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The Effects of Health Promotion Behavior on Spiritual Well-Bing -Mediating Effect of Decision Making Ability-

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Abstract

The purpose of this study was to investigate the effect of Health Promotion Behavior on Spiritual well-being through decision making ability. The data for the study were collected from April 1 to 15, 2019 and the final data used in this study were 332. The research method was cross-sectional questionnaire survey. The collected data was analyzed by descriptive statistics, t-test, ANOVA, X^2 analysis, multiple regressions and median effect analysis using SPSS 18.0. Among the participants of this study, 18.1% of men and 81.9% of women were female. The results of this study appeared that the differences in sub-factors of health promotion behaviors by gender were higher in female in health responsibility, substance abuse, social relationship, and self-actualization ($p<0.01$), while men were higher in exercise than women ($p<0.05$). Differences in sub-factors of health promotion behaviors by gender were higher in female in health responsibility, substance abuse, social relationship, and self-actualization ($p<0.01$), while men were higher in exercise than women ($p<0.05$). Decision making ($t=4.899$, $p<0.01$), Health responsibility ($t=-1.990$, $p<0.05$), Substance abuse ($t=7.344$, $p<0.01$), Exercise ($t=7.344$, $p<0.01$), and Self-actualization ($t=7.619$, $p<0.01$) were appeared to affect Spiritual Well-Being under statistical significance. Also Decision Making Ability had a partial mediating role in health responsibility and social relationship, which were sub-factors of health promotion behavior, affecting spiritual Well-Being.

Keywords: *Decision Making Ability, Health Promotion Behavior, , Mediating Effect, Spiritual Well-Being.*

1. Introduction

Recently, modern society has been exposed to diverse environments in a complex and rapidly changing society, and the number of people appealing psychological stress is increasing. Stress can lead to depression and psychosis, and it is reported to lead to suicide. The World Health Organization (WHO) defined the concept of health as 'physical, psychological and social well-being [1]. There has also been a long-standing view that spiritual well-being should be included. This requires that consideration be given to the spiritual dimension in order to understand human beings properly. There was a great deal of research that spirituality was related to

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health [2-3]. Human beings are unique individuals who live and interact with others throughout their lives as social beings. Even in the same situation, people who have an intimate relationship that supports themselves or who have a healthy physical immune system can positively solve the same crisis situation. Recently, health promoting act has been actively emphasized. Health promotion is intended to reduce unhealthy behavior and promote preventive services to create a better social and physical environment. In psychology, holistic health is defined as optimal integration of body, mind, and spirituality [4]. Holistic health is the focus of spiritual concepts. Expressing the most stable state of spirituality in spiritual well-being, spiritual wellbeing implies a totally integrated state of all dimensions of the individual-body, psychology, and spiritual aspects. When the spiritual well-being is firm, the concept of life becomes firm, and the meaning of life itself and life becomes positive, and the perception of self-existence becomes clear. On the other hand, when the spiritual well-being is broken, the person feels anxious psychologically and stresses that the foundation of life is shaken by meeting in self existence or life itself. In particular, faith plays an important role in spiritual wellbeing, and it allows people to cope well when they are exposed to various crises, such as illness, suffering, loss, depression and anxiety. Spiritual well-being also includes a sense of psychological well-being that interprets the past meaningfully and gives a positive attitude toward the future. In Korea GH Seo at al., Research has shown that spiritual well-being solves life stress positively [5]. In addition, Blaxter (1990) is a study in which psychological factors affect health status, and he emphasizes in his research that health status is often judged by psychological stability. [6]. In addition to religion, what affects spiritual well-being is the health of our lives, the prevention of illness and suffering, and how we deal with the crisis of life. Ahn et al., reported that spiritual health is an important factor in reducing uncertain future anxiety in cancer patients.[7]. In other words, even in the same situation, it is possible to improve the level of health through changes in personal thinking, lifestyle or living environment. This is health promotion behavior [8]. Peterson and Roy (1985) emphasize that religion provides meaning and fulfillment in life because it provides a framework for a comprehensive interpretation of oneself and the environment. [9]. Furthermore, Pender emphasizes that health promoting behavior is intended to maintain and promote individual well-being, self-fulfillment, and self-fulfillment as an expression of human self-fulfillment [10] . People have universal attachment to live their lives in a rich and healthy way, but behavior is reported to vary according to people's lifestyle in the social environment. There have been many studies related to health promotion among these lifestyles [11]. Health promotion is to reduce unhealthy behavior and promote preventive services to create a better social and physical environment (McAlister et al., 1982). The World Health Organization (WHO, 2006) defined health promotion activities as health care activities that improve the health status of all individuals and communities and maximize and improve the health potential. Therefore, health promotion behavior is influenced by various factors such as cognitive factors, psychological, physiological, and socio-cultural factors [12-13]. Of these, the spiritual part is the main part of mental health promotion. Spiritual well-being means establishing a personal and dynamic relationship with the Absolute, discovering the meaning and purpose of life in that relationship, by receiving, it means achieving perfection. This can be interpreted on a personal level as a form of life in which the physical, mental, emotional and intuitive aspects of the spirit as a whole are integrated, seeking the best health in the community, and living more fully [14]. ES Kang et al., emphasized that a spiritually healthy person exhibits a positive attitude toward his life and promotes health despite the energetic and negative environment of life [15]. Due to various characteristics related to health promotion and spiritual well-being, spiritual well-being has been influenced by variables of health status and has been studied in relation to quality of life. In summary, many studies showing a close relationship between spiritual well-being and health show that spiritual well-being helps to maintain health by positively accepting life. Through the literature review, it was found that the health promotion behaviors affect spiritual well-being. However, there was no research yet on what part of the decision-making capacity, which was an important part of human life, mediates. Decision-making ability can be defined as the ability to take responsibility for self-determination by making rational decisions with appropriate self-esteem and well-differentiated and integrated self-concept [16]. In particular, in interpersonal relationships, decision-making abilities are based on realistic self-esteem with a clear sense of purpose. Decision-making ability refers to decision-making ability based on judgment ability as a result of an individual's internal thinking. In this process, reasonable beliefs and thoughts play a major role. In other words, decision-making ability is related to beliefs, thoughts, purpose consciousness, time concept [17]. Decision-

