



ORJİNAL MAKALE / ORIGINAL ARTICLE

Balıkesir Sağlık Bilimleri Dergisi / BAUN Sağ Bil Derg
Balıkesir Health Sciences Journal / BAUN Health Sci J
ISSN: 2146-9601- e ISSN: 2147-2238
Doi: <https://doi.org/10.53424/balikesirsbd.1434278>



Examination of the Relationship between Mindfulness and Life Satisfaction in Society

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Geliş Tarihi / Received: 9.02.2024, Kabul Tarihi / Accepted: 22.08.2024

ABSTRACT

Objective: This study aimed to examine the relationship between mindfulness in society and quality of life. **Materials and Methods:** The data for this study were collected in July 2022 throughout Turkey through an online survey application using the snowball sampling method. The research was completed with 387 participants aged 18 and over in Turkey. The Independent Sample t-test, ANOVA, Mann-Whitney U, Kruskal-Wallis H, Bonferroni correction, and Spearman correlation coefficient were employed in the data analysis. **Results:** Participants in the 35-44 age range, those who were married, those with income more than expenses, those with postgraduate education, and those who reported being present in the moment were found to have higher levels of life satisfaction ($p<0.05$). A positive correlation was found between life satisfaction and mindfulness ($p=0.000$). **Conclusion:** The study results indicate that as the level of mindfulness increased, life satisfaction also increased. It may be suggested to provide opportunities for mindfulness-based practices by providing information about mindfulness in society, to plan research with different designs to determine life satisfaction and mindfulness, and to set policies to increase life satisfaction in society.

Keywords: Individual Differences, Life, Mindfulness, Satisfaction.

Toplumda Bilinçli Farkındalık ile Yaşam Doyumunu Arasındaki İlişkinin İncelenmesi

ÖZ

Amaç: Bu çalışmanın amacı, toplumda bilinçli farkındalık ile yaşam kalitesi arasındaki ilişkiyi incelemektir. **Gereç ve Yöntem:** Bu çalışmanın verileri bir çevrimiçi anket uygulaması ile Temmuz 2022 tarihinde Türkiye genelinde ve kartopu yöntemi ile toplanmıştır. Araştırmada, Türkiye’de bulunan 18 yaş üstü 387 kişinin katılımı ile araştırma tamamlanmıştır. Verilerin analizinde; Independent “Sample-t”, “ANOVA”, “Mann-Whitney U”, “Kruskal-Wallis H”, “Bonferroni düzeltmesi” ve “Spearman” korelasyon katsayısı kullanılmıştır. **Bulgular:** Katılımcılardan, 35-44 yaş aralığında olanların, evli olanların, geliri giderinden fazla olanların, eğitim düzeyi lisansüstü olanların, anda hissedenerin yaşam doyumunu daha yüksek bulunmuştur ($p<0,05$). Yaşam doyumunu ile bilinçli farkındalık arasında pozitif ilişki tespit edilmiştir ($p=0,000$). **Sonuç:** Bireylerin bilinçli farkındalık düzeyi arttıkça yaşam doyumunun arttığı görülmüştür. Toplumda bilinçli farkındalık hakkında bilgilendirmeler yapılarak bilinçli farkındalık temelli uygulamalar için olanak sağlanması, yaşam doyumunu ve bilinçli farkındalığı belirlemeye yönelik farklı desenlerde araştırmaların planlanması, ayrıca toplumda yaşam doyumunu arttırmaya yönelik politikaların belirlenmesi önerilebilir.

Anahtar Kelimeler: Bireysel Farklılıklar, Yaşam, Farkındalık, Doyum.

