the questionnaire. These members were excluded from the actual study subjects.
- The Arabic versions of tool (MAAS), tool III (SISRI-24), and tool IV (WEMWBS) were tested for their content validity and their congruency with the Egyptian culture by seven experts in the field of psychiatric and mental health nursing. Modifications were done accordingly.
- Tool II, III, and IV were tested for their Validity using Pearson Correlation Coefficient between the score of each item and total score of the scale on 50 nursing faculty members. The validity of tools II, III and IV in which the values of all correlation coefficients were high and

- ranging between 0.424-0.777, 0.825- 0.926, and 0.336- 0.756 respectively.
- Tool II, III, and IV were tested for their reliability using the Cronbach's alpha test on 50 nursing faculty members. Tool II (MAAS) proved to be highly reliable (Cronbach's Alpha= 0. 898). Tool III (SISRI-24) proved to be highly reliable (Cronbach's Alpha= 0.938), and their subscale axes (CET, PMP, TA and CSE) proved to be highly reliable (Cronbach's Alpha= 0.818, 0.898, 0.798 and 0.868 respectively). Tool IV (WEMWBS) proved to be highly reliable (Cronbach's Alpha= 0.841).

Empirical phase:

- The researcher attended to each assigned faculty 3 days/weeks i.e.: the researcher started with Matrouh University then Alexandria University and Damanhur University.
- The researcher attended to the head of each department in order to obtain their permission for approaching and distributing the study questionnaires on the assigned staff of this department.
- The researcher explained the purpose of study to eligible faculty members and emphasized their rights to refuse participation or withdraw from the study.
- The study questionnaires were copied with cover letter explaining purposes of study and distributed in hard copies hand by hand either before or after lectures or clinical training. In order to facilitate filling of questionnaires, pens were attached with it.
- The study questionnaires were uploaded through an electronic form due to COVID19 Pandemic and sent the access link via the faculty members' emails and whats up in order to apply infection control precautions of the emerging coronavirus disease (COVID-19).But the response rate was very low (less than 10%), so decided excluding electronic form and completed the study with hard copies hand by hand.
- Each staff member was interviewed on an individual basis to go through the study. The questionnaires take around from 20 to 30 minutes to be filled out.

- The data were collected by distributing the (450) questionnaire to the nursing faculty members who meet the inclusion criteria and after collecting the questionnaires from the faculty members, it was ascertained that the answers to items were completed and the incomplete questionnaires were excluded .A total of (351) completed questionnaires were collected. The response rate was 78 %.
- The data were collected over a period of three months, starting from 16th November 2021 to 18th February 2022.

Ethical considerations.

- The researcher communicated with the original authors via E-email in order to obtain their permission related to use the tool II (MAAS) and tool III (SISRI-24).
- Informed oral consent was obtained from the nursing faculty members after explanation of the study aim. In case of E-mail distribution, the return of questionnaire was considered as an approval for participation.
- Clarification and explanation to participants about nature of current study and guarantee was not contain any risk.
- The information was reserved confidential and subjects' anonymity was assured.
- The researcher was assured the faculty members that their participation in the study was elective and they can withdraw from the study at any time.

Statistical Analysis.

After data was collected, it was revised, coded, computerized and then analyzed using statistical package for social sciences (SPSS) program version 26.0. Qualitative data were described using number and percent. Quantitative data were described using range (minimum and maximum), mean, and standard deviation. Reliability of the tools was determined by Cronbach's Alpha coefficient test. F-test (ANOVA) was used to compare between more than two variables for normally distributed quantitative variables. Pearson correlation coefficient was used to correlate between normally distributed quantitative variables and measure the strength of a linear association between two variables. Student t-test was used to compare between two variables, for normally distributed quantitative variables. Significance of the obtained results was judged at the 5% level.

Results.

Figure (1) shows the distribution of the studied nursing faculty members according to their mindfulness level. More than half of the studied subjects (53%) demonstrated moderate level of mindfulness. While, 27.10% of them had low level of mindfulness and only 19.90% had high level of mindfulness.

Figure (2) shows that more than half of the studied subjects (51.6%) had moderate level of mental wellbeing, and 29% reported high level of mental wellbeing. Only 19.4% had low level of mental wellbeing.

Figure (3) illustrates the distribution of the studied nursing faculty members according to their mental wellbeing level. The figure shows that more than half of the studied subjects (51.6%) had moderate level of mental wellbeing, and 29% reported high level of mental wellbeing. Only 19.4% had low level of mental wellbeing.

