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Resilience, Silver Lining and Psychological Well-being in Women with Ischemic Heart Disease

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The present study investigated the relationship between resilience, silver lining and psychological well-being in women with ischemic heart disease. A quantitative correlational study design with a non-probability purposive sampling strategy, was utilized in the selection of 100 women with ischemic heart disease, with an average age of 57.9 years (SD = 13.3). The scales comprised, The Brief Resilience Scale, Silver Lining Questionnaire, Psychological Well-being Scale and the Personal information sheet in order to assess the research variables. The study shows that there was a significant positive correlation between psychological well-being and resilience, with resilience being the strongest predictor of psychological well-being, followed by the silver lining in women with ischemic heart disease. The results can be applicable in the study of heart diseases by providing information on factors that enhance mental health in patients with ischemic heart disease. The knowledge of these factors will lead to an improvement of mental well-being of these patients.

Keywords: Resilience, Silver Lining, Psychological Well-being, Ischemic Heart Disease

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The saying that there is a silver lining in every grey cloud, which came from a famous poem by John Milton, suggests that in all the hardships that we face, we can find a positive aspect. It does not necessarily mean that the optimistic interpretation is a result of self-deception, but it reflects a healthy mind and growth as a person (Araceli et al., 2022) .It is paramount to take care of psychological well-being during hard moments. The ones that are resilient and have a capacity to see the silver linings, have higher chances of maintaining their psychological health. This research addresses female patients with ischemic heart disease in particular. a woman's family life is highly disturbed due to an illness. A woman who can't fulfil her stereotypical duties is not happily accepted. However, it may also instill the sense of a higher degree of realism, resilience, and willingness to experience new things that will get them through this experience (Niyazova & Madaliyeva, 2022b).

Ischemic heart disease (IHD) or coronary artery disease is a condition that is currently witnessing a tremendous increase all over the world. IHD is a health issue that is associated with the constriction or obstruction of the coronary arteries leading to the decreased supply of blood to the heart. The prevalence rate of this condition is increasing rapidly, and ischemia may possibly lead to a heart attack (American Heart Association, 2015). Globally, around 239 million people were living with ischemic heart disease in 2023, of whom 102 million were women (Global Burden of Cardiovascular Diseases and Risks 2023 Collaborators, 2025). Within South Asia, women in Pakistan face the highest annual mortality risk from ischemic heart disease (4.4%) compared to men (3.1%), the largest sex disparity reported in the region (Rahaman et al., 2026). To reduce the complications such as the psychological impacts, governments around the world are spending high budgets on management, prevention and public awareness. Creating awareness of positive aspects is highly helpful for patients to manage their illness more effectively. Even though the IHD is mostly related to the

cardiovascular system, it should be noted that it causes significant psychological effects on patients.

The psychological implications of ischemic heart disease are enormous, with emotional consequences such as fear and depression, which affect the psychological well-being. Behavioral adjustments may cause social and emotional problems, whereas cognitive changes may influence the daily functioning. Understanding of these effects and treatment is necessary in holistic care. Nevertheless, some behavioral skills and cognitive traits, including resilience and deriving meaningfulness into adversity, may lead to better coping and less adverse effects on psychological health (Lane et al., 2002). The mental burden of this issue can also be challenging to cope with and might involve assistance of the medical facility and family because the cardiovascular health could affect cognitive functions such as memory and attention (Rozanski et al., 1999).

Sometimes, these changes can be so frustrating or isolating because of behavioral changes made to cope with the condition (Huffman et al., 2013). Patients who have good social support networks will have lesser distress level, and patients with limited resources or low resilience may be vulnerable to psychological distress (Ruo et al., 2003).

Throughout the world, researchers have shown resilience as a strong indicator of psychological well-being. Arabadjian et al. (2023) have found in their study that after an acute cardiac attack patients with high resilience have less depressive symptoms and are better psychologically. Complementing this, the "silver lining" effect often used as gratitude or finding positive aspects serves as a proactive strategy for enhancing a patient's mental state. Lei et al. (2025) found that the practice of gratitude and post-traumatic growth are directly linked, which allow patients to derive meaning from their diagnosis and help them improve their overall quality of life. These findings suggest that the integration of resilience and positive outlooks like gratitude are essential for maintaining psychological well-being throughout the trajectory of heart disease (Khan & Batool, 2024).