making ability depends not only on the maturation process of individual life but also on the maturation process of social and cultural life. As the above the decision-making ability, which was related to beliefs, thoughts, purposefulness, and time concepts, needs to be investigated to see how health promoting behaviors affect spiritual well-being. Therefore, decision making ability was a very important factor in practicing health promoting behaviors. Therefore, this study aimed to measure spiritual well-being including decision-making ability as a mediator of health promoting behaviors. The purpose of this study was as follows. First, analyze the difference of health promoting behaviors according to general characteristics. Second, analyze the effect of health promoting activities on spiritual well-being. Third, examine the mediating effect of decision-making ability on the effect of health promotion behavior on spiritual well-being.

2. Method

2.1. Research Design

This study is a cross - sectional study that confirms the effect of Health Promotion Behavior on Spiritual well-being and mediating action of Decision making ability in this situation (Figure. 1). The data collection period was from April 1 to 15, 2019, and the final data used in the analysis was 332 copies. The collected data were analyzed using descriptive statistics, X^2, ANOVA, regression, and mediating regression analysis using SPSS 18.0.

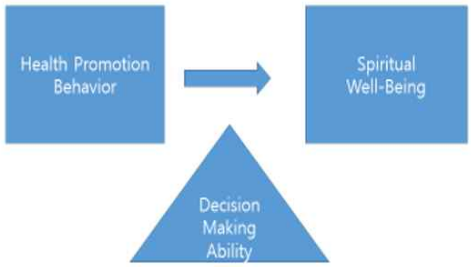

Figure 1. Research Design

2.2. Research tool

2.2.1. Decision Making Ability

The Decision-making ability tool used in this study was the Clinical Decision Making in Nursing Scale developed by [18] to measure the clinical decision making ability of home nurses. The tool consists of 40 items. The sub-areas consist of surveys of alternatives and choices, reviews of values and goals, evaluation and re-evaluation of conclusions, and investigation of information and reconciliation of new information. Each sub-domain was a five-point scale with ten questions. The higher the score from the lowest 40 to the highest 200, the higher the decision-making ability. The reliability of [18] at the time of development was 0.83 (Cronbach's alpha = 0.83), and the reliability in this study was 0.77 (Cronbach's alpha = 0.77) [18]. In this study, the reliability of decision making ability tool was Chronbach = 0.769.

