

## The Effectiveness of Happiness Training on Improving the Quality of Life of Women in Pars Special Economic Zone Staffs Based on Their Religious Attitudes

Farzaneh Dehghani<sup>1</sup>, Mohammad Seifi<sup>2\*</sup>, Faezeh Nateghi<sup>3</sup>, Alireza Faghihi<sup>4</sup>

1. Ph.D. student in Philosophy of Education, Department of Educational Sciences, Islamic Azad University, Arak Branch, Arak, Iran
2. Assistant Professor, Department of Educational Sciences, Islamic Azad University, Arak Branch, Arak, Iran
3. Assistant Professor, Department of Educational Sciences, Islamic Azad University, Arak Branch, Arak, Iran
4. Assistant Professor, Department of Educational Sciences, Islamic Azad University, Arak Branch, Arak, Iran

### Article history:

Received date: 7 September 2017

Review date: 15 November 2017

Accepted date: 25 January 2018

Printed on line: 17 June 2018

### Keywords:

Happiness, Quality of Life, Religious Attitude, Special Economic Zone

### Abstract

**Purpose:** The purpose of this study was to investigate the effectiveness of Fordeys Happiness Training on improving the quality of life of women in Pars Special Economic Zone employees according to their religious attitude. **Methodology:** The research method is semi-experimental with two groups testing using pretest and post-test. The statistical population of this research was all the women who were in the staff of the Pars Special Economic Zone, who, due to the diversity of the community, examined a special block. The number of female housewives in this block was 280, of which 80 were selected through Cochran's formula by simple random sampling and randomly divided into two equal experimental and control groups. After conducting a pre-test of quality of life and religious attitude that based on the results of both test and control groups divided into two strong and weak religious groups, the Happiness Program was performed for 14 sessions of 2 hours for the experimental group and then the test Quality of life was taken from both groups. **Findings:** Findings show that there is a significant relationship between happiness education and quality of life of women and their religious attitudes. This means that there is a significant difference between the strong and weak religious attitudes group and people with strong religious attitudes have a better quality of life with physical, psychological, social and environmental components than those with a weak religious attitude. **Discussion:** Happiness is one of the most important human needs, which has a major impact on the formation of personality and mental health.

**Please cite this article as:** Dehghani, F. Seifi, M. Nateghi, F. Faghihi, A. (2018). The Effectiveness of Happiness Training on Improving the Quality of Life of Women in Pars Special Economic Zone Staffs Based on Their Religious Attitudes, *Iranian journal of educational Sociology*, 1(9), 48-59.

\* Corresponding Author: m-seifi@araku.ac.ir

## 1. Introduction

Today's world is full of anxieties such as mental anxiety and psychological stresses that are filled with serious human problems in the era of technology and communication, which has led to a decrease in the sense of happiness in him. Positive psychology is a branch of psychology that emphasizes the positive capacities and characteristics of human beings instead of psychopathology and emphasizes on empowerment, happiness and the enjoyment of individuals from a healthy life. The emphasis on this particular field of psychology is on human achievement and helping him to enjoy more and better the quality of life (Seligman, 2004).

The quality of life generally refers to the environment in which people live, such as pollution and the quality of housing, as well as to some of their traits and characteristics (eg, health and education) (Pacione, 2003). Costanza (2007) defines quality of life as the level of human needs in relation to the perceptions of individuals and groups of mental well-being. Das (2008) defines the quality of life as a well-being or a non-dignified people and their environment.

## 2. literature Review

Quality of life involves psychological dimensions that include indicators such as satisfaction, happiness, and security. In some cases, social satisfaction is also called. Today, quality of life is not just a matter of material condition, but according to Luckwach, one should distinguish between a good life and a little life because good life is based on social values and life is, in fact, one that unites the goals of the people of the community. Accordingly, the first requirement in the definition and formulation of criteria and indicators of quality of life is to pay attention to the status, social, cultural and value of residents of each scale of study (country, province, city, district, district, etc.) and the second requirement in the field Measuring the quality of life in cities is based on social indicators and this is a process that has been accepted in recent world studies on quality of life measurement (Asayesh, 2001). From the perspective of World Health Organization experts, quality of life perceives individuals from their status in the cultural context and value system in which they live and in relation to their goals, expectations, standards and their interests. In this definition, quality of life is considered in terms of physical health, mental status, social relations, and the environment (Jung, 2012). The quality of life in addition to these dimensions includes spiritual and personal beliefs which are judged on the basis of the subjective experiences of individuals (Jung, 2002, quoted by Robinson, 2008). Quality of life includes psychological dimensions that include indicators such as satisfaction, happiness and security, which in some cases is also called social satisfaction (Rezvan, 2006).

The term "happiness" is used in English in two ways: one that speaks of positive excitement in the present, and the other is happiness and happiness that is synonymous with life's satisfaction and satisfaction. What's in the positive psychology The oriented one is discussed (Pasandideh, 1392). According to Vainavon (1998, quoted by Masochi, 1391), happiness is one's judgment of the degree or desirability of the quality of his entire life. In other words, happiness means how much a person enjoys his life.

