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The Causal Relationship between Perceived Social Support and Life Satisfaction through Hope, Resilience and Optimism

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In this study, the causal relationship between social support and life satisfaction through hope, resilience and optimism was studied. The sample of the study consisted of 200 orphaned women under the care of Bavardelan charity institute, who were voluntarily selected for the study. In this research, the following scales were used, including; Perceived social support of Zimet, Dahlem, Zimet & Farley (1988), Life satisfaction scale (Diener, Emmons, Larsen & Griffin, 1985), Hope scale of Snyder (1991), Life orientation (Scheier & Carver, 1985) and Resilience questionnaire (Conner & Davidson, 2003). The statistical method used was Pearson correlation and path analysis using the Amos statistical software. The results showed that social support was positively associated with life satisfaction, hope, optimism and there was a causal relationship between hope, optimism, resilience and life satisfaction. Also, findings have shown that there was an indirect positive relationship between social support and life satisfaction, in terms of hope, optimism, and resilience. The results of indirect hypotheses showed that social support encouraging hope, optimism, and resilience has a positive relationship with life satisfaction. It can be concluded that positive psychological

dimensions including hope, resilience and optimism can play an important role in enhancing the orphaned women's life satisfaction. Accordingly, there was a need for planning and training to create a supportive atmosphere to reduce the harm inflicted on these women and increase the well-being of their lives more than ever before.

Keywords: social support, life satisfaction, hope, optimism, resilience

Life satisfaction is essential for a productive, effective and satisfying life for every individual. Life satisfaction refers to a judgmental and cognitive process in which individuals evaluate their quality of life based on a set of criteria that have different values in different individuals (Berlin & Connolly, 2019). Several important sources about satisfaction with one's life have been published, including 'The Quality of American Life, 'Social Indicators of Well-being', 'The Social Progress of Nations' (Campbell, Converse & Rodgers, 1976) Life satisfaction is associated with mental and physical health, life expectancy, happiness, and quality of life indicators along with economic and social indicators such as health and crime (Diener, Scollon & Lucas, 2009). Life satisfaction is one of the important factors in the welfare of an individual and its review in health care systems is vital because of the close relationship between physical and mental health and life satisfaction (Melendez, Tomas, Oliver & Navarro, 2009). Although the degree of vulnerability due to problems on the one hand and life satisfaction, on the other hand, may be influenced by biological and individual differences, social status and even more importantly the perception that individuals have of it has a much greater influence (Cochrane, 1983). In other words, social contexts involving individuals are one of the most important predictors of health and well-being (Kainulainen, Saari & Veenhoven, 2018). Smith & Yang (2017) in their research,

showed that resiliency is a mediator of social support and life satisfaction that is a component of psychological well-being. Therefore, paying attention to social factors affecting satisfaction with one's life becomes more important.

Social support, is one of the social factors affecting life satisfaction, which refers to those material and emotional resources that are accessible to one person through interpersonal relationships (Vaculíková & Soukup, 2019; Inas, Tayyaba & Sehrish, 2015). In this regard, Stroebe, Zech, Stroebe & Abakoumkin (2005) points out that social support acts as a moderator in the event of experiencing grief. People who experience the loss of a person are better off when they are socially protected, and recover better and easier after the experience of mourning for loved ones. Often, social support is recognized as one of the factors associated with long-standing tensions in life, which has a wide association with health outcomes and risk reduction in physical, mental and mortality areas (Aslund, Larm, Starrin & Nilsson, 2014). Conceptual social support is a different construct of received social support (Adler-Constantinescu, Beșu & Negovan, 2013) and in practice, it is measured as a multifaceted model, including social support provided by the family, friends and others who are influential people in one's life (such as teachers, classmates) (Maddux, 2002). It can be said that social support through many variables can affect one's satisfaction of life. In this regard, the studies of Tamanaeefa & Behzadmoqadam (2016), Vitale (2015), Mahanta & Aggarwal (2013), Kasprzak (2010), Suldo & Shaffer (2008), Duru (2007) & Kazarian & McCabe (1991) argued that social support is related to satisfaction in life. Other studies such as Kaur, Kaur & Venkateshan (2015) in a research entitled 'Determinants of family support and quality of life satisfaction'

identified the determinants of quality of life satisfaction and family support among elderly people. The findings showed that those who received formal education were individuals who were financially independent and managed their daily activities independently and those who were supported by their family members were satisfied due to a high quality of life. This study showed that various factors such as gender, education, financial independence and family support determine the quality of life. Similarly, education, wealth, and family support are predictors of quality of life.