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Bu makaleye atıf yapmak için / Cite this article: Kendirkiran, G. & Uslu, E. (2024). Examination of the relationship between mindfulness in society and life satisfaction. *BAUN Health Sci J*, 13(3), 558-565. <https://doi.org/10.53424/balikesirsbd.1434278>



BAUN Health Sci J, OPEN ACCESS <https://dergipark.org.tr/tr/pub/balikesirsbd>

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INTRODUCTION

Mindfulness has a history dating back around 2500 years, but it is only now gaining widespread recognition (Aktepe and Tolan, 2020). Its origin is the word “Sati” (memory), derived from the Pali language, and it was introduced into English by Rhys Davids in 1881 as “mindfulness”. Kabat-Zinn (2003) defines mindfulness as “a state of awareness that occurs by paying attention knowingly and willingly, without judging the experience that occurs moment by moment in the present”.

In a clinical setting, most mindfulness meditation-based interventions (MMBIs) are based on an approach initially introduced by Jon Kabat-Zinn and colleagues in 1979 through the “Mindfulness-Based Stress Reduction” (MBSR) program (Evans et al., 2008; Wielgosz et al., 2019), MBSR and its many derivatives, such as Mindfulness-Based Cognitive Therapy (MBCT), are used in a multitude of therapeutic contexts (Wielgosz et al., 2019).

Mindfulness and acceptance strategies target basic processes such as increased emotional awareness and regulation, cognitive flexibility, and goal-based behaviours (Hofmann and Gómez, 2017). Mindfulness-based interventions are suggested to be effective in reducing harmful health behaviours, accelerating chronic condition self-management and health behaviour change, and improving both physical and mental health outcomes (Schuman-Olivier et al., 2020).

Daily life challenges can negatively impact mental health and well-being, potentially reducing life satisfaction (Tachon et al., 2021). Life satisfaction is stated as a cognitive/judgmental process experienced by individuals and is defined as the general evaluation of individuals according to the criteria they choose when determining their quality of life (Dağlı and Baysal, 2016). It also relates to people’s general cognitive evaluation of the quality of life and forms the concept of subjective well-being along with an emotional component (Doerwald et al., 2021). Life satisfaction and happiness tendencies may vary throughout the lifespan, with some individuals experiencing lower life satisfaction in youth or later adulthood, while others may have higher life satisfaction in young and older adulthood (An et al., 2020).

Life satisfaction is expressed as a desired goal, a happy life, and a fundamental human drive (Sekhon and Srivastava, 2021). With mindfulness, a factor that increases life satisfaction, individuals can become more competent in recognising and regulating their emotions, thereby coping with negative emotions and increasing life satisfaction (Parmaksız, 2020). This study is expected to contribute to a more understandable relationship between life satisfaction and mindfulness and reveal the effects of the variables. It is believed that mindfulness may also be a predictor in this regard, but since there is little literature

supporting this, examining the relationship between these two variables will contribute to the literature.

MATERIALS AND METHODS

Study type

This study was designed and conducted in a descriptive-correlational research design to investigate the relationship between mindfulness in society and life satisfaction.

Study group

The research population covered 50,536,250 people over 18 years old in Turkey, based on data from the Turkish Statistical Institute (TÜİK). The sample size was determined using the known population sample calculation formula and set at 384 individuals. The study was completed with 387 participants. The preferred sampling method to reach the determined sample was “snowball sampling”.

Inclusion criteria for the study were: i) being 18 years old or older, ii) having no perceptual, hearing, or visual problems that could hinder participation, and iii) having a device capable of participating in the study online.

Procedures

The data for the research were collected using the Personal Information Form, the Mindful Attention Awareness Scale, and the Life Satisfaction Scale.

Personal Information Form: It is an 11-question form prepared by researchers by reviewing the literature (Özyeşil et al., 2011; Güler and Usluca, 2021) and includes participants’ sociodemographic characteristics and perceptions of mindfulness.

The Mindful Attention Awareness Scale (MAAS): It was developed by Brown and Ryan and adapted into Turkish by Özyeşil et al. (2011). The scale consists of a total of 15 items that measure the general tendency to be aware of and attentive to immediate experiences in daily life. MAAS has a single-factor structure, providing a total score. Scores on the scale range from 15 to 90, with higher scores indicating a higher level of mindfulness. In terms of validity, the analysis for internal consistency yielded a coefficient of 0.80, and the test-retest reliability coefficient was reported as 0.86 (Özyeşil et al., 2011). In this study, the Cronbach’s Alpha value for the scale was found to be 0.861.

