



The Effectiveness Of The Four- Factor Model Training Of Mindfulness On Life Satisfaction And Resilience Of Elderly Women

Jahan Sadat Asadi Bijaeyeh Department of counseling, Abhar Branch, Islamic Azad University, Abhar, Iran asadijahan70@gmail.com

Mojtaba Amiri Majd * Associate Professor, Department of Psychology, Abhar Branch, Islamic Azad University, Abhar, Iran. amirimajd@abhariau.ac.ir

Mohammad Ghamari Associate Professor, Department of Counseling, Abhar Branch, Islamic Azad University, Abhar, Iran Ghamari.m@abhariau.ac.ir

Ghorban Fathi Aghdam Assistant Professor, Department of Psychology, Abhar Branch, Islamic Azad University, Abhar, Iran fathi4468@yahoo.com

Abstract

Introduction: Due to the increase the elderly population, issues related to the health and quality of life of this age group are worse than any other age group. The aim of this study was to evaluate the effectiveness of training 4 -factor model of mindfulness on life satisfaction and resilience of older women.

Methods: The research method was quasi-experimental with a pretest, post-test design with a control group and follow-up. The statistical population included 473 elderly women who were under rehabilitation and care in Guilan welfare organization nursing homes in 2020. A sample of 30 was selected from them in a purposeful manner according to the inclusion and exclusion criteria and was randomly divided into two groups of experimental group (15 participants) and control group (15 participants). For the experimental group, 8 sessions of mindfulness training (2 hours each session) were performed according to the Kabat-Zinn method and no intervention was performed for the control group. Participants in both groups in the pretest, post-test and follow-up stages were assessed by using Diner et al., life satisfaction and Connor & Davidson resilience, questionnaires. To analyze the results, univariate analysis of variance by statistical analysis software version 20, (SPSS), was used.

Results: The results of univariate analysis of variance showed that the 4-factor model of mindfulness increased life satisfaction and resilience of older women and this increase was permanent in the follow-up period.

Conclusion: Therefore, the training of 4-factor model of mindfulness can be used as an effective model in nursing homes to promote resilience and life satisfaction and positive psychological characteristics of older women.

Key Words: Mindfulness, Life Satisfaction, Resilience, Elderly, Women

Introduction

The aging phenomenon is an issue that all societies face. This phenomenon causes problems such as physical illnesses, neurological diseases and depression (Salmabadi, Rajabi, & Safara, 2018). According to the General Census, Population and Housing of Iran, it is estimated that the elderly population of Iran will reach more than 26 million, by 2050, in which the elderly will make up 26% of the total population of the country (Mortazavi et al., 2011).

Life satisfaction is a positive attitude towards the world in which one lives. Life satisfaction has a pervasive relationship with individual needs. This concept is an overall assessment of life and a process based on individual judgment, that is, a person measures his or her quality of life based on personal criteria. Life satisfaction as a general assessment of quality of life based on selected criteria is a comparison between living conditions and personal criteria. People experience high levels of life satisfaction when their living conditions meet the criteria they have set for themselves. Life satisfaction can be considered the most comprehensive assessment of a person's living conditions (Salmabadi et al., 2018). Studies have shown that life satisfaction in the elderly is associated with more positive emotions and more positive assessment of the environment and resilience (Moradi & Ghodrati Mirkohi, 2020), With psychological capital (Mostafaei & Ghaderi, 2019), with Increasing the likelihood of success, feeling happy, the possibility of more successful communication, more efficiency and income, better physical health and even a happier and longer life (Erdogan, Bauer, Truxillo, & Mansfield, 2012; Kushlev et al., 2017), with Quality of life (Lu et al., 2015), With level of education, economic status and employment status (Hajiebrahimi, Qandhari, Charkazi, Mirnejad, & Behnamoiur, 2014).