Research consistently shows that resilience is a strong predictor of psychological well-being across a wide range of illness populations. Yldrm & Arslan, (2022)and Niyazova & Madaliyeva, (2022b) have developed resilience, as well as positive attitudes, as a key factor in ensuring mental health. In their particular study on heart disease, M. M. van Rijn et al. (2023) also discovered that resilience has a substantial influence on patient well-being because more resilient individuals are more likely to adopt important self-care practices. Similarly, Lemos et al. (2016) noted that a high proportion of IHD patients exhibit resilience, which acts as a protective psychosocial factor. On the same note, research on other chronic diseases, including breast cancer, proves that resilience and psychological well-being have a strong positive correlation, and resilience people have more positive mental health outcomes in difficult treatment stages (Nurwahyuni et al., 2022; Bano et al., 2018).

The concept of a "silver lining" being able to find positive meaning in adversity has also emerged as a significant predictor of well-being(Souza & Kamble, 2016). Hirsch et al. (2020)established that the perception of a silver lining has a positive relation with psychological health and can even proactively diminish the symptoms of depression in chronic disease. Research into disaster recovery has also shown that finding a silver lining improves resilience and reduces psychological vulnerability by fostering acceptance and social engagement (McManus, 2015).

In this region, resilience shows a strong, positive correlation with better psychological outcomes across different illness populations. This effect is specifically observed in the context of recovery from illness (Gupta et al., 2022b). as well as in coronary heart disease patients specifically(Al Ali & Al Ramamneh, 2022). This pattern extends across different populations

as well (Adeeb et al., 2022). If harnessed properly, resilience can improve patients' coping and quality of life and may be incorporated into care plans accordingly (Razaghpoor et al., 2021).

Existing research in Pakistan, shows resilience related psychological benefits in some populations, such as students; however, this evidence largely comes from non-clinical groups, leaving a gap for illness-based populations. For example, female students were seen showing better resilience and psychological well-being than their male counterparts (Malik & Malik, 2021) Moreover, (Sahranavard et al., 2018) highlighted that social support has the potential to bring a silver lining effect, thereby increasing the capacity of the IHD patients to adjust to the adversity. Additionally, Choudhry et al. (2017b) found that gratitude and contentment act as cultural protective mechanisms for resilience among marginalized groups in northern Pakistan.

Together, these studies suggest that resilience and silver lining are meaningfully linked to psychological well-being, both generally and within the Pakistani context.

Women diagnosed with ischemic heart disease face numerous physical, psychological, and social stressors(Rozanski et al., 1999). Resilience and being able to perceive positive aspects in illness (silver lining), result in better coping and improved psychological well-being (Lemos et al., 2016). Worldwide governments are allocating huge budget for management, prevention and on public awareness about heart diseases including psychological aspects(American Heart Association, 2015). In Pakistan, ischemic heart disease is a prominent cause of mortality, but indigenous research is still limited. In past literature, resilience and silver lining have each been linked to psychological well-being, but they are rarely studied together, especially in Pakistan. Since each has been studied independently through different mechanisms, examining them together would help clarify whether they act independently, whether one predicts more strongly than the other, or if their combination has a stronger effect on well-being. No research has examined these three variables (Resilience, Silver lining and Psychological wellbeing) together in female heart patients. Given this, in Pakistan, a woman's family life is highly disturbed due to a chronic illness. A woman in this cultural context, regardless of marital status, is affected by the psychological burden of social and familial pressures following illness. Familial and cultural expectations may intensify psychological distress (Niyazova & Madaliyeva, 2022b). Hence this study was focused on females and how awareness about positive aspects and resilience may help them to better cope with their illness(Lane et al., 2002).