Joy is the same way of life that empowers us to objectify our talents and stimulates progress toward a better life (Franklin, 1936). Usually humans are looking for joy and joy and happiness and happiness are vital in human life, and also happiness is the necessity and need of today's world and it is the driving force that motivates and activates and empowers and hopes in person.; And the central element of life is good

(Luhmann et al., 2016). Happiness is a kind of evaluation that a person makes of himself and his life, and includes things such as life satisfaction, abundance and emotion intensity, a lack of negative feelings such as depression and anxiety, and various aspects of it are recognized. Wealth and emotions (Moeini et al., 1395). Happiness comes with positive outcomes such as physical and mental health, desirable performance, production, and entrepreneurship (Henricksen and Stephens, 2013). The positive outcomes of happiness have increased so much that researchers have shown that there is a meaningful relationship between happiness and social capital in different parts of Europe (Rodríguez & Berlepsch, 2014). Happier people have a longer life, more sense of happiness in work, production and There is a lot of social and health cooperation and higher ability to solve and deal with (Lawrence, Rogers & Wadsworth, 2015; Jang, 2016). Happiness in today's societies has become a value and forms the basis of a universal welfare system (Lavasani et al., 2014).

In areas that have asked people about the meaning of happiness they have been asking for, often the joy of being in a happy state or other positive emotions, or being satisfied with their lives, Argyle believes that in addition to the two components There are three positive emotions and a third component of satisfaction, which is the absence of depression or anxiety or other negative emotions, these findings lead us to conclude that happiness has three main parts: satisfaction, affection, and negative affection. Argyle, 2000). Therefore, happiness is not achieved only in the shadow of joy and immediate pleasures; it requires a sense of satisfaction and a lack of negative emotions (Argyle, 2002).

Overall happiness depends on satisfactory cognitive assessments in various areas of life, such as the position of the family or work, and emotional experiences in these situations (Alan, 2004). Kohnman (quoted by Frederickson, 2009) stated that objective happiness is measurable by tracking the good and bad transient emotions. According to this view, positive excitement is merely a sign of well-being. And in addition to well-being, you also have health, they do it not only in the good times of the present, but also in the long run.

Bierman & Alex (2006) argue that religion and morality can be considered as an important factor in modulating and reducing psychological problems in the individual. People who take religious affairs may be. For many reasons, they are happier than other people. In this regard, three reasons have been considered seriously in psychology. First, religion creates a coherent belief system that enables people to find meaning and hope for the future (Seligman, 2002). Secondly, regular attendance in religious matters and in the religious community provides social support for people. Third, addressing religion often comes with a healthier lifestyle, which is characterized by marital loyalty, social altruism rather than crime, moderation in nutrition and drinking, and firmness. (Alan, 2004). The forum believes that religion and the need for God's prayer are a manifestation of the need of a complete human being and a state of dualism. Divine ethic is to maintain a healthy spirits of spiritual growth. Nowadays, in most societies, it has been proven that families Religious beliefs have more family and social privacy than loose families, and there is a significant relationship between the extent of the practice of religious beliefs and general health, which reduces the amount of general health by decreasing religious and religious beliefs (BakhshiPour, 1387).

Having meaning in life, hope with God's help in difficult situations, enjoying social and spiritual support, feeling of belonging to the supreme source are all among the methods that religious people can with their being able to deal with events On the other hand, it seems that religious orientation can make sense of happiness because of the fact that a person with a superior force leads to a positive outlook in life (Asgari, 1392).

Women provide family health and family planning and management is the responsibility of women. The livelihood of the family center depends on the woman's vitality, but the vitality of a woman depends on the affection of the "man." The woman has a close relationship with the entire family and all the dimensions of the family, so that no family member has such a relationship with each other and with the whole family. Because of this, it is closely related that the woman is "regulating the interior of the family" and its axis and pillar. The inclusion of a woman as the centerpiece of the family creates a special attribute that is important to the attention of other members of the family, which is that the emotional state of the woman affects the whole of the home. If the goal is to create a good atmosphere in the family, then care should be taken to avoid having a problem for a family member. Therefore, in order to preserve the well-being of the family, he must recognize his concerns and try to resolve them quickly, even if the woman does not talk about his problems and concerns.

Be with regard to the above, it is clear that increasing the happiness of women in their quality of life will have a great impact. One of the ways to be happy is to have people who have faith and religious attitudes and belief in God. Faith and trust, and belief in God, bring peace to the soul and increase happiness and hope for life and increase the quality of life in humans. The results of the preliminary studies and interviews carried out by the researcher in the Pars Special Economic Region indicated that despite the relative welfare of the district's staff, the satisfaction and life expectancy and quality of life of the female employees are low. Also, the migratoriness of the area, the diversity of employees and the long working hours have led to depression in housewives as one of the biggest problems in the area. Hence, holding hobby training workshops for these people is necessary to help improve the quality of life and make them happy in this regard. Regarding the role of women in family comfort, we seek to answer the question of whether the Fordey method of happiness education on the quality of life of women in Pars Special Economic Zone employees is effective in their religious attitude? In other words, the research hypothesis is based on the principles of Fordey's Happiness Education on improving the quality of life of spouses of employees of Pars Special Economic Zone with regard to their religious attitude in general and its dimensions (physical health - psychological health - social relations and environment) Effective.