Optimism is one of the variables related to life satisfaction. Along these lines, Piper (2019) argued that if human perceptions are paired with a positive concept of self and personal control and optimism, even if that optimism is false, perspectives for the future will be more positive as life is not only about controlling daily life issues, but also about helping others in times of extreme stress and life-threatening events. Hassan, Sadaf, Saeed & Idrees (2018) in a research, showed that hope and optimism are among the predictors of life satisfaction in the youth and adults. Also, Piper (2019) in his research, by designing a model for psychological well-being showed that optimism and pessimism about the future will significantly affect one's life satisfaction.

Resilience is another variable that causes adaptability and life satisfaction, and healthy adjustment and life satisfaction increase resilience (Fredrickson, Tugade, Waugh & Larkin, 2003; Kumpfer, 1999). Poursardar, Abbaspour, Abdizarrin & Sanghipoor (2012) in a research entitled 'Resilience impact on mental health and life satisfaction' conducted a psychological pattern of well-being. The results showed that resiliency leads to life satisfaction due to increased mental health. Also, a variable,

resonance has an indirect effect on life satisfaction. In other words, resilience affects the type of feelings and 'highs' a person experiences, which leads to a positive attitude and, consequently, satisfaction with one's life. In this regard, Li, Yi-Long and Wang (2016) showed in a study that social support, hope and resilience are the predictors of quality of life. In studies on Indian women, Kumar (2015) showed that there was a positive and significant relationship between resilience and life satisfaction, and resilient education has increased the resilience of using active strategies, seeking social support, self-reflection, positive thoughts, well-being, optimism, self-esteem, and increasing satisfaction with life and reducing negative emotions.

Hope was one of the other variables associated with both social support and life satisfaction. In this regard, Nell & Rothmann (2018) in his research entitled 'The role of hope and religiosity for life satisfaction' predicted that hope will enhance life satisfaction of individuals in the later years of life. The results of Kardas, Cam, Eskisu & Gelibolu (2019) showed gratitude, hope, and optimism are positively associated with life satisfaction. Goktas, Camdeviren, Gezginci & Kosucu (2019). They also showed in their research that perceived social support can predict levels of hope in individuals, especially at-risk individuals and patients. In line with this, Chapman & Chi (2017) found that perceived social support mediates between optimism and active and constructive coping styles. The results showed that social support plays an important role in the relationship between optimistic personality and active coping style. Study results of Ozkan & Ogce (2008) showed that there is a strong relationship between social support and hope. In addition, social support can predict the level of hope. In Iran, female-headed households have other problems in addition to

questionnaires and the reasons for their selection in the sample, the necessary explanations by the researcher on how to complete the questionnaires were given and the participants completed the questionnaires. Of course, in cases where there was ambiguity, the researcher tried to eliminate the ambiguity and to rephrase the questions of the questionnaires in a simpler way to the subjects and created a realistic, friendly environment for the subjects so they could respond to the questionnaires without any anxiety. After completing the questionnaires and collecting the data, the obtained data were scored and analysed. Meanwhile, the present study was carried out in a natural environment, without any kind of pressure or manipulation.

Instruments

Perceived Social Support

This scale was developed by Zimet, Dahlem, Zimet & Farley (1988) and consists of 12 items and 3 components. Each component consists of 4 materials that measure the support of family, friends and others. The materials are evaluated on a 7-point likert scale (1=strongly opposed to 7=fully agree). The reliability of this tool is good and efficient with the help of Zimet et al. (1988) and with the help of Cronbach's alpha was .92. Validity of the instrument was confirmed by confirmatory factor analysis and all items had appropriate factor load and no items were removed from the questionnaire. This questionnaire has been used in many studies to confirm its validity.