Resilience is the ability of a person to recover and bounce back from adversity (Wagnild, 2009). It has been described as the ability to recover after negative emotional encounters and be able to adapt successfully to the new environment (Tugade & Fredrickson, 2004). The resilience theory is focused on the ability to change and to remain healthy despite adversity and above all the Resilience Theory places greater emphasis on how we respond to the adversity than the adversity itself (Garmezy, 1971). According to Risk and Protective Factors Framework, resilience is the product of the effect that the risk factor (such as IHD) and the protective factor (such as coping skills) have on each other, which turn out to be the buffer against risk (Fergus & Zimmerman, 2005).

In addition, silver lining refers to seeking the positive aspects in illness and it is an expression of hope in a bleak context (Sodergren & Hyland, 2000). This is supported by the Silver Lining Principle, which suggests that it is beneficial to keep gains and losses separate in our minds; in the context of a large loss like IHD, a small gain or "silver lining" can have significant psychological value (Thaler, 1985). This cognitive strategy, or positive reframing, is linked to lower depressive symptoms and enhanced resilience (Tugade & Fredrickson, 2004). Additionally, Post-traumatic Growth Theory explores the positive psychological changes that can occur as a result of struggling with highly challenging life crises (Tedeschi & Calhoun, 2004).

RESILIENCE, SILVER LINING, AND PSYCHOLOGICAL WELL-BEING

Psychological well-being involves positive emotional states, and the capacity to effectively function in various areas of life (Deci & Ryan, 2008). Self-Determination Theory (SDT) suggests well-being is based on the fulfillment of three primary psychological needs: autonomy, competence and relatedness. Addition to this, the Broaden-and-Build Theory argues that positive emotions associated with finding silver linings in life broaden the cognitive capacity of an individual, hence building enduring psychological resources and supporting adaptive coping with adversity (Tugade & Fredrickson, 2004).

These four theories were selected because each accounts for a distinct part of the topic under discussion. Resilience Theory and the Risk and Protective Factors Framework explain how women are able to maintain psychological stability despite the adversity of ischemic heart disease, thereby accounting for the role of resilience. The Silver Lining Principle and Post-traumatic Growth Theory account for a related but separate process, namely how deriving positive meaning from illness, rather than merely resisting its effects, can also support well-being; this focus on the role of silver lining. Self-Determination Theory and the Broaden-and-Build Theory then explain the mechanism by which resilience and silver lining are expected to contribute to psychological well-being: by fulfilling basic psychological needs (autonomy, competence, and relatedness) and by broadening an individual's emotional and cognitive resources over time. Collectively, these theories provide the rationale for treating resilience and silver lining as distinct yet related predictors of psychological well-being, consistent with H1 and H2.