Abedi (2002) In a study of Fordeis's Cognitive-Behavioral Cognitive Behavioral Pattern on increasing the quality of life of cancer patients in Isfahan, Fordeis's Happiness Training Program, in addition to increasing happiness, can increase the quality of life of these patients. Farzadfar (2006) studied the efficacy of Fordey's Happiness Education in reducing the depression of unmarried women under the Imam Khomeini Relief Committee. The results of his studies showed that this training is effective in reducing depression in women. Kajbaf, Aghaie and Mahmoudi (2011). In a research aimed at the effect of Fordeys Happiness Education on quality of life of couples referring to Isfahan counseling centers, there was a significant difference between the experimental group and the control group in all subscales of quality of life. Overall, the results of this study showed that the quality of life of couples increases with happiness education. Kheyrkhah(2014) in the research with The effect of Fordeis Happiness Education on increasing the vitality, self-efficacy and quality of life of the offspring of control and saffron girls in Mashha Showed that the happiness level of the experimental group was significantly increased compared to the control group. The self-efficacy of the experimental group also increased significantly. It was also shown that the training of happiness program on quality of life and sub-scales of psychological health and social relationships were effective but there was no significant effect on the sub-scales of physical health and environmental health. The results of Lavasani et al.

(2014) showed that training Ford's Behavioral Cognitive Behavioral Happiness Program has led to an increase in self-efficacy and reduction of stress related to academic activities in students. Pour Rahimi Marani et al. (2015) in their research aimed to investigate the effectiveness of Fordeys Happiness Education on coping strategies, the quality of persistence and optimism of their female students. Happiness training is effective in improving the quality of life and goodness of students. Ghanbarian, Permoz and Rajabzadeh (2015) in a research aimed at investigating the relationship between happiness and life expectancy in students of Behbahan Faculty of Medical Sciences showed that there is a significant relationship between happiness and life expectancy in male and female students. The results of Wallingham, Johnson and Amato (2001) showed that there is a relationship between happiness and marital satisfaction in women. Sang, Carpenter, Robert, Frish and Carlyle (2014) concluded that: appreciation and the need for satisfaction have a mediator role between the relationship between materialism and the level of satisfaction with life. Acknowledgment was a direct intermediary, while the need for satisfaction through its relationship with appreciation has an indirect role.

Azimi Hashemi (2004) concluded in his study that in a study of the combination of religiosity and life satisfaction, a positive change between these two variables is clearly visible and the readers are more satisfied with life. Shams Esfandabad and Nejad Naderi (2008) concluded that addicted people had a lower quality of life than non-addicts, and there was a positive and significant correlation between religious attitudes and quality of life in both groups. Allah Bakhshian et al. (2008) concluded that there is a significant relationship between spiritual health in religious aspect and quality of life in psychological dimension. In existential aspect, there was a significant relationship between quality of life in both physical and mental dimensions. Beigi (2011) concluded in his research that spiritual well-being and spiritual activities as well as micro-components of spirituality significantly contributed to predicting the quality of life of members of the Association of Anonymous Addicts, and, in general, 34% of the variance in quality of life Explained. Khajeh nouri et al. (2011) showed that strengthening of religious factors, beliefs, beliefs and religious identity of the people has a significant impact on improving mental, social and physical health and the quality of life of individuals in general. Baljani et al. (2011) concluded that attention to factors such as purposefulness in life, belief in God and religious practices, and optimism about the future in the planning of care for cancer patients can improve their quality of life. Findings of research by Rashidi et al. (2015) showed that there is a positive relationship between internal religious orientation and quality of life and happiness; there is also a positive and significant relationship between general religious orientation, happiness and quality of life. Also, individuals with internal religious orientation have higher levels of happiness and quality of life. Keykhah and Farhadi (2017) in a research aimed at investigating the relationship between religion and work and resilience and happiness among teachers of exceptional schools in Zahedan, found that there is a positive and significant relationship between these two components and the most important component of society The predictor of happiness. Whitford et al. (2008) examined the role of spirituality in assessing the quality of life of 490 cancer patients in Adelaide, Australia. The results showed that spirituality has a positive and significant relationship with quality of life. Findings of the research Lym and Yi (2009) found that religiosity and spirituality affect the outcomes of quality of life, with the aim of studying the differences between religiosity, spirituality and quality of life among Koreans and Koreans of American Americans who have had female cancers. Wilts and et al. (2009) investigated the relationship between religiosity / spirituality and quality of life among 117 survivors of breast cancer in Latin America. According to the results, the relationship

between religiosity and quality of life was positive and significant. Leim and Putnam (2010) in a panel study showed that religious people were in regular attendance at In religious ceremonies and community members and creating social networks in their lives are more pleasing.