The Satisfaction with Life Scale (SLS): SLS was developed by Diener et al. (1985) and adapted into Turkish by Dağlı and Baysal (2016). It is a 5-item, 5-point Likert-type scale measuring satisfaction with life. Higher scores indicate higher life satisfaction. The Cronbach’s Alpha internal consistency coefficient for the scale was reported as 0.88, and the test-retest reliability as 0.97 (Dağlı and Baysal, 2016). In this study, the Cronbach’s Alpha value for the scale was found to be 0.876.

Statistical analysis

In the analysis of the data, Independent Sample-t and ANOVA were used for normally distributed data, and Mann-Whitney U, Kruskal-Wallis H, and Bonferroni correction were used for non-normally distributed data.

Spearman correlation coefficient was used to examine the relationships of two quantitative variables that do not have a normal distribution.

Ethical considerations

The research adheres to the principles of the Helsinki Declaration. Ethical approval for the study was obtained from the Halic University Non-Interventional Clinical Research Ethics Committee in Istanbul (Date: 29.06.2022, Approval No: 156). Each participant became involved in the study after reading the informed consent form and providing online consent through the link sent to them.

RESULTS

Participants' mean age was 35.33 ± 11.48 (years), with 28.4% falling into the 35-44 age group, 67.4% were women, and 52.2% were married, 45% had income equal to their expenses, and 57.6% were university graduates, 48.3% lived in the Marmara Region, 70.8%

($n=274$) of them felt in the present moment, 68.2% were not satisfied with life, and 75.5% did not have any chronic condition (Table 1).

A significant difference was found between the Satisfaction with Life Scale and age ($\chi^2=8.942$; $p=0.030$), marital status ($Z=-4.170$; $p=0.000$), income level ($\chi^2=77.895$; $p=0.000$), education level ($\chi^2=19.344$; $p=0.000$) (Table 2).

A significant difference was found between the Mindful Attention Awareness Scale and income level ($\chi^2=6.613$; $p=0.037$) (Table 2).

SLS scores of those who felt present in the moment ($p=0.000$) and who were satisfied with life ($p=0.000$) were higher (Table 3).

MAAS scores of those who felt present in the moment ($p=0.000$) and who were satisfied with life ($p=0.000$) were higher (Table 3).

Table 1. Distribution of findings regarding participant characteristics (n=387).

Variables		n	%
Age groups	<25	86	22.2
	25-34	104	26.9
	35-44	110	28.4
	≥ 45	87	22.5
Gender	Female	261	67.4
	Male	126	32.6
Marital status	Married	202	52.2
	Single	185	47.8
Income level	Income equals to expenses	174	45.0
	Income is more than expenses	92	23.7
	Income is less than expenses	121	31.3
Education	Primary education	21	5.4
	High school	69	17.9
	University	223	57.6
	Postgraduate	74	19.1
Lived region	Mediterranean	22	5.7
	Eastern Anatolia	20	5.2
	Aegean	18	4.7
	Southeastern Anatolia	9	2.3
	Central Anatolia	111	28.6
	Black Sea	20	5.2
	Marmara	187	48.3
Having moments that can only be felt in the present moment	Yes	274	70.8
	No	113	29.2
Feeling satisfied with life	Yes	123	31.8
	No	264	68.2
Having a chronic condition	Yes	95	24.5
	No	292	75.5

Table 2. Comparison of scale scores according to sociodemographic findings.