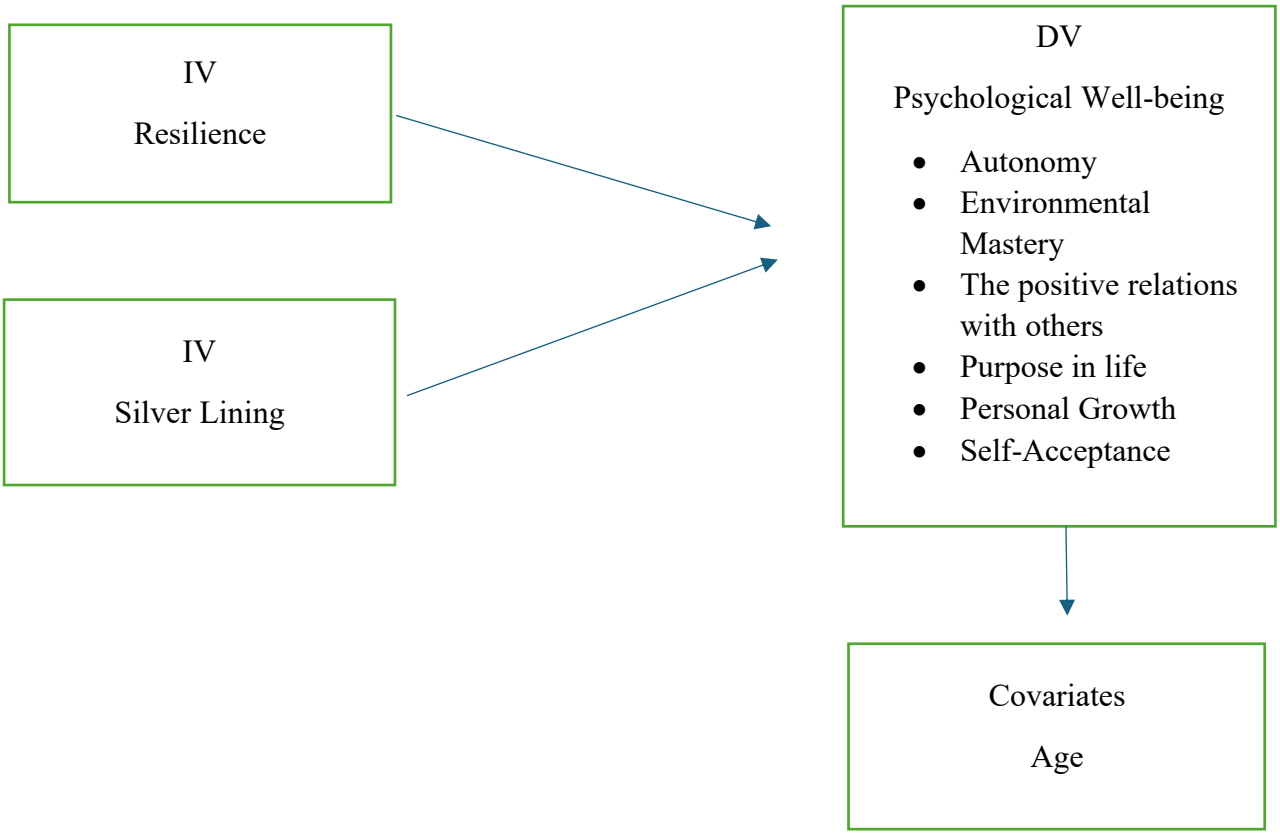

Figure 1. Conceptual Framework

Hypotheses

1. There will be a significant relation between resilience, silver lining, and psychological well-being in women diagnosed with ischemic heart disease.
2. Resilience and silver lining will positively predict psychological well-being in women with ischemic heart disease.

Method

Research Design

The research design adopted in the study was a quantitative correlational study.

Sample

A sample of 100 female patients diagnosed with ischemic heart disease was taken. A priori power analysis conducted using G*Power (Faul et al., 2009) indicated that a minimum sample of 68 participants was required ($f^2 = 0.15$) with 80% power at $\alpha = .05$, for a linear multiple regression with two predictors. The final sample of 100 participants exceeded this requirement. The sample was chosen through a non-probability purposive sampling method. Women diagnosed with ischemic heart disease were selected based on their availability and interest. All participants approached agreed to participate.

Inclusion Criteria

Patients, who were primarily admitted to Jinnah Hospital in Lahore and had not undergone angioplasty (Surgical Treatment for severe ischemic patients), were selected for the study. The age range was 40 and above ($M = 57.9$, $SD = 13.28$), consistent with the increased risk of ischemic heart disease onset in this age group. As ischemic heart disease affects women across a broad span of adulthood, and participants were recruited through purposive sampling rather than age-stratified selection, the sample reflects this wider age distribution.

Exclusion Criteria

Patients with any severe psychological comorbidity (e.g., schizophrenia) were excluded.

Instruments

Brief Resilience Scale (BRS; (Smith & Hollinger-Smith, 2015) Brief resilience scale (BRS) I s a specialized instrument that aims at determining the perceived capacity of an individual to recover and adapt to stress. It has been designed to assess resilience on a single construct. The scale consists of 6 items, which are measured with the help of a five-point Likert scale ((Smith & Hollinger-Smith, 2015)). A set of studies that evaluate its validity and psychometric statements has reported that it has reasonable reliability among adults and adolescents, with a Cronbach's alpha value of 0.71 (Lai & Yue, 2014).