### 3. Methodology

The method used in this study is a semi-experimental two-group trial using pre-test and post-test. So, after registering the volunteers in the Fordeys Happiness Training Program, they were randomly divided into two experimental and one equal groups. Before the classes, the Religious Attitude Questionnaire was distributed and based on the results, both experimental groups and evidence were divided into two strong religious groups and weak religious groups. After performing a pretest on quality of life on sample groups, the Happiness Program was conducted in 14 sessions of 2 hours for the experimental group and the control group was invited for the next appointment. The axes of this training are based on the following principles:

Principle 1: Being busy and becoming more active; Principle 2: Spending more time for social relationships and collective activities; Principle 3: Producing and doing meaningful and meaningful work; Principle 4: Better planning and management; Principle 5: Reducing concerns; Principle Sixth principle: the reduction of the level of expectations and wishes; Principle VII: Increasing positive thinking and optimism; Principle Eight: Life in the present; Principle ninth: Healthy personality education; Tenth principle: raising social and outspoken personality; Principle eleventh: being; Principle Twelve: Eliminating feelings and negative issues; Principle thirteenth: Close and sincere communication and the principle of eleventh: Priority and value to joy.

After completing the 14th session, the quality of life quality was retested from both groups and the obtained data for comparing the pre-tests and post-tests of the two groups independently and in comparison, using the Levine test, used. The statistical population of this study was all housewives of Pars Special Economic Zone employees who, due to the diversity of our society, were investigating a special block of personnel of Pars petrochemical port. The number of housewives in this block was 280. From a total of 280 people, 80 people were selected through the Cochran formula by simple random sampling, which were tested in 4 groups of 20 individuals. In this research, two questionnaires were used to investigate and analyze the variables related to the research that were discussed in the literature.

World Health Organization Quality of Life Questionnaire (Yousefi et al., 2010): This questionnaire measures four broad areas based on a 5-point scale, which are: physical health, psychological health, social relationships, and the environment. In addition, this public health questionnaire can also be evaluated. The reliability coefficients of this questionnaire in the field of physical health (in the patient and non-patient groups (0.80 and psychological level 0.76, in the area of social relationships 0.61 and in the area of life 0.77, descriptive reliability coefficient and internal consistency  $\alpha$ ) The scale was declared by Nasiri (2006) to be 0.87 and 0.84, respectively.

Questionnaire on the Practice of Religious Beliefs (Temples) (Golzari, 2001): The Temple Test measures 25 questions, (acts of not beliefs and attitudes) on Islamic beliefs. The test materials are in the four areas of action required, the practice of reliance, religious activities (membership in religious groups, etc.), and the consideration of religion in decision making and life choices. The test questions are selected based on the common religious beliefs of believers and religious believers in Islam. Each question has 5 options, which

are scaled from zero to four. Therefore, the zero score means not doing any religious beliefs and the highest score (100) represents the practice of all religious beliefs. The method of data collection in this study consists of two sections of library studies and field research. To analyze and analyze the data, Multivariate analysis of variance of MANKOVA has been used.

#### 4. Findings

The main purpose of this study was to investigate the effectiveness of Forde's Happiness Training on improving the quality of life of women in Pars Special Economic Zone employees according to their religious attitude. For this purpose, descriptive indexes including mean and standard deviation of the quality of life quality test performed on the members of the research sample groups in the pre-test and post-test phases, the results of which are presented in Table 1.

**Table 1.** Descriptive Statistics Indicators of the variables of the research

| Standard deviation | Mean  | maximum | Minimum | number | Stage     | group                     | Variables           |
|--------------------|-------|---------|---------|--------|-----------|---------------------------|---------------------|
| 8/23519            | 66/85 | 81      | 49      | 20     | pretest   | Strong religious attitude | Quality of Life     |
| 6/45144            | 79/6  | 92      | 59      | 20     | Post test |                           |                     |
| 8/73047            | 65/3  | 82      | 51      | 20     | pretest   | Weak religious attitude   |                     |
| 7/90919            | 55/85 | 81      | 43      | 20     | Post test |                           |                     |
| 5/444929           | 23/3  | 31      | 12      | 20     | pretest   | Strong religious attitude | Physical field      |
| 3/70597            | 19/45 | 27      | 14      | 20     | Post test |                           |                     |
| 4/19398            | 17/7  | 27      | 11      | 20     | pretest   | Weak religious attitude   |                     |
| 3/80408            | 14/95 | 23      | 7       | 20     | Post test |                           |                     |
| 2/83354            | 16/15 | 22      | 13      | 20     | pretest   | Strong religious attitude | Psychological field |
| 2/67346            | 20/9  | 28      | 14      | 20     | Post test |                           |                     |
| 2/77726            | 16/65 | 21      | 12      | 20     | pretest   | Weak religious attitude   |                     |
| 3/73321            | 14/4  | 20      | 7       | 20     | Post test |                           |                     |
| 2/51103            | 6/9   | 11      | 3       | 20     | pretest   | Strong religious attitude | Relations Area      |
| 1/92696            | 12/85 | 15      | 9       | 20     | Post test |                           |                     |
| 2/20705            | 9/85  | 14      | 6       | 20     | pretest   | Weak religious attitude   |                     |
| 2/1176             | 8/2   | 11      | 4       | 20     | Post test |                           |                     |
| 4/08643            | 20/5  | 29      | 13      | 20     | pretest   | Strong religious attitude | Community Area      |
| 4/45327            | 26/4  | 33      | 12      | 20     | Post test |                           |                     |
| 4/36373            | 21/1  | 29      | 15      | 20     | pretest   | Weak religious attitude   |                     |
| 4/32982            | 18/3  | 33      | 14      | 20     | Post test |                           |                     |