Table (1) reveals the correlation matrix between the mindfulness, the spiritual Intelligence and the mental wellbeing among the studied nursing faculty members. It was noticed that a highly significant positive correlations were found between mindfulness, total spiritual intelligence and the mental wellbeing (r=0.498, P<0.001, and r =0.500, P<0.001, respectively). The table also reveals that, the spiritual intelligence was significantly positively correlated with mental wellbeing (r=0.544, p <0.001). The table also shows a highly significant positive correlation between mindfulness and spiritual intelligence subscales as CET, PMP, TA, and CSE (r=0.401, p<0.001, r=0.509, p=0.005, r=0.454, p < 0.001, and r = 0.467, p < 0.001, respectively). Furthermore, the table also found highly significant positive correlation mental wellbeing and spiritual intelligence subscales as CET, PMP, TA, and CSE (r=0.399, p<0.001, r=0.561, p<0.001, r=0.522, p<0.001, and r=0.520, p<0.001, respectively).

Table **(2)** shows results hierarchical multiple linear regression analysis for Predicting contribution spiritual intelligence and mindfulness to mental wellbeing of the studied subjects. Considering significant the highly correlations, hierarchical multiple a performed to regression analysis was determine the contribution of each independent variables in predicting the dependent variable. Model (1) showed that the spiritual intelligence was significant predictor for the studied subjects' mental wellbeing (B= 0.549, t= 12.10, P<0.001) and accounted for 29.6% of the variance of the studied subjects' mental wellbeing (F =146.4, p < 0.001, R2= 0.296). Also, Model (2) showed that the spiritual intelligence and mindfulness were significant predictors for the studied subjects' mental wellbeing and accounted for 36.6 % of the variance of the studied subjects' mental wellbeing (F =100.26, p < 0.001, R2= 0.366). In other word, by adding mindfulness in the second model, 7% was added to the explained variance in the second model ($\Delta R2=0.070$). Consequently, the conjoint effect of spiritual intelligence and mindfulness on mental wellbeing among nursing faculty members is higher than their individual effects.

Discussion

faculty Nursing members are considered the backbone of any educational system who play an important role in fostering a positive learning environment (Al-Masri & Hatamleh, 2020; Martin et al., 2019). Harding et al, (2019) asserted that mental well-being of nursing faculty member is closely related to mental well-being of nursing students. This raises the need of the academic educators to have a free mind and mental wellbeing to concentrate on the teaching and learning process. Mindfulness embraces the awareness of what is happening internally and externally at the present moment (Brown & Ryan, 2003). Spiritual intelligence also as one of the new concepts of intelligence involves a set of spiritual capabilities to deal with the inevitable anxiety-causing experiences and reduce the detrimental impact of these experiences on mental wellbeing (AnamaGreen, 2020). Therefore, this study aims to investigate the relationship between mindfulness, spiritual intelligence and mental health among nursing faculty members.

Based upon the study results, it can be observed that more than half of the studied nursing faculty members had moderate level of mindfulness (Figure 1). These findings could be partly related to the fact that the teaching profession is a highly stressful occupation (fisher, 2011). Nursing faculty members are more likely to experience work over-load, interpersonal conflict, and rolestruggle that lead to poor attention and awareness to the present moment events. This interpretation is in harmony with Mohammed et al. (2014) who conducted a study about job stressors and burnout among faculty members and assistants at faculty of nursing, Zagazig University. Also, Fathy (2015) conducted a study about the relationship between mindfulness and mental well-being among academic staff educators at faculty of nursing, Alexandria University, Egypt. Another important factor could be that the absence of any training courses on mindfulness for faculty members. This urges the need of this holy academic sector to care for mental health of their faculty members. This in turn, can help faculty members to inspire toward their self-improvement, continual pedogeological approach in the nursing curricula and better serve their students' needs

The findings of the present study illustrated that around half of the studied nursing faculty members had high level of spiritual intelligence (Figure2). This result can be traced back to the nature of the Egyptian society, which has many qualities of intelligence through spiritual tolerance, compassion, empathy, sacrificing, altruism, anger-controlling, giving, honesty in dealing with others and believing in destiny for accepting of suffering experiences, thus it is logical that faculty members obtain high level of spiritual intelligence. This result was congruent with Al-Masri & Hatamlehm (2020) and Sowndarya and Elavarasan (2022) who conducted a study about Spiritual Intelligence among Faculty Members and reported that faculty members had high level of spiritual intelligence. In contrast with the current study finding, studies carried out by Mounaghi et al. (2012), Karimi et al. (2013), Lakeh et al. (2013), and Sadri and Hasanzadeh (2018) on spiritual intelligence among faculty members. They reported that medical faculty members had a moderate level of spiritual intelligence.