Satisfaction with Life Scale (SWLS)

This scale is developed by Diener et al. (1985) and consists of 3 factors and 48 questions that measure the cognitive component of the subject's well-being. The 10 questions were related to life

satisfaction, which, after numerous studies, ultimately were reduced to 5 questions and was used as a separate scale. On this scale, the subjects say that, for example, they are happy with their lives or how much their lives are close to their ideal life. Each proposition has seven options and is scored from 1 to 7 (1 totally disagree to totally agree). Diener et al. (1985) evaluated life satisfaction scale in a sample of 176 undergraduate students, and the coefficient of re-test of correlation coefficients after the two months was .82 and Cronbach's alpha coefficient was .87. Validity of the instrument was confirmed by confirmatory factor analysis and all items had appropriate factor load and no items were removed from the questionnaire. This questionnaire has been used in many studies to confirm its validity.

Hope scale of Snyder (1991)

A 12-point scale with a likert scale of 8 degrees with 'fully disagree'= Score 1 to 'fully agree'= Score 8. The Hope scale is a subscale of factor thinking (4 items) and subscale of paths (4 items) and 4 deviant questions (Grewal & Porter, 2007; Pedrotti, Edwards & Lopez, 2008). Snyder et al. (2000) validated it by means of a retest after 3 weeks .85 and for the subscale of .81 thought and .74 for the subscale of paths. In the simultaneous validity of Snyder et al. (1991), the correlation of this scale with the depression scale of Beck was reported .44. The construct validity of the instrument was confirmed by confirmatory factor analysis, which indicated the appropriate material load factor. Also, the correlation of this tool with the optimism scale was calculated through convergent construct validity, which was .88.

The Lifestyle Orientation Questionnaire (LOT-R)

This questionnaire was originally created in (1985) by Scheier, Carver & Bridges (1994), and later revised in 1994 by Scheier, Carver, and Bridges. The questionnaire consists of 6 articles, 3 of which are designed to estimate optimism and 3 other elements to estimate pessimism about the future on a likert scale of 5 options. The Cronbach's alpha coefficient was .76 and the reliability coefficient of its retest was .79 with a four-week interval (Scheier & Carver, 1985). The results of the factor analysis of life orientation test in the Jovanovic & Gavrilov-Jerkovic (2013) study supported experimentally both optimism and pessimism. The construct validity of the instrument was confirmed by confirmatory factor analysis, which indicated the appropriate material load factor. Also, the correlation of this tool with the resilience scale was calculated through convergent construct validity, which was .91.

Resilience Questionnaire (CD-RIS)

In this research, the resilience scale of Conner & Davidson (2003) was used. This scale has 25 items and the respondent must answer each questionnaire item that is set at a 5-point likert scale (the answer is 'completely disagree' with zero score and 'I totally agree' with the score of 4). The questionnaire consists of five subscales consisting of the subscale of the concept of individual competence; the subscale of trust in individual instincts; negative affective tolerance; the positive acceptance subscale of change and safe relationships; the subscale of control and the subscale of negative influences. Connor & Davidson (2003) reported the reliability of the resilience scale using Cronbach's alpha of .89 and a rebound method of .78 and they reported their simultaneous validity with the Kobasa

Hardness questionnaire .83. The construct validity of the instrument was confirmed by confirmatory factor analysis, which indicated the appropriate material load factor.

Results

Prior to conducting the main analysis, several preliminary analyses have been made to obtain preliminary in-data insights. In the present study, a total of 5 variables have been investigated. Descriptive findings regarding mean, standard deviation, minimum and maximum scores of subjects on the research variables are shown in Table 1.

Table 1
Descriptive Findings for Research Variables

Descriptive indicator scale	\bar{x}	Sd
Social support	62.57	15.45
Satisfaction with life	25.03	6.95
Hope	48.48	11.33
Optimistic	20.29	5.65
Resilience	89.88	21.08

As Table 1 shows, the average and standard deviation of the subjects of the total sample (200) were in social protection (62.57%) and (15.45%), life satisfaction (25.03%) and (6.95%) respectively), Hope (48.48) and (11.33), optimism (20.29) and (5.65) and resilience (88.89) and (21.08).

The matrix of correlation between the model variables is shown in Table 2.