As shown in Table 1, for the quality of life variable, the minimum, maximum, mean and standard deviation in the strong religious attitude group in the pre-test were 49, 81, 66/85 and 8/23, respectively, and in the post-test, the order is 59, 92, 66/6 and 6/45 respectively. Also, the minimum, maximum, mean and standard deviation in the weak religious attitude group were 51, 82, 65.3 and 65.73 for the pre-test, and for the posttest they were 43, 81, 55/85 and 7/90. As it can be seen, the difference between the group of religious attitude is weak in relation to the strong religious attitude in the pre-test and post-test.

The main hypothesis of the research is that the education of happiness in Forde's style is effective due to the role of religious attitudinal adjustment on increasing the quality of life of women in Pars Special Economic Zone employees.

The analysis of homogeneity of variance assumptions through Levine's test showed that homogeneity of variables on quality of life ( $\text{sig} = 0/589$ ,  $\text{Levine} = 0/297$ ) was achieved. Also, to determine the homogeneity of variance-covariance matrix of lifestyle components in the strong and weak religious attitude group, the Mbox test was used. The results of this test (Table 2) showed that the level of significance for the quality of life variable is greater than 0.05 ( $\text{Sig} > 0.05$ ), which indicates that the homogeneity condition of the variance-covariance matrix is well observed.

**Table 2.** Mbox test results for homogeneity analysis of variance-covariance matrix

| (Sig) | (df <sub>2</sub> ) | (df <sub>1</sub> ) | F     | Box's M | Variables       |
|-------|--------------------|--------------------|-------|---------|-----------------|
| 0/590 | 6903/586           | 10                 | 0/840 | 9/483   | Quality of Life |

To determine the significance of the religious attitude effect on quality of life components, Wilkess Lambda test was used. The results of this test (Table 3) showed that the level of significance for the quality of life variable is less than 0.05 ( $\text{Sig} < 0.05$ ), and it is concluded that at least one of the components of quality of life has a significant difference has it. But to find out which components are significant, the multivariate analysis of covariance test was used.

**Table 3.** Results of Wilcox Lambda test in multivariate covariance analysis

| ( $\eta^2$ ) | (Sig) | Effect df | Error df | F       | value | Variables       |
|--------------|-------|-----------|----------|---------|-------|-----------------|
| 0/728        | 0/000 | 31/000    | 4/000    | b20/767 | 0/272 | Quality of Life |

**Table 4.** Results of multivariate covariance analysis Mean scores of post-test variables Quality of life of women in strong and weak religious attitudes groups

| ( $\eta^2$ ) | (sig) | F       | df | Mean of squares | Variable                       |
|--------------|-------|---------|----|-----------------|--------------------------------|
| 0/738        | 0/000 | 104/204 | 1  | 5553/548        | Quality of Life                |
| 0/170        | 0/012 | 6/970   | 1  | 98/229          | Physical field                 |
| 0/460        | 0/000 | 28/938  | 1  | 249/681         | Psychological field            |
| 0/415        | 0/000 | 24/123  | 1  | 102/743         | The sphere of social relations |
| 0/509        | 0/000 | 35/177  | 1  | 623/547         | Environmental domain           |

As shown in Table (4), the value ( $\text{sig} = 0/00$ ,  $F=104/204$ ) for quality of life for the difference between groups (strong religious attitude and weak religious attitude) at the significant level of 0/00, since it is smaller than 0.05, so it is 95% probable, then the general hypothesis is confirmed, that is, people with a strong religious attitude have a higher quality of life than those with a weak religious attitude. The amount of EFT squared is 0.738. In other words, Fordes' happiness training has caused a 73% change in women's quality of life scores. Based on the main hypothesis of the research, the following partial assumptions were determined and tested.

The first hypothesis is: Fordys' Happiness Education is effective due to the role of religious attitudinal moderation on increasing the physical status of women in Pars Special Economic Zone employees. as shown in Table (4), the amount ( $F = 0/012$ ,  $\text{sig} = 6/970$ ) for the physical range for the difference between the groups (strong religious attitude and weak religious attitude) at the significant level of 0/00, since it is



smaller than 0.05, so it is 95% probable, then the first hypothesis is confirmed, that is, people with a strong religious attitude have a higher physical level than those with a weak religious attitude. The amount of squared ETA is equal to 0/170, in other words, Fordesian Happiness Education has caused a 17% change in the female body scores.