Variable	n	SLS		MAAS	
		$\bar{X} \pm S. D.$	Median [IQR]	$\bar{X} \pm S. D.$	Median [IQR]
Age groups					
<25 ⁽¹⁾	86	12.45±4.18	12.0 [6.3]	53.86±11.61	51.0 [18.0]
25-34 ⁽²⁾	104	13.38±4.50	14.0 [5.8]	55.52±13.69	57.5 [19.5]
35-44 ⁽³⁾	110	14.15±4.12	15.0 [6.0]	58.27±11.88	57.0 [18.0]
≥45 ⁽⁴⁾	87	12.86±4.45	14.0 [7.0]	57.09±12.17	58.0 [17.0]
Statistical analysis* Probability Difference		$\chi^2=8.942$ p=0.030 [1-3]		$\chi^2=6.881$ p=0.076	
Gender					
Female	261	13.49±4.29	14.0 [6.0]	56.19±12.27	56.0 [18.0]
Male	126	12.81±4.42	13.0 [6.3]	56.48±12.90	57.5 [18.0]
Statistical analysis Probability		Z=-1.222 p=0.222		t=-0.210 p=0.834	
Marital status					
Married	202	14.15±4.21	15.0 [6.0]	57.24±12.52	57.0 [18.0]
Single	185	12.31±4.30	12.0 [7.0]	55.24±12.34	55.0 [17.0]
Statistical analysis Probability		Z=-4.170 p=0.000		Z=-1.424 p=0.154	
Income level					
Income equals to expenses ⁽¹⁾	174	13.98±3.90	15.0 [5.0]	56.56±11.96	57.5 [16.3]
Income is more than expenses ⁽²⁾	92	15.54±4.09	16.0 [4.8]	58.61±12.56	58.0 [19.0]
Income is less than expenses ⁽³⁾	121	10.53±3.72	10.0 [7.0]	54.12±12.83	53.0 [18.5]
Statistical analysis Probability Difference		$\chi^2=77.895$ p=0.000 [1,2-3] [1-2]		$\chi^2=6.613$ p=0.037 [2-3]	
Education					
Primary education ⁽¹⁾	21	10.90±3.13	11.0 [5.0]	56.71±14.84	50.0 [24.0]
High school ⁽²⁾	69	12.43±5.09	13.0 [7.5]	56.36±12.11	57.0 [15.5]
University ⁽³⁾	223	13.21±4.10	14.0 [6.0]	56.38±12.53	57.0 [18.0]
Postgraduate ⁽⁴⁾	74	14.92±4.09	15.0 [5.3]	55.79±12.10	56.0 [16.0]
Statistical analysis Probability Difference		$\chi^2=19.344$ p=0.000 [1,2,3-4] [1-3]		F=0.051 p=0.985	

*Independent Sample-t" test (t-table value), "ANOVA" test (F-table value), "Mann-Whitney U" test (Z-table value), "Kruskal-Wallis H" test (χ^2 -table value)

Table 3. Comparison of scale scores according to personal characteristics.

Variable	n	SLS		MAAS	
		$\bar{X} \pm S. D.$	Median [IQR]	$\bar{X} \pm S. D.$	Median [IQR]
Lived region					
Mediterranean	22	12.00±4.08	13.0 [5.8]	53.86±11.99	54.5 [22.5]
Eastern Anatolia	20	12.20±3.50	11.5 [5.8]	52.60±11.67	50.5 [9.5]
Aegean	18	14.22±5.25	14.0 [8.0]	55.94±12.11	55.0 [16.0]
Southeastern Anatolia	9	14.33±5.93	16.0 [9.0]	51.78±14.43	51.0 [19.5]
Central Anatolia	111	13.52±4.33	14.0 [7.0]	56.73±12.95	58.0 [19.0]
Black Sea	20	12.80±4.71	12.0 [7.8]	53.90±14.02	52.5 [19.8]
Marmara	187	13.30±4.25	14.0 [6.0]	57.20±12.12	57.0 [17.0]
Statistical analysis		$\chi^2=5.572$		F=0.942	
Probability		p=0.473		p=0.464	
Moments that can only be felt in the present moment					
Yes	274	14.09±4.27	15.0 [6.0]	57.79±12.37	59.0 [19.0]
No	113	11.27±3.85	11.0 [6.0]	52.62±11.96	51.0 [15.5]
Statistical analysis		Z=-5.858		t=3.769	
Probability		p=0.000		p=0.000	
Feeling satisfied with life					
Yes	123	16.26±3.06	16.0 [3.0]	60.33±12.49	60.0 [19.0]
No	264	11.88±4.15	12.0 [6.0]	54.40±12.01	54.0 [18.0]
Statistical analysis		Z=-9.482		t=4.459	
Probability		p=0.000		p=0.000	
Having a chronic condition					
Yes	95	12.61±4.29	13.0 [7.0]	55.23±11.86	57.0 [17.0]
No	292	13.49±4.34	14.0 [5.0]	56.63±12.65	56.0 [18.0]
Statistical analysis		Z=-1.761		t=-0.948	
Probability		p=0.078		p=0.344	