2.2.2. Spiritual Well-Being

The spiritual well-being used in this study means to establish a personal and dynamic relationship with the Absolute, to find the meaning and purpose of life in that relation, and to achieve the fulfillment of life through exchanging people and interest. The scale of spiritual well-being was based on the analysis of the items and the factor analysis after translating the spiritual well-being scale (SWBS) of [19] . The total number of items is 20, consisting of 10 items of religious well-being and 10 items of existential well-being. 1 point is 'not at all', 6 points are ‘very similar’, and the reverse score items are shown in Figure 2.

Interpretation interpreted that the higher the score, the higher the sense of well−being [9]. In this study, the

reliability of Spiritual Well-Being tool was Chronbach = 0.851.

Type	Religious well-being	Existential well-being
Normal scoring	1,5,9,13	2,6,12,16,18
Reverse scoring	3,7,11,15,17,19	4,8,10,14,20

Figure 2. Spiritual Well-Being

2.2.3. HPLP (Health Promotion Lifestyle Profile)

Health promotion refers to the act of moving toward a healthier state, with no mental or physical disability, and moving toward a healthier state. Health promotion refers to the act of moving toward a healthier state, with no mental or physical disability, and moving toward a healthier state. The health promoting behaviors used in this study were developed by [20]. And the sub-domains consist of health responsibility, nutrition habits, substance abuse, exercise, interpersonal relationships, and self-actualization (Figure 3). A total of 47 items were scored on a 4-point scale. The higher the score, the higher the health promotion behavior. In this study, the reliability of HPLP tool was Chronbach = 0.839.

No	Questionnaire content
1-10	Health responsibility
11-18	Nutrition habits
19-24	Substance abuse
25-29	Exercise
30-39	Interpersonal relationships
40-47	Self-actualization

Figure 3. HPLP

3. Result

1. General Characteristics

A frequency analysis was performed to analyze the general characteristics of the participants (Table 1). According to the results of the analysis, 244 (73.5%) were 20-24 years old, 52 (15.7%) were 25-29 years old, 20 (6.0%) were 30-34 years old and 16 (4.8%) were 35-39 years old. There were 60 people (18.1%) in males and 272 females (81.9%) in gender. 84(25.3%) people responded that the religion was Protestant, 20 (6.0%) responded Catholic, 8 (2.4%) responded Buddhism, and 12 (3.6%), and the largest number, 208 (62.7%) people of respondents said that they did not have religion. Among the respondents, 240 (72.3%) drank alcohol, 76 (22.9%) did not drink, and 16 (4.8%) said they stopped drinking. Of the respondents, 32 (9.6%) answered that they currently smoke, and 280 (84.3%) responded that they did not; and 20 (6.0%) said they stopped smoking. 12 (3.6%) responded that their interest was Politics, and 12 (3.6%) responded to the economy. 152 respondents (45.8%) answered culture,16 people (4.8%) answered that they are religion. Twenty-four (7.2%) responded that they were interested in leisure, and 40 (12.0%) answered that they were exercising, while 44 (13.3%) others were. And 32 people (9.6%) answered that they did not have any interest.

Table 1. General Characteristics

N=332

Variable	Type	N (%)	Variable	Type	N (%)
Age	20-24	244(73.5)	Gender	Male	60(18.1)
	25-29	52(15.7)		Female	272(81.9)
	30-34	20(6.0)	Religion	Protestant	84(25.3)
	35-39	16(4.8)		Catholic	20(6.0)
	Politics	12(3.6)		Buddhism	8(2.4)
	Economy	12(3.6)		Others	12(3.6)
	Culture	152(45.8)		None	208(62.7)
Interested Field	Religion	16(4.8)	Alcohol	Yes	240(72.3)
	Leisure	24(7.2)		No	76(22.9)
	Exercise	40(12.0)		Quit	16(4.8)
	Others	44(13.3)	Smoking	Yes	32(9.6)
	None	32(9.6)		No	280(84.3)
				Quit	20(6.0)