The second hypothesis is: Fordys' Happiness Education is effective due to the role of moderating religious attitudes on increasing the psychological profile of women in Pars Special Economic Zone employees.

As shown in table (4), the value ( $F = 28/938$ ,  $sig = 0/000$ ) for the psychological domain for the difference between the groups (strong religious attitude and weak religious attitude) at a significant level 0.00 because it is smaller than 0.05, so it is 95% probable, then the second hypothesis is confirmed, that is, people with a strong religious attitude have a higher psychological level than those with a weak religious attitude. The amount of squared ETA is equal to 0/460. In other words, Fordeys' Happiness Education has caused 46% change in women's psychological scores.

The third partial hypothesis: Fordis style of happiness education is effective due to the role of moderating religious attitudes on increasing the social relations of women workers in Pars Special Economic Zone.

As shown in Table (4), the value ( $F=24/123$ ,  $sig=0/000$ ) for the social relationships for the difference between the groups (strong religious attitude and weak religious attitude) in The significance level of 00 is less than 0.05, so it is 95% probable, then the third hypothesis is confirmed, that is, people with strong religious attitudes have higher social relationships than those with weak religious attitudes. The amount of squared ETA is equal to 0/415. in other words, Fordeys Happiness Education has caused 41% change in women's social relations scores.

Fourth hypothesis: Fordis's Happiness Education is effective due to the role of religious attitudinal adjustment on increasing the female environment of Pars Special Economic Zone employees.

As shown in Table (4), the amount ( $F = 35/177$ ,  $sig=0/000$ ) for the environmental domain for the difference between the groups (strong religious attitude and weak religious attitude) at a significant level 0/00 because it is smaller than 0/05, so it is 95% probable, then the fourth hypothesis is confirmed, that is, people with a strong religious attitude have a higher peripheral environment than those with a weak religious attitude. The amount of squared ETA is equal to 0/509. In other words, Fordeys' happiness training has caused a 50% change in female scoring scores.

## 5. Discussion

The main purpose of this study was to investigate the effectiveness of Fordeys Happiness Training on improving the quality of life of women in Pars Special Economic Zone employees according to their religious attitude. Based on the findings of the research, Fordes' Hearing Happiness has also had a positive effect on improving their quality of life. the moderated mean scores of quality of life emphasize that the experimental group that was trained in happiness had a higher quality of life than the control group who had not seen happiness training. Also, Fordey's Happiness Education has caused a 73% change in women's quality of life scores, which is significant. This result is consistent with the results of researches such as Abedi (2002), Lavasani (2012), Kheyekhah (2014), Kajbaf, Aghayee and Mahmoudi (2011), Pour Rahimi Morani et al. (2015). The results of this study showed that Fordes method of happiness education was effective on all components of quality of life and caused 17% change in physical component, 46% change in psychological

component, 50% change in environmental component and 41% change in social component. The training of happiness in Fordey method on the two components of the environment and psychology has had the most effect in the sample group. This result was consistent with studies such as Kajbaf Aghaie and Mahmoudi (2011) Pour Rahimi Morani et al. (2015) Lavasani et al. (2014). Education of happiness in Fordeis method had the least effect on physical condition. In goodwill research (2014), two components of physical health and environmental health had no significant effect.

The results of this study showed that the spiritual attitude component has a significant effect on women's happiness in Pars economic area. This result is in line with the results of researches such as Kikaha and Farhadi (2017) and Rashidi et al. (2016). Also, the research findings showed that the component of spiritual attitude had a significant effect on the quality of life of female employees of Pars Economic Region. Thus, the average quality of life of people with a strong spiritual attitude is higher than the quality of life of individuals with a weak spiritual attitude. The findings of this research are also related to the results of researches such as Azimi Hashemi (2004), Shams Esfandabad and Nejad Naderi (2008), Allah Bhagayan et al. (2008), Beigi (2011), Khwaja Noori et al (2011), Baljani and Colleagues (1390), Rashidi et al. (1395), Lim and Yi (2009), Wilends et al. (2009) and Whitford et al. (2008). As the results of the research show, no one can ignore the impact of the religious approach on improving quality of life. As shown, there is a significant difference between a strong and weak religious attitude group and people with a strong religious attitude have a better quality of life with components of the physical, psychological, social, and environmental environment of women as compared to those with a religious attitude. The ethical and religious views of each individual can determine the manner and the complexity of the person's adaptation, and a person who believes in the principles of morality and religion has its own adaptation methods that are characterized by its high tolerance, patience, and trust in God is facing difficulties and disasters and increased satisfaction and life expectancy based on faith in God and divine civility. Nowadays, more than any other time, it has come about to challenge and challenge religion in solving many of the moral moral problems of mankind, and there is no one who can deny the role of religion. Religion has many good works, one of which is the reduction and elimination of discomfort. The followers of all religions believe that the reason for the survival of religion is that it is one of the innate and emotional demands of mankind and also provides some of the basic human needs in a unique way.