Table 2
Matrix of Correlation Coefficients between the Present Study Variables

Variable	1	2	3	4	5
1 Social support	-				
2 Satisfaction with life	.47**	-			
3 Hope	.39**	.38**	-		
4 Optimistic	.41**	.35**	.39**	-	
5 Resilience	.44**	.40**	.32**	.34**	-

Table 2 shows that all correlations between variables are significant at the level of .05. These correlations analysis provide insight into the two-variable relationships between research variables. To simultaneously examine the notion of presumptive relations, the Structural Equation Modelling Method (SEM) has been applied. To evaluate the proposed model, structural equation modelling (SEM) has been applied. The analyses were performed using SPSS version 21 and AMOS version 21. To determine the adequacy of fitting the proposed pattern with the data, a combination of fitness indicators such as chi-square (2χ), Chi-square (χ^2 / df), Goodness Fitness Index (GFI), Modified Fitness Goodness Index (AGFI), Normative Entrepreneurship Index (NFI), Adequacy Factor Index (CFI), Incremental Factorization Index (IFI), Tucker-Lewis Index (TLI), and Root Mean RMSEA were used: The proposed model consists of 5 variables that social support variables such as prognostic variables, hope, optimism and resiliency variables as intermediary variables and the life satisfaction variable as outcome, were studied.

Before examining the structural coefficients, the main pattern fitness was studied. The fitting of the primary model based on

the introduced fitness indicators indicates the acceptable fit of the proposed pattern with the data. Table 3 shows the standard coefficients of the paths in the final model.

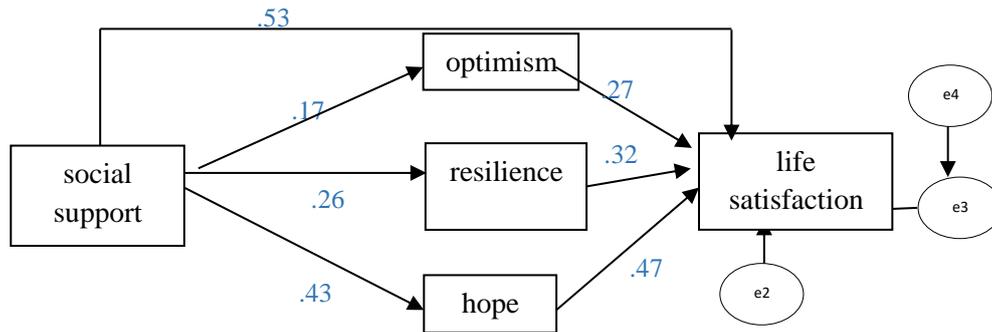


Figure2. The final structural pattern of the relationship between perceived social support and life satisfaction with hope, resilience and optimism

**Table 3
Structural Pattern, their Paths and their Standard Coefficients in the Final Model**

Path	β	Sig
Social support to life satisfaction	.530	.000
Social support to hope	.430	.000
Social support to optimism	.178	.000
Social support to resilience	.256	.000
Hope to life satisfaction	.471	.000
Optimism to life satisfaction	.323	.000
Resilience to life satisfaction	.278	.000

As Table 3 shows, the path coefficient of all variables is significant.

Table 4 shows the fitness indicators of the final model.

Table 4
Fitness Indicators of the Proposed Model

Fit indices	χ^2	df	χ^2/df	GFI	AGFI	NFI	CFI	IFI	TLI	RMSEA
Final pattern	56.41	24	2.35	.95	.92	.91	.946	.94	.92	.07

As shown in Table 4, the first pattern is well suited. The findings of the direct hypothesis of the suggested model are examined using the contents of Table 3.

The contents of table 3 show that social support to life satisfaction ($\beta = .530$, $\text{sig} = .0001$) (social support to hope ($\beta = .430$, $\text{sig} = .0001$)) (social support to optimism ($\beta = .178$, $\text{sig} = .000$)) (social support to resilience ($\beta = .256$, $\text{sig} = .0001$)), hope to life satisfaction ($\beta = .471$, $\text{sig} = .000$), optimism to satisfaction ($\beta = .332$, $\text{sig} = .000$) & There is a positive relationship between resilience to life satisfaction ($\beta = .278$, $\beta = .0001$).