2. Health Promotion Behavior Differences by Gender

A t-test was conducted to analyze the difference in health promotion behaviors by gender (Table 2). The sub-factors of health promotion behavior consist of health responsibility, diet habit, substance abuse, exercise, social relationship, and self-actualization. Among the sub-factors of health promoting behavior, health responsibility was found to be higher in women (M=3.06, SD=0.44) than men (M=2.61, SD=0.35) ($p<0.01$), Substance abuse was higher in women (M=2.73, SD=0.58) than men (M=2.08, SD=0.52) ($p<0.01$), Exercise was higher in men (M=2.40, SD=0.72) than women (M=2.17, SD=0.68), ($p<0.05$), Social relationship was higher in women (M=3.09, SD=0.54) than men (M=2.63, SD=0.38) ($p<0.01$), and Self-actualization was higher in women (M=3.12, SD=0.58), than men (M=2.84, SD=0.46) ($p<0.01$). Differences in sub-factors of health promotion behaviors by gender were higher in female in health responsibility, substance abuse, social relationship, and self-actualization ($p<0.01$), while men were higher in exercise than women ($p<0.05$) under statistical significance level.

Table 2. Health Promotion Behavior Differences by Gender

Sub-factors	Mean		SD		T	P
	Male	Female	Male	Female		
Responsibility	2.61	3.06	.35	.44	-7.441	.000**
Diet habit	2.14	2.13	.94	.55	.118	,906
Substance abuse	2.08	2.73	.52	.58	-8.054	.000**
Exercise	2.40	2.17	.72	.68	2.369	.018*
Relationship	2.63	3.09	.38	.54	-7.646	.000**
Self-actualization	2.84	3.12	.46	.58	-3.519	.000**

**, $p<0.01$, *, $p<0.05$.

3. Religion According to General Characteristic

Cross-sectional analysis (Chi square) was conducted to see differences in religion according to general

characteristics (Table 3). As a result, under the statistical significance level, 73.3% if male had no religion, 26.7% had Protestant and 81.9% of female had no religion, 25.0% Protestant ($p<0.05$). According to age, 60.7% of 20-24 age had no religion, 27.9% was Protestant, 6.6% was Catholic, 3.3% was Buddhism, and 1.6% was Others ($p<0.01$). According to Alcohol drinking, 61.9% of Protestant people responded that they drank alcohol, 33.3% were not drink alcohol and quit people were 4.8%, 80% of Catholic responded that they drank alcohol and 20% were not drink alcohol. 100% Buddhism people responded that they drank alcohol. Other religion people and having no any religion people responded that 76.9% people responded that they drank alcohol, 19.2% were not drink alcohol and quit people was 3.8% ($p<0.01$). The characteristics of religion according to smoking were not statistically significant. According to interesting field, 4.8% of Protestant people responded that they interested in politics, 9.5% responded that they interested in economy, 33.3% responded that they interested in culture. 14.3% responded that they interested in religion, 4.8% responded that they interested in leisure, 9.5% responded that they interested in exercise, 9.5% responded that they interested in others, nothing was 14.3%. 80.0% of Catholic people responded that they interested in culture and others were 20%. 100% of Buddhism people responded that they were interested in culture. 3.8% of none religious people that they were interested in politics, 48.1% were in culture, 1.9% were in religion, 9.6% were in leisure, and 15.4% were in exercise, 11.5% were in it others and no have anything were in 9.6% ($p<0.01$).