Happiness is one of the most important human needs, which has a major impact on the formation of personality and mental health. With increasing happiness in life, people's creations are rising and their views on life issues are more positive. It also has more positive and logical behaviors and positive reactions to others, which can be satisfactory. For centuries, people have inherently sought a good life and, in order to improve their living conditions, they have tried to maximize their talents and capabilities. Therefore, the main issue is that life is desirable and quality-how is life?

This research has been accompanied by some limitations, including the fact that the research was carried out on the women's group of Pars Economic Region, therefore, it should not be generalized to all segments of society with different ages and social statuses. Based on this, it is suggested that in future studies, happiness training should be implemented in other groups with different social features and situations. It is also suggested that such training be conducted through mass media to promote community health and mental health. It is also suggested that psychological and almighty classes be held to promote happiness among the social strata.

## References

- Abedi, Mohammad Reza (2002). A review and comparison of the effectiveness of job counseling in the style of social learning theory, job satisfaction and cognitive-behavioral attitude of Fordey's happiness on the reduction of job burnout among educational counselors in Tehran, Allameh Tabatabaei University. Faculty of Psychology, Faculty of Education.
- Allah Bakhsyan, Maryam, Mahshid Jafarpour Alavi, Parvizi and Hamid Haghani (2010) The Relationship between Spiritual Health and Quality of Life in Multiple Sclerosis, *Zahedan Journal of Research in Medical Sciences*, Volume 12, Issue 3, 2009.
- Argyle, M. (2001). *The psychology of Happiness*. London: Routledge.
- Argyle M. (2005). *Psychology and religion: An introduction*: Routledge;
- Argyle, Jones & M. Hill. P (2003). Religious experiences and their relationship with Happiness in adult and olds.
- Argyle, M. & Lu, L. (1990). "Happiness and social skills". *Personality and Individual Differences*. Volume 11, Issue 12, Pages 1255-1261.
- Asayesh, Hussein (2001), Measurement of quality of life in one hundred large cities of the world, *Urban Planning Quarterly*, No. 8.
- Azimi Hashemi, Mojgan (2004) The satisfaction of life and religiosity among the students of the period: Ferdows, DerGas and educational districts, 4, 5, 7 Mashhad, *Journal of Social Sciences*, Faculty of Literature and Human Sciences, Ferdowsi University of Mashhad, Year 1, No. 3: 83 -116
- Bakhshi Poor, Payvi and Abedian (2005), The Relationship Between Satisfaction With Life and Social Support with Students' Mental Health, *Quarterly Journal of Mental Health*, seventh year, No. 27, pp. 152-145.
- Baljani, Esfandiari, Mehdi Kazemi, Elham Amanpour and Turan Tizfahm (2011) Investigating the Relationship between Religion, Spiritual Health, Hope and Quality of Life in Cancer Patients, *Mashhad Nursing and Midwifery Quarterly*, Vol. 1, No. 1- 51-62
- Beigi, Ali (2011) Spiritual Development, Religious Social Activities and Quality of Life in Anonymous Addicts, *Journal of Knowledge and Health* Volume 6, Issue 2, 7-12
- Benevolent, Zahra. (1393). Investigating the effectiveness of cognitive-behavioral happiness training program (Fordeis) on increasing vitality, self-efficacy and quality of life of control and saffron children. Master's thesis, Ferdowsi University of Mashhad, School of Educational Sciences and Psychology.
- Bierman, C. & Alex, D. (2006). Does Religion Buffer the effects of Discrimination mental health? Differing effect by race. *Journal for the Scientific Study of Religion*; 45(4):551-565.
- Farzadfar, Monir, Molavi, Hussein and Shahpour, Seyed Hamid. (1386). The Effect of Fordeis Happiness Training on Depression Injured in Isfahan City. *Knowledge and Research in Psychology*, Islamic Azad University, Khorasgan Branch, 50, pp. 30-39.
- Fordyce, M. W. (1977). Development of Program to increase personal happiness. *Journal of counseling psychology*. 24 (6) 511. 521
- Fordyce, M. W. (1983). A program to increase happiness: Further studies: *Journal of counseling psychology*. 30 (4) 483-493.
- Franklin, Samuel S (1936) *Psychology of Happiness*, Alireza Sohrabi, Dr. Faramarz Sohrabi, Tehran, First Edition.
- Ghanbari, Mina, Permanous, Mahnaz, Rajabzadeh, Zainab. (1395). The Relationship Between Happiness and Life Expectancy in Students at Behbahan Faculty of Medical Sciences, *Journal of Principles of Mental Health*, Year 18 (Special Letter), pp. 553-556.
- Gholamali Lavasani, Masoud, Leila Rastgou, Arash Azarandad and Taher Ahmadi. (1393). "The effect of teaching cognitive-behavioral happiness on self-efficacy and academic stress". *Two Quarterly Cognitive Strategies in Learning* 2, 3, pp. 1-18.
- Gozzari, Mahmoud (1380). The scale of the practice of religious beliefs (temple). The paper presented at the first international conference on the role of religion in mental health. Iran University of Medical Sciences and Health Services. Pp. 32-43.
- Henricksen A, Stephens C. (2013). The happiness enhancing activities and positive practices inventory (HAPPI): Development and validation. *J Happiness Stud*; 14(1): 81-98.
- Jang HJ. (2016). Comparative Study of Health Promoting Lifestyle Profiles and Subjective Happiness in Nursing and Non-Nursing Students. *Adv Sci Technology Letter*; 128: 78-82.
- Kajbaf, Mohammad Bagher; Aghaei, Asghar and Mahmudi, Afta. (1390). The Effect of Happiness Education on Quality of Life in Couples Referring to Isfahan Counseling Centers. *Research family*, seventh year, No. 25 pp. 69-81.
- Khajeh Nouri, Bijan, Zahra Riahi and Ebrahim Mousavat (2011) Relationship between Religiousness and Youth Quality of Youth, *Shiraz Youth, Cultural Research Letter*, Year 12, Issue: 14. 159-127
- Kim, Y.M & Others. (2004). Spirituality and affect: A function of changes in religious affiliation. *Journal of family psychology*. Vol 13. Issue 3, 17.
- Lawrence EM, Rogers RG, Wadsworth T. (2015). Happiness and longevity in the United States. *Soc Sci Med*; 145: 115-9.
- Lim J. & J. Yi (2009). "The Effect of Religiosity, Spirituality and Social Support on Quality of Life: A Comparison Between Korean American and Korean Breast and Gynecologic Cancer Survivors", *Oncology Nursing Forum*, Vol. 36, No. 6: 699-708. 27