There is growing evidence from other studies that the stressful educational environment has a negative influence on the mental wellbeing of academics (Barkhuizen et al., 2014; Guthrie et al., 2017; Padilla and Thompson, 2016). This study supported by results of present study which that more than half of the studied nursing faculty members had moderate level of mental wellbeing (**Figure 3**).

The findings of the present study indicated that a highly statistically significant positive correlation between the mindfulness and the total spiritual intelligence and its dimensions among the studied nursing faculty members (Table 1). This result was congruent with Gieseke (2014) who conducted a study about the relationship between spiritual intelligence and mindfulness among public higher education leaders and reported that a significant positive relationship between spiritual intelligence and mindfulness among faculty members. Possible explanation that there are conceptual similarities between some dimensions of SI and dimensions of mindfulness (Waldman et al., 2011). In this case, SI encompasses high degree of consciousness that is needed to integrate the inner essence of thought and soul with the external world (Vaughan, 2002). Sisk (2008) defined SI as "a deep consciousness through which a person becomes deeply conscious of the dimensions of his/herself". In the same line, mindfulness is defined as "a nonjudgmental and reasonable sense consciousness that helps see and accept emotions and physical phenomena, as they happen" (Brown and Ryan 2003). This could suggest that the both construct can operate interdependently reflecting the perceived changes in one's self.

The findings of the present study illustrated that, a highly significant positive

correlation was found between mindfulness and mental wellbeing among the studied nursing faculty members (table1). This result may be related to certain mindfulness traits. Firstly, mindfulness helps educators to become more aware of their own thoughts, emotions and behaviors and able to and regulate them. Secondly, it enriches individuals with greater capacity to deal with the inevitable anxiogenic events. Thirdly, the individuals become less preoccupied about the past or not worried about the future so as to more effectively manage stress and enhance mental well-being. Paradoxically, such traits reflected the basic concepts of positive mental health. In this respect, Martin et al., (2018) claimed that mindfulness can contribute to enhancing the ability to deal with inevitable anxiety-causing experiences and reduce the detrimental impact of these experiences on mental health.

Spiritual intelligence is emanating from sound instinct while receiving the social raising styles that provide high values such as honesty, cooperation and empathy along with the belief in having higher objective in life to be achieved (Al-Masri and Hatamleh (2020) and Zhaleh and Ghonsooly ,2017). It makes life meaningful and improves individuals' overall mental health (Mokhtari, 2022). This confirm the highly significant positive correlation between spiritual intelligence and mental health among the studied nursing faculty members (table3). Vaughan (2016) speculated that spiritual intelligence unifies the internal/spiritual life and the external stressors or challenges to adjust and solve problems aroused within daily life interaction including workplace.

The results of the present study illustrated that the spiritual intelligence was significant predictor for the studied subjects' mental wellbeing and accounted for 29.6% of the variance of the studied subjects' mental wellbeing (table 2). In fact, as spiritual intelligence increases in faculty members, their mental wellbeing improves. This finding is consistent with the results of some studies that suggest spiritual intelligence predicts mental health e.g. Nemati et al. (2017), King and De Cicco (2009) and Shateri et al. (2019). Result of the current study also shows that the

spiritual intelligence and mindfulness were significant predictors for the studied subjects' mental wellbeing and accounted for 36.6 % of the variance of the studied subjects' mental wellbeing (table 2). In fact, as spiritual intelligence and mindfulness increases in faculty members, their mental wellbeing improves. Consequently, conjoint effect of spiritual intelligence and mindfulness on mental wellbeing among nursing faculty members is higher than their individual effects. This is supported by Ajele et al. (2021) who conducted a study about spiritual intelligence, mindfulness, mental well-being among persons with diabetes.

Conclusion

In the light of the main study findings, it can be concluded that, more than half of the studied nursing faculty members had moderate level of mindfulness and that nearly half of the studied subjects demonstrated high level of spiritual intelligence. Moreover, more than half of the studied nursing faculty members experienced moderate level of mental wellbeing and it was found also a positive correlation between mindfulness spiritual intelligence and mental wellbeing among the studied nursing faculty members. As well, it can be concluded that, mindfulness spiritual intelligence were good predictors of faculty members' mental wellbeing.