In this section, the results of testing the hypotheses related to indirect paths were presented. In this research, three hypotheses are based on the existence of indirect relations. Bootstrap has been used to determine meaningful intermediary relationships. Table 5 shows the results of Bootstrap in Macro, Pritchard, and Hayes (2008) in terms of social support and life satisfaction by mediating hope, optimism and resilience.

Table 5
Bootstrap Results for Suggested Model

Path	Value	Boot	Sig	CI	
				Lower limit	Upper limit
Social support – hope – life satisfaction	.0697	.0717	.0001	.0244	.1174
Social support – optimism- life satisfaction	-.1527	-.1521	.0001	-.2380	-.0818
Social support- Resilience- life satisfaction	-.4082	-.4043	.0001	-.6227	-.2904

Table 5 shows that there is a significant relationship between social support and life satisfaction through hope; between social support and life satisfaction through optimism; and between social support and life satisfaction through resilience.

Discussion

Analysis of the findings showed that there is a positive relationship between social support and life satisfaction. This finding is based on the results of the Kaur et al. (2015) research. Required by Tamannaefifar, Behzad moghaddam (2016), Inas et al. (2015), Vitale (2015), Mahanta & Aggarwal (2013), Kasprzak (2010), Suldo et al. (2008). In explaining this finding it can be said that the findings of the researchers have shown that understanding social support can increase the level of self-esteem and have a good effect on the physical, psychological and social status of individuals and, clearly, it improves performance and improves the quality of a person's life (Christopher, Kuo, Abraham & Noel, 2004). In this regard, Young (2006) showed that different sources of social support have different effects on an individual's life satisfaction. Also,

Earls & Nelson (1988) found that frequency of social support (actual received support) was related to the individual's life satisfaction in people with psychiatric illness. Several studies have reported that more social support was associated with greater life satisfaction (Fuhrer, Rintala, Hart, Clearman & Young, 1992). In this regard, Thoits (1982) argued that social support can have a direct and indirect impact on life satisfaction. He also believed that social support protects people from potential negative effects in stressful situations. Health and function is one of the important dimensions of quality of life that is affected by social protection and understanding social support which increases the level of individual performance, daily activity, and a better sense of life. In explaining this relationship, it can be said that many psychotherapists refer to social support as an important factor in improving mental health and preventing and treating psychiatric patients. Among them, Maslow believes that providing social support increases the self-esteem of individuals and prepares them to face conflicts more effectively whether they be individual or social conflicts. Naturally, the greater the number of sponsorship resources and the amount of assistance provided to the individual, and the more the individual's mind is clear and obtains more reliable assistance, the greater his ability is to adapt to his problems. In general, people are not only different in terms of events that they experience in life, but also vary in terms of their vulnerability to events. Everyone's vulnerability to stress is impacted by existing coping skills and social protection. The social support is a two-way help that creates a positive self-image, self-acceptance and a sense of love and value, all of which gives the individual opportunity to acquire self-fulfilment. It can also be said that women who have the right social support from the family and

have a sense of belonging to a community, are optimistic about it, accept it, and are willing to participate more. If women do not have a good relationship with the family, the relationship with their friends or individuals cannot compensate for it. In women and girls, family relationships play a more important role in predicting well-being. It can be argued that femininity, based on the characteristics of the Iranian society, is more dependent on the material and behavioural and emotional level than the male gender. The family has a greater influence on its female descendants, while it is less severely influential on the male gender.

Perceived social support also focuses on the cognitive assessment of the individual of his environment and the level of assurance that will be available, if necessary, for help and support. Perceived social support is essential for the continued life of community members, especially with respect to life satisfaction. Through social support, it is perceived that individuals can tolerate their psychological stresses and thus count on the help of others. Therefore, perceived social support is one of the most important factors that can help to bring satisfaction into people's lives. Social support is the most powerful coping force to facilitate successful and easy confrontation of individuals in times of conflict with known stressful situations and to endure problems as individuals. Also, perceived social support through the role played by mediators between stressors and physical and psychological problems, as well as the empowerment of individuals, reduces experienced tensions, increases survival rates, and improves the quality of life and life satisfaction of individuals. In explaining this finding, it can also be said that, as mentioned by Snyder (2000) communication with others and talking about one's aspirations

and goals encourages feelings in a person to gain control in his environment. The existence of a supportive environment allows the individual to pursue his goals and thus hopes they will be promoted.