- Luhmann M, Necka EA, Schönbrodt FD, Hawkey LC. (2016). Is valuing happiness associated with lower well-being? A factor-level analysis using the Valuing Happiness Scale. *J Res Person*;60:46-50.
- Pour Rahimi Marani, Maryam, Ahadi, Hassan, Asgari, Parviz Bakhtiyarpour, Saeed. (1394). The Effectiveness of Fordeis Happiness Training on Coping Strategies, Quality of Nursing and Optimism of Female Students. *Journal of Women and Society*, Sixth Year, Pages 25-40.
- Rashidi, Alireza Malek Mohammadi, Fatemeh, Sharifi, Sarah. (1395). The Relationship Between Religious Orientation with Happiness and Quality of Life. Phd dissertation on Psychology and Religion. Year ninth, First issue, Series 33. Pages 143-154.
- Rezvan, Ali. (1384). Urban Security and the Role of Urban Planning in Upgrading and Improving it: District 17 of Tehran, Master's thesis, Tehran, Tarbiat Modares University.
- Robinson, P. F. (2008). Measurement of quality of life. *Journal of Association Nurses in AIDS Care* . v:15, p:14-1.
- Rodríguez-Pose A, von Berlepsch V. (2014). Social capital and individual happiness in Europe. *J Happiness Stud*;15(2): 357-86.
- Sadeghadeh, Abbas (1392) Islamic Model of Happiness, Daral-Hadith Publication, Qom, First Edition.
- Seligman, M. (2000). Authentic happiness: Using the positive psychology to relative your potential for lasting fulfillment. New York: free press.
- Seligman, M. E. P. (2002). Authentic happiness. New York: Free Press.
- Seligman, M. E. P., & Csikszentmihalyi, M. (Eds.). (2000). Positive psychology [Special issue] *American Psychologist*, 55(1)
- Seligman, M.E.P., Royzman, E., 2003. Happiness: The Three Traditional Theories, *Authentic Happiness Newsletter* July.
- Seligman, Martin. E. P. (2004). Positive interventions: More evidence of effectiveness authentic happiness newsletters. Trustees university of Pennsylvania.
- Shams Esfand, Hassan and Nejad Naderi, Samira. (2009) Comparative study of quality of life and religious attitude in addicted / non addicted people in Kerman city. *Psychological studies*, Volume 1, Issue: 1 152-141
- Work, Allan (2004). Positive psychology, the science of happiness of human strengths. Translator Hassan Pasha Sharifi, Jafar Najafi Zand and Baqir Swami (2006), Tehran, Sokhan Publishing House
- Yang, KP, Mao, XY. (2007). A study of nurses' spiritual intelligence: A cross-sectional questionnaire survey. *Int J Nurs Studi*; 44: 99-102.
- Young KW. (2012). Positive effects of Spirituality on Quality of life for People with Severe Mental Illness. *International Journal of Psychosocial Rehabilitation*. V:16(2) p: 62-77.
- Yousefi, Alireza; Ghasemi, Gholamreza; Sarrafzadegan, Nidal; Malek, Shika; Rabiei, Katayoun and Baqa'i, Abdolmahdi. (1389). Standardization of World Health Organization Quality of Life Scale - A Short Form in Iran. Associate Professor of Research & Technology, Isfahan University of Medical Sciences and Health Services