Silver Lining Questionnaire (SLQ; Sodergren & Hyland, 1997) It is a unidimensional scale of thirty-eight items, and the answers are rated using the five-point scale, starting with Strongly Disagree up to Strongly Agree. The reliability of the scale calculated through Cronbach alpha coefficient was 0.92 which is significant internal consistency of the scale. In addition, the general health questionnaire and SLQ had a correlation coefficient of 0.67 meaning that there was a moderate positive relationship between the two instruments. Three psychology professors were able to review the content validity of the SLQ and rate it at "Very good," which establishes that their questionnaire is an effective measure of the intended constructs.

Psychological Well-being Scale (PWB; Ryff & Keyes, 1995) The Psychological Well-being (PWB) Scale, Psychologist Carol D. Ryff developed, is a multidimensional and detailed scale to measure psychological well-being . It has 18 items, which assess six significant well-being dimensions: positive relationships with others, self-acceptance, personal growth, autonomy, purpose in life, and environmental mastery. The scale is based on a seven-point Likert scale, where the respondents express their answers on a scale of strongly agree (1) to strongly disagree (7). It is for adults and is designed at reading level in between 6^{th} and 8^{th} grade. The coefficient of internal consistency of the scale is also high and has a range of reliability coefficients between .86 to.93.

Personal information Sheet Personal information was collected on the basis of a demographic information sheet that consisted of the Age, Education (uneducated, primary, matric, intermediate and graduation or others) and Marital status (married/unmarried/ divorced/ widowed)

Procedure and Ethics

The research was allowed by the Director of the Institute of Applied Psychology at the University of Punjab. Additionally, permissions from the MS and the Head of Cardiology department of Jinnah Hospital were obtained from where women with ischemic heart disease were sampled for this study. The authors of the scales were also contacted through email, and their permission was obtained beforehand. The nature and importance of the research and the survey tools were explained to the participants in advance, including the research design, sample features, and sampling strategy. Participants were then requested to provide their consent, and it was reassured that their participation was voluntary, and their identity would be kept confidential. Women diagnosed with ischemic heart disease were selected based on their availability and interest. All women approached agreed to participate, yielding a response rate of 100%. The participants were given details about their right to privacy and informed that they had the option to exit the study without any consequences and penalties. Each set of the questionnaires required around 10-15 minutes for the administration. Total 100 response sheets were collected. Once the data was collected, the statistical analysis was done using SPSS.

Results

Table 1

Descriptive statistics of demographic variables (N=100)

Characteristics	*M*	*SD*	*f*	*%*
Age	57.93	13.28		
Marital Status				
Unmarried			6	6
Married			69	69
Divorced			6	6
Widowed			19	19
Education				
Uneducated			50	50
Primary			16	16
Matric			20	20
Intermediate			7	7
Undergraduate			7	7

Note. M=Mean, SD= Standard Deviation, f= frequency.

Table 2

Reliability and descriptive characteristics analysis of the study variables (N = 100)

Variable	*M*	*SD*	cut off scores	Range	*α*
Resilience	16.91	7.11	18	6-30	.94
Silver Lining	116.73	22.1	133	63-160	.94
Psychological Well-being	77.05	15.09	81	47-112	.90
Autonomy	11.26	5.08	12	3-20	.94
Environmental mastery	11.9	3.74	12	4-20	.80
Personal growth	12.95	3.18	12	7-21	.72
Positive relations with others	13.88	3.92	12	6-20	.80
Purpose in life	11.04	3.76	12	6-18	.71
Self-acceptance	14.56	3.94	12	4-21	.84

Note. SD= Standard Deviation; M= Mean; α= Cronbach alpha

All reliability coefficients for each scale and subscale surpass the suggested value of .70. Consequently, these scales demonstrate acceptable reliability levels from .71 to .94.