The findings showed that there is a positive relationship between social support and optimism. This finding is in line with Chapman & Chi (2017) research and Gheinaghi, Sanagoo & Jouybari (2018). The explanation of research findings suggests that social support increases the ability to control the external and internal challenges of the individual. The theorists of this field believe that all social relations that one has with others have no social support unless one considers them to be an accessible and suitable resource for meeting their needs (Clara, Cox, Enns, Murray & Torgrudc, 2003). In fact, social protection creates the context for facing a challenging issue by providing appropriate communication, a sense of predictability, and creating a positive image of itself in social life situations. And it also strengthens the ability to solve the problem and make decisions in one's life and increases the power of reconciliation, resilience and effective performance in life. It also increases one's ability to 'fit' into life, and creates a livelier disposition during one's life time. Seligman (2009) concluded in his research that positivity or optimism had a significant impact on improving social skills. It can be said that irrational thinking in many cases causes neuroticism and communication disorder and leads to communication patterns that make it difficult to remain in are relationship (Myles-Pallister, Hassan, Rooney & Kane, 2014). Research has confirmed the relationship between optimism and subjective well-being, and it has been found that in general, optimists are healthier and happier. Their immune system works better and

stress can be coped with better. They actively avoiding stressful life-related events using effective coping strategies problem-solving, and problem-solving strategies, and they form stronger and better social networks around them. Optimism, or having some kind of general expectation that good events will happen more often than bad events in the future (even if this belief is unrealistic) can affect the behaviour of individuals and how they will be offset by stressful life events (Taylor & Kemeny, 2000). Because optimistic people expect to have positive outcomes in the future, this confidence in the future creates a positive feeling in the individual and consequently, creating a high psychological adjustment (Carver, Reynolds & Scheier, 1994). Such people, even when faced with stressful life events, because they are optimistic about the future, they believe they can solve their problems by making an effort and by using positive strategies to deal with these situations.

The findings showed that there is a positive relationship between social support and persistence. This finding is in line with the research of Li, Yang, Liu, and Wang (2016). Kumar (2015). In explaining this finding, it can be said that social support reduces the stressful conditions when confronting life challenges by creating perceptions in the individual that problems will be reduced with the help of those who come to their aid when faced with challenges. This perception in a person makes him feel less stressful. Also, access to appropriate support resources affects a person's adaptability to handle stress. In fact, the families and the community can provide more favourable support to the individual to increase their resilience. In fact, the protection of family and friends as an external protective factor reduces the negative effects and in turn the effects of stress on the resilience of individuals. People who,

despite the difficult conditions they are facing, try to adapt to stress. This effort can be helped by providing appropriate social conditions through social support and the acquisition of appropriate psychological skills such as resilience and ability to adapt to stress that arises in them, in other words, by equipping these protective forces to increase confidence. The people who are present in difficult conditions of tension, providing social protection of the family like a social network should present this support in a desirable manner. This will increase the resilience of the person to stress and increase his compatibility with difficult conditions.

Analysis of the findings showed that there is a relationship between hope and life satisfaction. This finding is in line with the results of Kardas, et al (2019) & Nell & Rothmann (2018). This finding has been explained and seen in recent years, Snyder (2002) states that psychologists have looked at the structure of hope as a psychological point of view and believe that this structure can contribute to the development of mental health in individuals. Staats (1987) indicates that hope has two cognitive components expecting future events and emotions (for example, hope that these events are positive events with desirable outcomes). Its emotional component can predict the occurrence of positive events in the future and consequently increase mental health. Research findings have shown that those who had higher hopes had higher self-esteem (Reker, 1997), better academic performance, and more commitment to performing activities that lead to greater health and wellbeing (Zika & Chamberlain, 1992). Adults who enjoy high levels of hope refer to others as supportive resources and bases that they can rely on (Snyder, 2000). They also believe that they can adapt to the challenges that they may face in their lives, they experience more happiness

and are more satisfied with their lives (King, 2006). They can also nurture the inner discourse that 'I can put an end to this; I must not fail and be disappointed.' They see most of their successes resulting from what seemed to be their failures (Snyder, 2000).