* "Independent Sample-t" test (t-table value), "ANOVA" test (F-table value), "Mann-Whitney U" test (Z-table value), "Kruskal-Wallis H" test (χ^2 -table value)

Participants' mean SLS score was 13.27±4.34, and the mean MAAS score was 56.28±12.46 (Table 4).

Table 4. Distribution of scale scores.

Scale	Mean	S.D.	Median	Min.	Max.
The Satisfaction with Life Scale	13.27	4.34	14.0	5.0	24.0
The Mindful Attention Awareness Scale	56.28	12.46	56.0	21.0	88.0

A positive, weak, and statistically significant relationship was detected between SLS and MAAS ($r=0.251$; $p=0.000$). SLS scores increased as MAAS scores increased (Table 5).

Table 5. Examining the relationships between scales.

Correlation* (n=387)		The Satisfaction with Life Scale
The Mindful Attention Awareness Scale	r	0.251
	p	0.000

* In examining the relationship between two quantitative variables that do not follow a normal distribution, the "Spearman" correlation coefficient is used.

DISCUSSION

The study found higher life satisfaction and mindfulness scores in the 35-44 age group. In a study by Güler and Uslu (2021), life satisfaction and mindfulness scores were also higher in individuals aged 40 and above, similar to this study. A study by Milovanska-Farrington and Farrington (2022) suggested that satisfaction in different areas of life for each age group affects overall life satisfaction. Cheung and Lau (2021) also noted a positive relationship between age and life satisfaction. It appears that individuals become more effective in looking at life differently and evaluating moments as they age.

In this study, female participants had higher life satisfaction scores, while males had higher mindfulness scores. Studies conducted by Cheung and Lau (2021), and Parmaksız (2020) also indicated higher life satisfaction scores for female participants. Similarly, the study by Güler and Uslu (2021) found that female participants had higher life satisfaction, while males had higher mindfulness scores, and the study conducted by Wen et al. (2022) found higher mindfulness levels for women. It is suggested that life satisfaction in women is influenced more by factors such as social relationships, marital happiness, and satisfaction from the work environment rather than economic factors (Soylu and Kabasakal, 2016).

In this study, married participants had higher life satisfaction and mindfulness scores. Similarly, a study by Güler and Uslu (2021) reported higher life satisfaction and mindfulness scores for married participants. Another study by Parmaksız (2020) indicated that married participants had higher life satisfaction. Psychological well-being is considered essential for healthy romantic relationships, and mindfulness contributing to psychological well-being is positively associated with various potential "personal resources," including positive affect, self-esteem, and life satisfaction, which are crucial for healthy relationships (Barnes et al., 2007).

In this study, participants with higher income than expenses had significantly higher scores in both SLS and MAAS. Research conducted by Sugiura and Sugiura (2018) as well as Kim and Chung (2021) suggests that life satisfaction tends to rise with an increase in income. The study conducted by Yıkılmaz and Demir Güdül (2015) with university students found that students perceiving their socioeconomic status as either moderate or high had lower life satisfaction scores. Having money allows for increased consumption, leading to higher levels of joy and a reduction in negative experiences, and higher income provides the opportunity to purchase a higher standard of living and comfortable products and can also enhance life satisfaction through social comparison (Sugiura and Sugiura, 2018). However, in cases of excessive income growth, life satisfaction may not increase at the same rate once a certain

"income satisfaction point" is reached (Kim and Chung, 2021).