Resilience is seen as a process of ability or consequence of successful adaptation to the environment, despite dangerous and threatening conditions, and enables a person to compatible with challenges and stressful conditions of life with acquiring the skills to overcome problems (Clauss-Ehlers, 2008). resilience is an individual's ability to maintain biological-psychological balance in dangerous situations and is a kind of self-healing with emotional, affective and cognitive positive consequences (Connor & Davidson, 2003). Studies

have shown that resilience in the elderly is related with greater flexibility against traumatic conditions, with positive emotional, affect and cognitive consequences (Friborg et al., 2006; Inzlicht, Aronson, Good, & McKay, 2006), with increasing the quality of life (frouzandeh, mami, & amani, 2020), With the prevention and reduction of mental disorders (Bitarafan, Kazemi, & Yousefi Afrashte, 2018), with Reducing life problems and increasing the level of mental health (Karami, Sanjabi, & Karimi, 2017), With a sense of unity, purpose in life and self-excellence (Mohammadi & Sajjadian, 2019).

Many therapies have been used to improve life satisfaction and resilience in the elderly, including Lyubomirski Happiness Education (Eshaghi & Nikrahan, 2018), Healthy Lifestyle Education (Mohammadi Mehr, Zamani-Alavijeh, Hasanzadeh, & Fasihi, 2019), Self-compassion (Yang, Zhang, & Kou, 2016), Hope therapy (J & G, 2014), Life review training (Salmabadi et al., 2018), for life satisfaction variable and mindfulness training based on acceptance and commitment (Kabirinasab & Abdollahzadeh, 2018), Community-Based Spiritual Life Review Program (Satria, Isaramalai, & Komjakraphan, 2018), Acceptance and Commitment Education (Seyyedjafari, Motamedi, Mehradsadr, Olamaie Kopaei, & Hashemian, 2017), Group logo therapy (frouzandeh et al., 2020), for resilience variable. However, the treatment presented in this study is the effectiveness of four-factor model training of mindfulness, on life satisfaction and resilience of older women.

The four-factor model of mindfulness is considered appropriate for samples who have not performed meditation exercises. For non-meditators, the key aspects of mindfulness that are important for health and well-being are the four factors of describing, acting consciously, not judging of experience, and not reacting to inner experience (Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006). Mindfulness means being in the present and living in the present, and it means paying attention in a specific way, focused on the goal, in the present and without judgment. In mindfulness, a person learns to be aware of her(or his) mental state at every moment and to focus her(or his) attention on her(or his) different mental ways. (Kabat-Zinn & Clinic, 1991). four -factor model of mindfulness treatment was used in the elderly in the past, to increase happiness and improve quality of life (Ghadampour, moradzadeh, & Shahkarami, 2018), to reduce stress (Proulx, Croff, Hebert, & Oken, 2020), to increase quality of life and happiness (mavaee & kakabaraee, 2017), to treatment of recurrent depression (Smith, Graham, & Senthinathan, 2007), capacity improvement, and coping with stress (Perez-Blasco, Sales, Meléndez, & Mayordomo, 2016). The world population, and consequently the population of Iran, is aging. According to the 2016 census, the elderly population of Iran was about 9 percent, which is expected to reach 30 percent by 2051 (Mostafaei & Ghaderi, 2019). Due to the rapid growth of the aging population and the fact that the elderly suffers from reduced life satisfaction and resilience due to old age and reduced abilities, Therefore, it is necessary to prevent the reduction of life satisfaction and resilience in the elderly through technical training and to help improve and enhance these

variables. In view of the above, and considering the need to pay special attention to the quality of life of the elderly, and also because in reviewing the background of the present study, a study on the effectiveness of four-factor model training of mindfulness on life satisfaction and resilience of older women not found, the purpose of this article is: Investigation the effectiveness of four-factor model training of mindfulness on life satisfaction and resilience of elderly women in nursing homes. Therefore, the hypotheses of this study is: four-factor model training of mindfulness is effective on life satisfaction and resilience of older women.