Table 3

Pearson product moment correlation between study variables (N = 100)

	Variables	1	2	3	4	5	6	7	8	9	10
1	Age	-	.07	.03	.11	.02	.06	.10	.04	.10	.18
2	Resilience	-	-	-.80**	.80**	.44**	.70**	.66**	.42**	.36**	.65**
3	Silver Lining	-	-	-	.73**	.42**	.65**	.61**	.41**	.23**	.62**
4	Psychological well-being	-	-	-	-	.65**	.75**	.82**	.56**	.55**	.74**
5	Autonomy	-	-	-	-	-	.40**	.40**	.10	.21	.30**
6	Environmental mastery	-	-	-	-	-	-	.52**	.40**	.27**	.50**
7	Personal Growth	-	-	-	-	-	-	-	.50**	.50**	.60**
8	positive relation	-	-	-	-	-	-	-	-	.15	.30**
9	Purpose in Life	-	-	-	-	-	-	-	-	-	.40
10	Self Acceptance	-	-	-	-	-	-	-	-	-	-

Note. *p< .05; **p< .01; ***p<.001

To explore the relationships between demographics, resilience, silver lining, psychological well-being, and its sub-scales in women with ischemic heart disease, Pearson Product Moment Correlation was done. The findings showed that there existed a strong positive correlation between psychological well-being and resilience (r = .79, p<.01) as well as silver lining (r =.73, p<.01) among women with ischemic heart disease. This indicates that higher levels of resilience and a greater sense of silver lining are linked to improved psychological well-being in these patients. Both resilience and silver lining demonstrated strong positive correlations with psychological well-being, with R-values exceeding .50.

The findings showed significant correlations between resilience and various sub-scales of psychological well-being in women with ischemic heart disease but did not indicate significant relationships between demographic variable including age and the variables under study, which are resilience, silver lining, psychological well-being, and its sub-scales.

Multiple hierarchical regression analyses were used to determine the predictors of psychological well-being and its sub-scales among women with ischemic heart disease.

Table 4

Hierarchical regression analysis on women with ischemic heart disease for predicting psychological well-being (N=100)

						95% CI	
Variables	*B*	*SE*	β	*R2*	Δ*R2*	*LL*	*UL*
Step 1				.03	.03		
Age	.14	.11	.12			-.08	.37
Step 2				.63	.60***		
Resilience	1.65***	.13	.78***			1.39	1.92
Step 3				.65	.02**		
Silver lining	.19**	.06	.28**			.05	.32

Note. LL= Lower Limit; CI= Confidence Interval; UL= Upper Limit; *p< .05; **p< .01; ***p< .001

Assumptions were fulfilled. The model described 65% variance in psychological well-being among women. Step 1 showed that the model was non-significant at F (3, 96) =.99, p>.05 explaining 3% psychological well-being variance in women with ischemic heart disease. The model was significant in Step 2 with the value of F (4, 95) = 40.6, p<.001 and variance in psychological well-being in women with an ischemic heart disease of 60%t. This demonstrated that resilience (β =.78, p<.001) significant positive predictor of psychological well-being among women with ischemic heart disease. The model in Step 3 was found to be significant at F (5, 94) =36.38, p<.01 and explained 2% of the variance in psychological well-being in women with ischemic heart disease. It demonstrated that silver lining (=.27, p<.01) was also the significant positive predictor of psychological well-being in women with a heart disease of ischemia. In general, resilience was the strongest predictor followed by silver lining.

To identify predictors of psychological well-being and its sub-scales in women with ischemic heart disease, multiple hierarchical regression analyses were performed.

Table 5

Multiple hierarchical regression analysis for predicting psychological well-being in women with ischemic heart disease (N=100)

Variables	Psychological well-being Total		Psychological well-being Subscales											
			Autonomy		Environmental Mastery		Personal growth		Positive Relation		Purpose in Life		Self-Acceptance	
	ΔR²	*β*	*ΔR²*	*β*	*ΔR²*	*β*	*ΔR²*	*β*	*ΔR²*	*β*	*ΔR²*	*β*	*ΔR²*	*β*
Step 1	.03		.01		.00		.05		.00		.07		.03	
Age		.12		.02		.06		.11		.04		.11		.19
Step 2	.60***		.19***		.48***		.40***		.17***		.11***		.40***	
Resilience		.78***		.44***		.69***		.64***		.43***		.34***		.64***
Step 3	.02**		.01**		.02*		.02*		.01*		.01		.02*	
Silver Lining		.28**		.18		.28*		.24		.21		-.14		.28*

*Note. *p<.05; **p<0.1; ***p<.001*

Assumptions were fulfilled. The model accounted 65% variance in psychological well-being among women with ischemic heart disease, 21, 50, 47, 18, 19 and 45% variance in autonomy and environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance respectively.