Table 3. Religion According to General Characteristics

Type		N (%)					x^2
		Protestant	Catholic	Buddhism	Others	None	
Gender	Male	16(26.7)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	10.212**
	Female	68(25.0)	20(7.4)	20(7.4)	0(0.0)	12(4.4)	
Age	20-24	68(27.9)	16(6.6)	16(6.6)	8(3.3)	4(1.6)	142.65**
	25-29	4(7.7)	0(0.0)	0(0.0)	0(0.0)	0(0.0)	
	30-34	4(20.0)	4(20.0)	4(20.0)	0(0.0)	0(0.0)	
	35-39	8(50.0)	0(0.0)	0(0.0)	0(0.0)	8(50.0)	
Alcohol	Yes	52(61.9)	16(80.0)	16(80.0)	8(100.0)	4(33.3)	35.102**
	No	28(33.3)	4(20.0)	4(20.0)	0(0.0)	4(33.3)	
	Quit	4(4.8)	0(0.0)	0(0.0)	0(0.0)	4(33.3)	
Smoking	Yes	8(25.0)	8(25.0)	0(0.0)	0(0.0)	0(0.0)	9.725
	No	72(25.7)	72(25.7)	20(7.1)	8(2.9)	12(4.3)	
	Quit	4(20.0)	4(20.0)	0(0.0)	0(0.0)	0(0.0)	
Interested Field	Politics	4(4.8)	4(4.8)	0(0.0)	0(0.0)	0(0.0)	134.829**
	Economy	8(9.5)	8(9.5)	0(0.0)	0(0.0)	4(33.3)	
	Culture	28(33.3)	28(33.3)	16(80.0)	8(100.0)	0(0.0)	
	Religion	12(14.3)	12(14.3)	0(0.0)	0(0.0)	0(0.0)	
	Leisure	4(4.8)	4(4.8)	0(0.0)	0(0.0)	0(0.0)	
	Exercise	8(9.5)	9(9.5)	0(0.0)	0(0.0)	0(0.0)	
	Others	8(9.5)	8(9.5)	4(20.0)	0(0.0)	8(66.7)	
	None	12(14.3_	12(14.3)	0(0.0)	0(0.0)	0(0.0)	

**, $p<0.01$, *, $p<0.05$.

4. Effects of Health Promotion and Decision Making Ability on Spiritual Well-Being

Multiple regression analysis was conducted to examine the effect of Health Promotion Behavior and parameters (Decision Making Ability) on Spiritual Well-Being (Table 4). As a result of the analysis, the health promoting behaviors and decision making ability were found to have an explanatory power of 39.4% in Spiritual Well-being (R^2=.394). The independence of the reseals was obtained with Durbin Watson value of 2.230. Decision making (t=4.899, p<0.01), Health responsibility (t=-1.990, p<0.05), Substance abuse (t=7.344, p<0.01), Exercise (t=7.344, p<0.01), and Self-actualization (t=7.619, p<0.01) were appeared to affect Spiritual Well-Being under statistical significance.

Table 4. Effects of Health Promotion and Decision Making Ability on Spiritual Well-Being

Variables	Nonstandardization factor		β	t	p	Tolerance limit
	β	SD				
Constant	-.615	.433		-1.492	.137	
Decision making	.488	.100	.223	4.899	.000**	.878
Health responsibility	-.151	.076	-.097	-1.990	.047*	.771
Diet habit	.057	.053	.050	1.059	.291	.825
Substance abuse	.383	.052	.335	7.344	.000**	.877
Exercise	.130	.048	.126	2.707	.007**	..846
Social relationship	.083	.085	.062	.971	.332	.444
Self actualization	.607	.080	.479	7.619	.000**	.460
Dependent Variable : Spiritual Well-Being						
R^2=.409, Modified R^2= .394, F=32.090, Durbin Watson=2.230						

**p<0.01, *p<0.05,

5. The Mediating Effect of Decision Making in Health Promotion Behavior and Spiritual Well-Being.

A simple regression analysis and multiple regression analysis were conducted to determine whether mediating effects of Decision Making Ability in the relationship between Health Promotion Behavior and Spiritual Well-Being (Table 5). Mediating effect analysis was analyzed with interpersonal relationship and health responsibility sub-factors of Health Promotion Behavior. The other sub-factors were not statistically significant and were deleted and analyzed. The results of the analysis appeared that health responsibility had a significant effect on the decision making ability (p=.000), the standardized beta value in the second step was .197 (p=.002), in the third step, the standardized beta value appeared as.171 (p=.000). As a result, Decision Making Ability appeared a partial mediating effect on the effect of Health Promotion Behavior (health responsibility) on Spiritual Well-Being. Also, Social Relationship had a significant effect on the decision making ability (p=.000), the standardized beta value in the second step was .445 (p=.000), in the third step, the standardized beta value appeared as.365 (p=.000). Therefore, Decision Making Ability appeared a partial mediating effect on the effect of Health Promotion Behavior (health responsibility) on Spiritual Well-Being. Therefore, Decision Making Ability had a partial mediating role in health responsibility and social relationship, which were sub-factors of health promotion behavior, affecting spiritual Well-Being.