Methods of research

The method of this research was quasi-experimental with pre-test and post-test with control and follow-up groups. The statistical population of this study was 473 elderly women living in nursing homes and rehabilitation, educational and care centers for the elderly in Guilan Welfare Organization in 2020. Among them, 30 people were purposefully selected as a statistical sample according to the inclusion and exclusion criteria of the study and were randomly divided into two groups of 15 people. The first group was selected as the experimental group, the second group as the control group. The experimental group underwent a four-factor model of mindfulness training for 8 sessions, each session lasting 2 hours, based on the (Kabat-Zinn & Clinic, 1991) training package and no intervention was performed in the control group. Inclusion criteria were (1) lower score in the pre-test of resilience and life satisfaction questionnaires, (2) elderly and over 60 years old, (3) no history of mindfulness training (4) willingness to participate in the study and exclusion criteria were (1) having dementia or Alzheimer's disease, (2) absent more than two sessions, (3) cancellation of cooperation, (4) refusal to complete the questionnaire. Both groups were post-tested for life satisfaction and resilience by standard questionnaires of resilience(Connor & Davidson, 2003) and life satisfaction questionnaire(Diener, Emmons, Larsen, & Griffin, 1985) and after two months for follow-up. After evaluation, in the follow-up stage, the control group underwent mindfulness training intervention for 8 sessions and each session for two hours. Then, the data collected through questionnaires in the pre-test, post-test and follow-up stages were statistically analyzed by SPSS software version 20 using univariate analysis of covariance.

Research tools

The resilience questionnaire was prepared by reviewing the research resources of the field of resilience in 1991-1999. The authors of this scale believe that this questionnaire is well able to distinguish between resilient and non-resilient individuals in clinical and non-clinical groups and can be used in research and clinical situations (Connor & Davidson, 2003). The questionnaire consists of 25 items that are scored on a Likert scale between zero (completely

incorrect) to 4 (always correct). Therefore, the range of test scores is between zero and one hundred. Higher scores indicate more resilience. This test has 5 factors: perception of individual competence, trust in individual instincts tolerance of negative emotions, positive acceptance of change and safe relationships, control and spiritual effects. Cronbach's alpha coefficient of the resilience scale was reported to be 0.89. Also, the reliability coefficient obtained from the retest method in a 4-week interval was 0.87(Connor & Davidson, 2003). Resilience scale scores had a significant positive correlation with Cubasa Hardness Scale scores and a significant negative correlation with Sheehan perceived stress scale and Stress Vulnerability Scale scores. These results indicate the simultaneous validity of this scale(Connor & Davidson, 2003). The reliability obtained in this study was estimated 0.89 using Cronbach's alpha method and its validity was confirmed.

The Life Satisfaction Questionnaire, which consisted of 48 questions, was designed to measure life satisfaction in all age groups(Diener et al., 1985). Their subsequent studies reduced the number of questionnaire questions to 5. Each question is scored on a Likert scale from 1 (strongly "disagree") to 7 (strongly" agree). The validity of the scale was reported optimum (Diener et al., 1985). and the retest coefficient and Cronbach's alpha respectively were shown in a student sample 0.82 and 0.87. The reliability of this scale was reported in Cronbach's alpha method in American, German, Japanese, Mexican and Chinese populations as 0.90, 0.82, 0.79, 0.76 and 0.61, respectively (Schimmack, Radhakrishnan, Oishi, Dzokoto, & Ahadi, 2002). The reliability coefficient of this test in this study was 0.80 using Cronbach's alpha method and its validity was found to be appropriate. The lowest score on this test is 5, which means completely "dissatisfied" and the highest score is 35, which means completely "satisfied". A higher score indicates more satisfaction in life.

Educational protocol: The training protocol of the four-factor model of mindfulness, in this research intervention, completely followed the standard mindfulness method designed by Kabat-Zinn (Kabat-Zinn & Clinic, 1991).

Table 1 shows the content and training task of the four-factor model of mindfulness separately for the sessions.