During Step 1, the model was non-significant at F (3, 96) =.99, p>.05 and accounted 3% variance in psychological well-being of women with the ischemic heart disease. At this stage the model was also not significant among autonomy (F (3, 96) =.32, p>.05), environmental mastery (F (3, 96) =.16 p>.05), personal growth (F (3, 96) =2.0 p>.05), positive relation with others (F (3, 96) =.07 p>.05) and purpose in life (F (3, 96) = 2.5 p>.05) with variance of 1%, 0%, 5%, 0%, 7% and 3% respectively.

Step 2 also indicated that the model was significant at F (4, 95) = 40.6, p <.001 and 60 percent variance in psychological well-being in women with ischemic heart disease. The model was also significant with 19%, 48%, 40%, 17%, 11% and 40% variance in autonomy (F (4, 95) =5.95, p<.001), environmental mastery (F (4, 95) =22.4, p<.001), personal growth (F (4, 95) =20.8, p<.001), positive relations with others (F (4, 95) =5.19, p<.00 This demonstrated that resilience (F (4, 95) =.78, p <.001) was a very strong positive predictor of psychological well-being and its sub scales.

The model was significant in Step 3, F (5, 94) = 36.38, p <, 01, and had a variance of 2% in psychological well-being among women diagnosed with ischemic heart disease. It was found that silver lining (F (5, 94) =.27, p < .01) is a significant positive predictor for the psychological well-being among women with ischemic heart disease. The model also predicted 2% the variance in environmental mastery (F (5, 94) = 19.8, p <.001), personal growth (F (5, 94) = 17.9, p <.05) and self-acceptance (F (5, 94) = 16.9, p <.05). The model however failed to bring significant results on autonomy (F (5, 94) = 5.07, p > .05), positive relations (F (5, 94) = 4.58, p > .05) and purpose in life (F (5, 94) = 4.58, p > .05) with only 1% of the variance being explained by these sub scales.

Summary of the Findings

The present study found a significant positive relationship of psychological well-being with resilience and silver lining among women with ischemic heart disease. Resilience emerged as the strongest significant positive predictor of psychological well-being followed by silver-lining. The results of the hierarchical regression model further demonstrated that resilience was an significant positive predictor of all sub-scales of psychological well-being including autonomy, positive relations with others, personal growth, environmental mastery, purpose in life, and self-acceptance among women diagnosed with ischemic heart disease. Silver lining was identified as a significant positive predictor for three sub-scales of psychological well-being, which were individual growth, self-acceptance and environmental mastery among women with ischemic heart disease.

Discussion

The aim of this research was to investigate the relations between resilience, silver lining, and the psychological well-being in women with ischemic heart disease and to evaluate whether resilience and silver lining would be predictors of their psychological well-being. It was hypothesized that a positive relationship would exist between resilience, silver lining and psychological well-being among women with the ischemic heart disease. The findings revealed that psychological well-being and sub-scales were significantly positively correlated with resilience and silver lining It was revealed that high level of resilience increase psychological well-being in women diagnosed with ischemic heart disease. An empirical study conducted by Niyazova and Madaliyeva (2022b), demonstrated the predictors of psychological well-being, and the results of the study indicated that resilience and positive attitudes are predicting factors of the psychological well-being. In line with Arabadjian et al. (2023), who proved that resilience serves as an important protective mechanism, it can be beneficial to help women escape intense depression, which tends to follow a major heart attack. Resilience is not only enduring hardship. It also involves adaptive coping, emotional regulation and bouncing back from pressures of stressful experiences. This may explain why resilient women were better

able to maintain their psychological wellbeing in challenges of serious cardiac illness. The findings of a cross-sectional study by Al Ali & Al Ramamneh (2022) also emphasized the significance of understanding the level of resilience and other related parameters in individuals having heart disease. This knowledge is essential in the development of comprehensive care plans that have the ability to enhance the quality of life and promote the psychological comfort of the patients.