Table 5. The Mediating Effect of Decision Making in Health Promotion Behavior and Spiritual Well-Being

Independent Mediating Dependent	Mediating Test Step	β	t	P	R^2
Responsibility	Step 1	-.193	-3.571	.000	.037
Decision Making	Step 2	.197	3.144	.002	.029
Spiritual Well-Being	Step 3(independent)	.171	3.584	.000	.047
	Step 3(Mediating)	.135	2.466	.014	
Social Relationship Decision Making Spiritual Well-Being	Step 1	.032	-.328	.000	.108
	Step 2	.445	7.119	.000	.133
	Step 3(Independent)	.365	8.447	.000	.186
	Step 3(Mediating)	.243	4.623	.000	

**p<0.01, *p<0.05

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4. Conclusion

This study was a cross - sectional study investigating the effect of Decision Making Ability Mediating Effect in the in an influence relationship between Health Promotion Behavior and Spiritual Well-Being. This study was limited to the interpretation because the number of participants was 332, but it was 81.9% of female students in the nursing department. Recently, people in a rapidly changing world were exposed to various stresses and require more stable countermeasures [21-22]. This study focused on the Spiritual Well-Being of modern people who experienced various stress in a rapidly changed social environment. According to literature review so far, stress has been associated with depression and psychosis leading to various diseases. The WHO defined the concept of health as 'physical, psychological, and social well-being. Thus, various methods of reducing stress in daily life have been studied. Although there is no clinically proven disease at present, efforts to maintain current health are referred to as health promotion. As a result, research on health promotion has been conducted in detail. According to Walker, SN et al., [20] summarized that health promotion refers to the act of moving toward a healthier state, with no mental or physical disability in their research. And they reported that health promotion behavior were consisted of health responsibility, diet habit, substance abuse, exercise, social relationship, and self-actualization. Many scholars have also demonstrated in the study that spiritual well-being was a major variable in health promotion. The reason for this was that spiritual well-being played an important role in integrating human beings. Spiritual well-being implies a totally integrated state of all dimensions of the individual-body, psychology, and spiritual aspects. GH Seo et al., [5] reported that people looked at their lives positively in the spiritual well-being state and were effective in coping with stress through research. Furthermore, they emphasized that spiritual well-being people interpreted the past meaningfully and had a positive attitude toward future. As mentioned above, there were many reports that health promotion and spiritual well-being were closely related.

Religion is an important part of spiritual well-being. Because most religion has been focused on holistic health. For example, HJ Ahn et al., [7] reported that spiritual health is important factor in reducing uncertain future anxiety in cancer patients through religion. Peterson and Roy [9] emphasized that religion provide meaning and fulfillment in life because it provide a framework for a comprehensive interpretation of oneself and the environment. In other words, it could be seen that spiritual well-being plays an important role in health promotion variables. This could be seen in research of GK Jeon et al., [11]. Those researcher emphasized that in their research, and spiritual well-being has a positive effect on various disorders including depression by changing people's way of life. Through the literature review, it was found that health promotion behaviors has positive relationship between health promotion behavior and spiritual well-being. But there was no any research what was the mediating factor of health promotion behavior. In many situation, the motivation of

behavior depends on the individual's decision making ability. Decision making ability could be defined as the ability to take responsibility for self-determination by making rational decisions with appropriate self-esteem and well-differentiated and integrated self-concept [16]. Byrnes [17] emphasized in his research that decision making ability was related to beliefs, thoughts, purpose consciousness, time concept. Therefore, this study measure the decision making ability as a parameter under the assumption that it will play an important role in practicing health promoting behavior.

As a result of the research, it was found that the health promoting activities of all female except for the exercise sub-factor have positive health promotion behavior than male ($p<0.01$). It suggested that Female in their 20s and 30s have more health concern than male. As a whole, there was a lot of interest in the field of culture, Buddhism was the religion most interested in culture. However, 62.7% of the respondents did not have religion. Health promotion behaviors and decision making abilities were found to have an effect of 39.4% on spiritual well-being ($R^2=.394$, $p<0.01$). Decision making ability was consisted of five sun factor; alternative and choice, review of value and goals, evaluation, re-evaluation of conclusions, and investigation of information, and reconciliation of new information [18].

This study would suggest that through more detailed study of decision making ability for health promotion and spiritual well-being, it is necessary to develop a total health promotion program for people who live in rapidly changing current society.

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