The findings showed that there is a relationship between optimism and life satisfaction. This finding is consistent with the results Piper (2019) and Kardas, et al (2019). In explaining this finding, Seligman (2009) believes that optimism plays an important role in adapting to stressful events of life. When faced with a challenge, optimists have a solid and stable state (even if the advancement is difficult or slow). But pessimists are hesitant and unstable. This difference may be higher in difficult conditions. Optimists believe that misplacements can be managed in a successful way; this difference in the attitude towards misplacedness affects people's coping strategies. Optimism is general anticipation of a lot of pleasant and desirable events in the future, and it is related to the belief that the future will have desirable consequences, without the ability of the individual to control and confront these consequences. Therefore, the happier people are in life, the more life satisfaction they have.

The findings showed that there is a relationship between resilience and life satisfaction. This finding is consistent with the results of Kumar (2015) research. In explaining the relationship between life satisfaction and resilience, one should point out the nature of resilience and positive characteristics of resilient people, such as participation in health promotion behaviours, enjoying challenge, the positive interpretation of negative emotions, and the use of adaptive strategies appropriate to the situation. Each of these behaviours leads to mental health

and satisfaction in the lives of individuals in different ways. Conner & Davidson (2003) argue that reducing the amount of resilience to the events of a person's life brings about a sense of psychological stress, anxiety, or depression. Resilience, by increasing the levels of positive emotions, strengthens successful coping with negative experiences. It seems that resilient people, creatively and flexibly look at the issues they plan to solve. And if needed, they do not hesitate to ask for help from others, and have enough resources to deal with problems that make them more comfortable with life. Therefore, it can be said that by promoting resilience, one can resist and overcome the stressors as well as the factors that cause many psychological problems. Resilience by moderating and dimming factors such as stress and depression, ensures people's mental well-being (Conor, 2006), and when a person has hope, he can use his creative powers to improve his life, by selecting trustworthy behaviours and having a sense of well-being and satisfaction with life.

The analysis of the findings showed that hope plays the role of mediator between social support and life satisfaction. In explaining this finding, it can be said that social support leads to hope in the life of the individual, and hope creates a sense of satisfaction with life. Increasing social support reduces emotional problems (stress, anxiety and depression), and when they are reduced there is an increase in the amount of hope in life and life satisfaction.

The findings showed that there is a positive, indirect relationship between social support and life satisfaction through optimism. The analysis of the findings showed that optimism plays a mediating role between social support and life satisfaction. In explaining this finding, it can be said that social

support leads to a sense of optimism in the person's life, and optimism creates a sense of life satisfaction. Increasing social support reduces emotional problems (stress, anxiety and depression), and reduces these problems allowing an increase in optimism in life and it in turn promotes life satisfaction.

The findings showed that resilience plays the role of mediator between social support and life satisfaction. In explaining this finding, it can be said that social support leads to resilience in the person's life, and resilience gives rise to a sense of satisfaction with one's life. That is, increasing social support reduces emotional problems (stress, anxiety, and depression) and reducing these problems leads to an increase in resilience in life and life satisfaction.

The purpose of this study was to investigate the effect of social support on life satisfaction in orphaned women under the care of a charity through mediating the variables of hope, resilience and optimism. The results show that social support will increase resilience in these women in the event of problems which arise in their lives, increase their hope and better the future by having a purposeful and meaningful life, having an optimistic attitude toward life and its issues, and be more content with life in general.

One of the limitations of this research is its implementation among the normal population, which leads to its generalisation with the clinical community with constraints. Since the present study merely explores the status of unprotected women, it should be cautious in generalizing the results to others. Also, other limitations of the present research are the limited statistical society namely a charity organisation and the limited timeframe of research. Also, the correlation method cannot provide cause and effect.

Based on the results of the present study and previous studies, it is suggested that the health authorities of the country take precautionary measures to reduce harmful consequences and increase social support for the women affected by the charities and by raising the level of awareness of the community. With regard to the problems of this class of women, social protection and coping skills training and problem-solving for affected women will be an effective step to maintain and sustain women's family health and well-being. Since the implementation of similar studies with the use of extensive examples in different institutions around the country and in the general population can examine the repetition of the findings of the present study, it is suggested that such research be considered simultaneously in future research.

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