The study also showed that there was a strong positive relationship between silver lining and psychological well-being and its sub-scales among women with ischemic heart disease. The greater the silver lining the greater the psychological well-being of such individuals. This reflects the results of Lei et al. (2025), which indicate that finding positive aspects and meaning enable patients to undergo some form of personal development after a medical crisis. This directly enhances the quality of life of the patients when they concentrate on these positive aspects. The findings also coincide with those provided by Sahranavard et al. (2018), who also carried out a study to investigate the role of social support, as a silver lining, in promoting mental and physical health in patients with ischemic heart disease. The findings are consistent with the research indicating that resilience and positive perceptions such as gratitude are critical in sustaining psychological health during the course of having a heart disease (Khan & Batool, 2024).

The hypothesis in this study was resilience and silver lining, which are expected to positively predict the psychological well-being of women who were diagnosed with ischemic heart disease. The results actually confirmed this hypothesis, and demonstrated that resilience as well as silver lining were important predictors of psychological well-being among women diagnosed with ischemic heart disease. Besides, the research established that resilience was a significant predictor of all sub-scales of psychological well-being. These findings are in line with those of Razaghpoor et al. (2021), who concluded that there was a strong and direct relationship between resilience levels and spiritual well-being among patients with chronic heart disease. This confirms the result that well-being is correlated with increased resilience in comparable groups of patients. Thus, the research proposed that the inclusion of resilience-building measures in the comprehensive treatment of heart failure patients might be useful in improving their general wellness ((M. M. van Rijn et al., 2023); (Al Ali & Al Ramamneh, 2022)).

Based on the findings of the research, it was noted that silver lining is a positive predictor of the three sub-scales of psychological well-being, which are personal growth, environmental mastery and self-acceptance. Silver lining reflects the ability to find positive in adversity, a self-centered inner strength, the three sub scales silver lining predicts are personal growth, environmental mastery and self-acceptance are closely related to this positive inner strength which helps a person accept themselves, grow as an individual and manage the surrounding environment effectively.The three sub scales not predicted are not solely dependent on self but are rather external or relational or long term in nature and less directly tied to current illness situation. It was also indicated by study that the tendency or ability to find silver lining in illness is also related to a better psychological and physiological wellbeing, which was confirmed by the research by Hirsch et al. (2020) and Souza and Kamble (2016).

In contrast to the initial hypothesis, the findings of the study showed that demographics (in terms of age, education and marital status) were not the predictors in the relationship between resilience, silver lining, and psychological well-being of women with ischemic heart disease. The research did not discover any significant correlations of these variables with demographics. When a person is fighting a battle for survival the psychological well being depends more on their inner strength and finding meaning to get themselves moving forward, rather than getting overwhelmed by the negatives of the situation. The fixed characteristics like marital status and age tend to recede in background while internal resources take lead. Also,

the demographics did not have any effect on the psychological well-being's sub-scales. These results indicate that demographics might not be as important factors in defining the association between resilience, silver lining, and psychological well-being among this particular population.

Conclusion

The results of the study can be useful in terms of understanding the interaction of the variables in the frame of Pakistani culture. Psychological well-being, resilience and silver lining are not independent. High rresilience has been linked to improved psychological well-being and the same trend is evidenced with silver lining. This trend is supported by past studies. This research increases our understanding of the effect of resilience and silver lining on the psychological well-being. The findings indicate that resilience and a silver lining have a strong predictive relationship to psychological well-being among females with ischemic heart disease. These results indicate the significance of resilience and the capacity to find positive in the face of adversity because these are paramount in promoting psychological well-being in such a population.

Implications

The current research would be applicable in the medical sector and heart diseases associated studies to comprehend determinants that contribute to the improvement of ischemic heart patients.

Seminars can be organized where ischemic heart patients can be informed about the importance of resilience and silver lining to enhance their psychological state. Also the medical professionals may apply this study to guide ischemic heart patients on how to take care of their mental health even during the times of misfortune. This research may serve as a strong foundation of planning the relevant strategies that should be undertaken by the government to enhance the mental well-being of heart patients. Furthermore, current study will be used in promoting healthy behaviors.

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