This study found that life satisfaction was higher in participants with a postgraduate education, and mindfulness was higher in participants with a primary education. In the study conducted by Güler and Uslu (2021), life satisfaction was reported to be higher in participants with a primary education level, while mindfulness was higher in those with an undergraduate education level. In the study by Parmaksız (2020), individuals with primary education and below had higher life satisfaction. Life satisfaction varies among individuals and is linked to a combination of factors including personality structure, external changes in life conditions, and coping mechanisms (Şahin, 2019).

In this study, life satisfaction and mindfulness scores were statistically significantly higher in those who reported feeling present in the moment and satisfied with life. The survey conducted by Ballabrera et al. (2022) indicated that people who tend to focus on the present have higher life satisfaction. It is mentioned that mindfulness enhances wisdom and resilience, which in turn contributes to increased life satisfaction (Kütük et al., 2022). Studies suggest that mindfulness can be developed through training and practice or may be an inherent psychological resource in an individual (Ramaci et al., 2020) and that life satisfaction is a component of subjective well-being or happiness that reflects a cognitive evaluation of one's life, being generally dependent on how well one's needs have been met in the past and often based on an anticipation of how satisfied one will be in the future (Hartstone and Medvedev, 2021; Dirzyte et al., 2022).

This study identified a positively weak and statistically significant relationship between SLS and MAAS. A survey by Yıkılmaz and Demir Güdül (2015) reported a low-level positive relationship between life satisfaction and mindfulness, and the study by Güler and Uslu (2021) found a moderate and positive relationship. The study conducted by Şahin (2019) with university students showed a positive and significant relationship. Another study by Li et al. (2022) expressed that mindfulness directly and significantly influences life satisfaction. It is suggested that mindfulness can positively influence individuals by enhancing feelings of gratitude through the enjoyment of looking ahead, making the most of good times, remembering happy moments, and savouring the present moment¹⁸. Mindfulness interventions, while promoting mental health and well-being, may also lead to a reduction in various psychopathological symptoms (Brown et al., 2007). It is pointed out that mindfulness actually affects the mental health of individuals by regulating emotional balance to a large extent, that is, by reducing negative affect instead of increasing positive affect, thus contributing to better life satisfaction (Li et al., 2022).

Limitations and Strengths

The answers given cannot be generalized to the entire society. Due to the use of online methods to reach individuals participating in the research, individuals were required to have a device such as a computer or a smartphone to answer the survey online to participate in the research. The requirement for respondents to answer the study using these devices and the difficulty in adaptation due to advanced age were among the limitations of this study. Another limitation is the inability to communicate face-to-face with the participants while surveys are being answered.

CONCLUSION

The study demonstrated that while a significant proportion of participants reported feeling present, more than half of them expressed not being satisfied with life. As individuals' levels of mindfulness increased, life satisfaction also increased. It is recommended to consider variables related to mindfulness and life satisfaction when planning relevant interventions. It may be suggested to provide opportunities for mindfulness-based practices by providing information about mindfulness in society, to plan research with different designs to determine life satisfaction and mindfulness, and to define policies to increase life satisfaction in society.

Acknowledgement

We thank all participants for their participation.

Conflict of interest

The authors declare that there are no conflict of interests.

Author contributions

Plan, design: GK, EU; **Material, methods and data collection:** GK, EU; **Data analysis and comments:** GK, EU; **Writing and corrections:** GK, EU.

Funding

None.

Ethical Approval

Institution: Halic University Non-Interventional Ethical Committee

Date: 29.06.2022

Approval no: 156

*The study was presented as an oral presentation at the 7th International 18th National Nursing Congress held between 23.09.2022-25.09.2022.

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