Table 1. Summary of Mindfulness Protocol Training Sessions

Session	Content
First	Introducing group members to each other and establishing communication and conceptualization, the need to use mindfulness training, the objectives of the group meeting and the general rules of the group such as confidentiality, secrecy, closed group and also how members treat each other were discussed. Grouping participants. Familiarity with relaxation and practice it, the presence of mind causes to

	get out of automatic guidance. Practice eating raisins and focusing on it , taking pretests and filling out questionnaires.
Second	Muscle relaxation training and practice it, which are involved in mindfulness training, including forearm, arm, back leg muscle, leg, thighs, abdomen, chest, shoulders, neck, lips, eyes, jaws, Forehead, (upper and lower part), practice of thoughts and feelings, practice of sitting meditation, practice of physical examination. Giving homework.
Third	Follow homework of previous session, training the muscles relaxation, including hands, arms, legs, thighs, abdomen, chest, shoulders, neck, lips, forehead, eyes, jaws. practice of seeing and hearing, walking with the presence of mind, and three minutes of deep breathing are important tools for practicing regular meditation in daily life. The practice of mind presence was used to become more aware of the bodily senses. This exercise is called Meditation in motion. Physical examination, focus on breathing, relaxation homework in the sanatorium leisure.
Forth	Brief review of the previous session and follow-up of the given task, Familiarity with the mindfulness of breathing, teaching the technique of inhaling and exhaling with calmness and without thinking about anything else, Teaching and practicing meditation techniques of breathing, body, noise meditation and thoughts, Give the mindfulness meditation task to breathe before going to bed for 15 minutes in the sanatorium.
Fifth	Teaching techniques to pay attention to body movement when breathing, Focus on body parts and their movements, search for physical senses, allow the presence of experiences as they are, without judging them, Presence in the present. Give eating mindfulness homework, eating calmly and pay attention to the scenery and food enjoyment .
Sixth	Training to pay attention to the mind, positive and negative thoughts, pleasant and unpleasant thoughts, practice allowing negative and positive thoughts to enter the mind and easily take them out of the mind, without deep judgment and attention to them. That a negative mood limits our connection to experience even though they are not true. point of views Practicing. homework of past positive and negative experiences and memories reviewing mindfulness without judging them.
Seventh	Repeat each of training sessions 4, 5 and 6 for 15 to 25 minutes, if you learn the exercises and do them, you can take care of yourself. doing of meditations .

Eight Summarizing the sessions. presence of mind helps to have a balanced life. doing meditations and performing post-tests (completing questionnaires).

Execution method

After obtaining a license from the Islamic Azad University of Abhar Branch and the Welfare Organization of Guilan Province, and making the necessary coordination with the welfare officials of the city and the managers of the centers, three elderly centers in Lahijan and Astaneh Ashrafieh in Guilan Province were selected to conduct the research. Elderly women living in three centers were evaluated in terms of two variables of life satisfaction and resilience and 30 of them were selected in a purposeful manner and according to the inclusion and exclusion criteria of the intervention that received the lowest scores from resilience and life satisfaction questionnaires in the pretest and were eligible for inclusion in the study. sample participants, were said about purpose and importance of the research, and were reassured, about ethical points of research and they signed the informed consent to participate in the research. The samples were then randomly divided into two groups (each group 15). the first group was selected as the experimental and the other as the control group. The experimental group received 8 sessions of mindfulness training and each session for 2 hours (once a week) according to mindfulness protocol (Kabat-Zinn & Clinic, 1991), and no intervention was performed in the control group. Criteria for excluding participants from the study were (1) cancellation of cooperation, (2) refusal to complete the questionnaire, (3) absence from more than two sessions, and (4) dementia or Alzheimer's disease. Participants were 30 elderly women with an age range of 60-92 and with a level of primary education up to diploma. So that 15 people were in the experimental group of mindfulness (50%) and 15 people were in the control group (50%). The mean age of the experimental group was 76.47 years and the control group was 80.87 years; So that in the experimental group, 4 people were 69-60 years old (26.67%), 4 people were 79-70 years old (26.66%), 5 people were 80-89 years old (33.34%) and 2 people were 90 years old. High (13.33) and in the control group 2 people 69-60 years (13.33%), 4 people 79-70 years (26.67%), 4 people 89-80 years (26.67%) and 5 People were 90 years old and older (13.33%). In addition, in the experimental group, 11 people had primary education (73.34%), 2 had cycle education (13.33%) and 2 had diploma (13.33%). In the education control group, there were 8 elementary (53.34%), 5 cycle (33.33%) and 2 diploma (13.33%). The training protocol was performed by a clinical psychologist with a degree in mindfulness training through lecturing, question and answer, group discussion and practical skills training in three aging centers in Lahijan and Astaneh Ashrafieh in June and July 2020. Three days after the intervention, both groups were post-tested for life satisfaction and resilience by standard