Recommendations

Based on the findings of this study, the following recommendations are suggested:

- The mindfulness and spiritual intelligence should be encompassed in the theoretical and practical aspects of nursing curricula for to enhance postgraduate students' awareness with aspects mindfulness and spiritual intelligence and how they improve their mental wellbeing and the application of them in their daily life.
- The academic institution to devote their effort to improve their nursing faculty members' mental health. This could be done through implementation of training programs and workshops that aimed at increasing the awareness of nursing faculty members about mindfulness and spiritual intelligence and their impact on mental health should be activated.

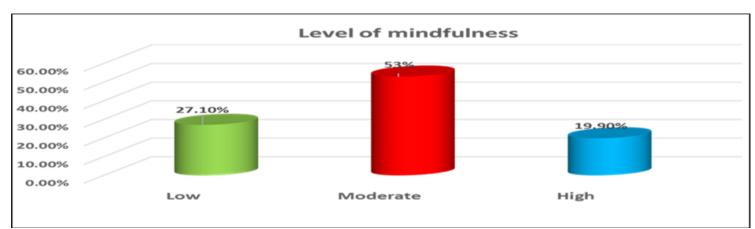


Figure (1): Distribution of the studied nursing faculty members according to their mindfulness level.

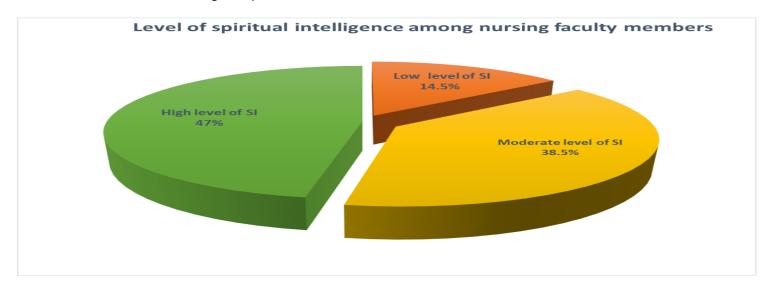


Figure (2): Distribution of the studied nursing faculty members according to their spiritual intelligence level (N=351).

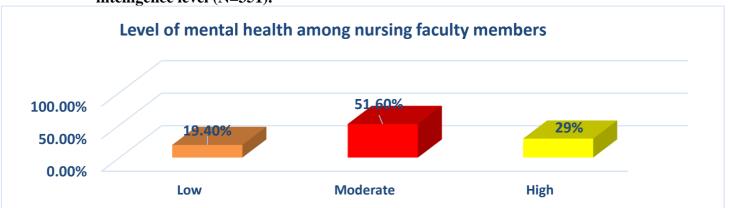


Figure (2): Distribution of the studied nursing faculty members according to their mental health level N=351.

Table (8) Correlation matrix between the mindfulness, the spiritual Intelligence and the mental wellbeing of the studied subjects (No=351).

		Spiritual intelligence dimensions				Total	The Mental
		CET	PMP	TA	CSE	Spiritual Intelligence	wellbeing
Mindfulness	r	0.401**	0.509**	0.454**	0.467**	0.498**	0.500**
	p	<0.001**	<0.001**	<0.001**	<0.001**	<0.001**	<0.001**
The Mental wellbeing	r	0.399**	0.561**	0.522**	0.520**	0.544**	
	p	<0.001**	<0.001**	<0.001**	<0.001**	<0.001**	

Table (9): Hierarchical multiple linear regression analysis for Predicting contribution spiritual intelligence and mindfulness to mental health of the studied subjects (No =351).

Model	В	SE	β	Т			
Model 1							
Spiritual Intelligence	0.549	0.054	0.544	12.10*			
$R^2 = 0.296$ $F = 146$	p<0.001						
Model 2							
Spiritual Intelligence	0.396	0.050	0.392	7.95^{*}			
Mindfulness	0.226	0.036	0.305	6.196^{*}			
R^2 = 0.366 R2 change =(0.296 and 0.070 respectively) $F = 100.26^*$, p<0.001							

B: Unstandardized Coefficients*:

Model 1: spiritual intelligence predicts mental wellbeing

T: t-test of significance

Model 2: spiritual intelligence and mindfulness predict mental wellbeing

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