resilience questionnaires of (Connor & Davidson, 2003) and life satisfaction questionnaire of (Diener et al., 1985) and after two months were tested for follow-up. Data collected through questionnaires in the pre-test and post-test and follow-up stages were statistically analyzed by SPSS software version 20 using univariate analysis of covariance. This research has ethics code in research with ethics ID IR.IAU.ABHAR.REC.1399.007 from Islamic Azad University, Abhar Branch for a doctoral dissertation.

Results

This part of the research includes tables obtained from statistical analysis of data related to the effectiveness of teaching the four-factor model of mindfulness on life satisfaction and resilience of older women. Descriptive indicators of the two groups in the pre-test, post-test and follow-up stages are given in Table 2.

Table 2 - Descriptive information related to life satisfaction and resilience of the two groups in pretest, post-test and follow-up.

variables	Statistic indexes	Experimental Group			Control Group		
		pretest	Post-test	Follow up	pretest	Post-test	Follow up
Life satisfaction	Mean	18.80	23.80	22.80	13.40	14.93	14.93
	S.D	6.08	6.19	6.19	8.15	8.43	8.43
Resilience	Mean	31.80	56.80	55.80	17.53	18.93	18.60
	S.D	12.64	12.64	12.64	5.74	5.98	5.77

Table 2 showed that: in the research variables, the mean of the experimental group improved from pretest to follow-up. This improvement included an increase in both the life satisfaction and the resilience. But in the control group, there was no significant difference in the means of pretest, post-test and follow-up in both variables. Therefore, the difference between the tests in the post-test and follow-up phase is in favor of the experimental group. To evaluate the homogeneity of variances of the two groups in the post-test stage, the Levin variance homogeneity test was used. Calculated Levin test, for life satisfaction variables, $[F (1,28) = 0.584 \text{ } p=0.560 > 0.05]$ and for Resilience $F (28, 1) = 1.44 \text{ } p=0.247 > 0.05$. Was not statistically significant and the assumption of homogeneity of variances was confirmed. Levin test was used to evaluate the homogeneity of variances of the two groups in the follow-up stage. Levin test calculated for life satisfaction variables $[F (28,1) = 2.129 \text{ } p= 0.156 > 0.05]$, and for resilience $[F (1,28) = 2.03 \text{ } p=0.143 > 0.05]$ were not statistically significant, so the homogeneity of variances was confirmed. covariance analysis assumption mean's that homogeneity coefficients of regression by examining the interactive effect of the independent variable and pre-testing of each dependent variable on its post-test for the life

satisfaction variable [$F(1,28) = 0.065$ $p = 0.801 > 0.05$], and for resilience [$F(28,1) = 0.794$ $p = 0.381 > 0.05$], was not significant. Therefore, the assumption of regression homogeneity in the post test stage was confirmed. The important assumption of analysis of covariance mean's that the homogeneity of coefficients of regression by examining the interactive effect of the independent variable and pre-testing of each dependent variable on its follow-up for life satisfaction [$F(28,1) = 0.202$ $P = 0/657 > 0.05$], and for resilience. [$F(28,1) = 0.096$ $p = 0/759 > 0.05$] which showed that it was not significant and therefore the homogeneity of regression coefficients in the follow-up stage was confirmed. Shapiro-Wilk test was used to evaluate the normality of community data distribution. The results for life satisfaction in the pre-test, post-test and follow-up of the experimental group were 0.929 ($p = 0.260$), 0.921 ($p = 0.201$) and 0.904 ($p = 0.110$, respectively). and 0.932 ($p = 0.312$), 0.951 ($p = 0.510$) and 0.926 ($p = 0.125$) in pre-test, post-test and follow-up of control group. For the resilience variable in the pre-test, post-test and follow-up stages, the experimental group were 0.934 ($p = 0.308$), 0.934 ($p = 0.308$) and 0.934 ($p = 0.308$), respectively. Pre-test, post-test and follow-up of the control group were 0.957 ($p = 0.643$), 0.982 ($p = 0.981$) and 0.977 ($p = 0.941$). In all cases, it was $P < 0.05$, which indicated that they were not significant. Therefore, the data distribution was normal. According to the assumptions of univariate analysis of covariance, the use of this test is allowed. Therefore, univariate analysis of covariance was used to test the research hypotheses.

Table 3: Univariate analysis of covariance to evaluate the difference between life satisfaction scores and resilience of elderly women in the post-test

Variables	Statistical indexes	Sum of squares	df	Mean Squares	F	sig	Partial eta square	Test power
Life satisfaction	pretest	221.200	1	110.600	1.967	0.153	0.086	
	Group membership	589.633	1	589.33	10.781	0.003	0.278	0.89
	Error	1531.333	28	54.690				
Resilience	pretest	38.711	1	19.356	2.490	0.095	0.106	
	Group membership	10754.133	1	10754.133	110.003	0.001	0.797	1
	Error							

error	2737.333	2	97.762
		8	

Table 3, showed that: the value of (F) for life satisfaction in the post-test was 10.781, and for resilience was 110.003, which was significant at the level of $p < 0.05$, and this showed that in both groups in both life satisfaction and Resilience, differences, were significant. According to this finding, the hypothesis of this study was confirmed and it can be said that teaching the 4-factor model of mindfulness improves life satisfaction and resilience of older women. The effect sizes of 0.27 and 0.79 indicate a significant contribution of the intervention variable. test power was 0.89 for life satisfaction and 1 for resilience.

Table 4 - Results of univariate analysis of covariance to investigate the difference between life satisfaction scores and resilience of elderly women in the two groups in the follow-up phase

Variables	Statistical indexes	Sum of squares	df	Mean squares	F	sig	Partial eta squares
Life satisfaction	pretest	221.200	1	110.600	1.967	0.153	0.086
	Group membership	300.833	1	300.833	4.378	0.046	0.135
	error	1923.867	28	68.710			
Resilience	pretest	38.711	1	19.356	2.490	0.095	0.106
	Group membership	10378.800	1	10378.800	107.552	0.001	0.793
	error	2702	28	96.500			

Table 4 showed that: F value for life satisfaction was 4.378 and for resilience was 107.552 which was significant for resilience and life satisfaction at level $p < 0.05$. and this showed that The differences were significant in terms mean of resilience in the two groups and in terms average of life satisfaction in the two groups. According to this finding, the research hypothesis is confirmed and it can be said that: 4 - factor model training of mindfulness promotes life satisfaction and resilience in older women. The effect sizes of 0.13 and 0.79 indicate the contribution of the intervention variable in this improvement, which is significant in the case of resilience.

Discussion and conclusion

The phenomenon of aging is an issue that all societies face. This phenomenon causes problems such as physical illnesses, neurological diseases and depression. This study was

conducted to evaluate the effectiveness of teaching the four-factor model of mindfulness on life satisfaction and resilience of older women. The results showed that this educational intervention was effective on life satisfaction and resilience of older women and this effectiveness was lasting. Therefore, the hypothesis of this study that teaching the four-factor model of mindfulness is effective on life satisfaction and resilience of older women was confirmed. So far, various researches have been done on the effectiveness of mindfulness training. It can be said that the results of researches ([Ghadampour et al., 2018](#); [Kabirinasab & Abdollahzadeh, 2018](#); [mavaee & kakabaraee, 2017](#)), were consistent with the results of this study. Explaining these results, it should be said that mindfulness buffers the negative impact of inevitable events on psychological distress, and also resilience barriers the negative consequences of stressful events on mental health ([Vos, Habibović, Nyklíček, Smeets, & Mertens, 2021](#)). Mindfulness training increases resilience and emotional intelligence in people. When individuals are subjected to mindfulness training intervention, individual resilience tends to increase and the rate of this progression gradually increases. There are significant individual differences in baseline and growth rate. When doing a mindfulness training intervention, an individual's emotional intelligence can increase resilience growth ([Yuan, 2021](#)). In another explanation, changing cognitive sets by taking a distant view of one's inner and outer experiences can represent a fundamental bridge between the structures of mindfulness and cognitive re-evaluation. In addition, they support evidence that people with higher levels of mindfulness may also be more psychologically resilient ([Zarotti, Povah, & Simpson, 2020](#)). Consciousness of the conscious mind is a source of sobriety and peace towards oneself and one's inner world. This particular relationship with thoughts, feelings, and senses, promotes a more desirable cognitive and emotional state. Being aware of emotional experiences consciously and without judgment may act as a more healing way to interpret emotional experiences ([Aydin Sünbül & Yerin Güneri, 2019](#)). Mindfulness demonstrates the potential for fostering resilience, as mindful people are more capable of responding to difficult situations, tend to be more creative, and are better able to cope with difficult thoughts and emotions. Without being frustrated and oppressed or silenced ([Bajaj & Pande, 2016](#)). Mindfulness can enhance the quality of life with features such as refraining from judgment, intentional awareness and focusing on the present moment, getting rid of thoughts focused on the past and the future, as well as reducing reactions to disturbing emotions and thoughts ([Andalib Kourayem & mahmoodi nia, 2021](#)). Mindfulness is widely regarded as a state in which the person is very conscious and focused on the present reality ([Perez-Blasco et al., 2016](#)). Mindfulness can help a wide range of people deal with their own clinical and non-clinical problems ([Grossman, Niemann, Schmidt, & Walach, 2004](#)). Adequate mindfulness training may protect a person from functional disorders associated with high stress areas ([Jha, Stanley, Kiyonaga, Wong, & Gelfand, 2010](#)). More meditation experience is associated with higher emotional intelligence, less perceived stress,

and less negative mental health (Chu, 2010). Practicing mindfulness meditation increases mindfulness skills (Gard et al., 2012). People with high levels of mindfulness are more likely to use their excitement to motivate themselves to increase performance, thereby helping to reduce their perceived stress (Bao, Xue, & Kong, 2015). Mindfulness is described as a psychological process with two components: 1- Targeted attention to the present moment and 2- Achieving personal experience in the present moment with curiosity, openness, and acceptance. Mindfulness, on the other hand, is conceptualized as an attribute or set of skills such as non-reaction, conscious observation, conscious action, conscious description, and a non-judgmental approach to one's experience. Mindfulness training is therefore thought to activate and reinforce such aspects, either through formal meditation practice or informal practice for example, "illuminating" a state of mindfulness in daily activities (Mitchell, Zylowska, & Kollins, 2015). The combination of these factors has a positive effect on the dimensions of resilience and life satisfaction of the elderly and strengthens them. According to the results of the study which showed that the educational intervention of the four-factor model of mindfulness was effective on life satisfaction and resilience of older women. It is suggested that such educational interventions be part of the treatment programs of all nursing homes. The limitations of this study were:

1. The illiteracy of the elderly was a very large limitation that was time consuming in completing the questionnaires.
2. Corona virus (Covid-19) which causes major problems in running scheduled programs. Because this study was conducted on older women, it is suggested that research be conducted on the effectiveness of the four-factor model of mindfulness on resilience and life satisfaction of older men. It is suggested that research be done on the effectiveness of teaching the four-factor model of mindfulness on resilience and quality of life of addicts rehabilitated from addiction.

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