HPR
Hospital Practices and Research
http://www.jhpr.ir
Hosp Pract Res. 2026 June;11(2):893-899
doi 10.30491/hpr.2026.502464.1467
Original Article

Islamic Spiritual Therapy and Improvement of Mental Health in Hospital Nurses: A Quasi-Experimental Study

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Received January 26, 2025; **Accepted** June 23, 2026; **Online Published** June 30, 2026

Abstract

Background: Hospital nurses face psychological challenges and occupational burnout due to the demanding nature of their profession. Variables such as resilience, openness to experience, identity styles, and expansion of spiritual experiences have been shown to reduce these problems, but have mainly been studied in non-Muslim societies using non-Islamic approaches. This study addresses this gap by examining the effectiveness of Islamic spiritual therapy on these variables in hospital nurses.

Objectives: To investigate the effectiveness of Islamic spiritual therapy on resilience, openness to experience, identity styles, and expansion of spiritual experience in hospital nurses.

Methods: This was a semi-experimental study with a pre-test-post-test design and a control group. The sample consisted of 30 nurses working in public hospitals in Tehran, Iran, selected using convenience sampling and randomly assigned to experimental and control groups. The experimental group received 10 sessions of 90-minute Islamic spiritual therapy, while the control group received no intervention. Data were collected using the Connor and Davidson Resilience Scale (CD-RISC), the Revised NEO Personality Inventory (NEOPI-R) for openness to experience, the Berzonsky Identity Styles Questionnaire (ISI-6G), and the Underwood and Teresi Daily Spiritual Experiences Scale (DSES). Data were analyzed using analysis of covariance (ANCOVA).

Results: The results showed that Islamic spiritual therapy had a significant effect on resilience, openness to experience, identity styles (informational, normative, avoidant/confused, and commitment), and the expansion of spiritual experience in hospital nurses ($P < 0.05$).

Conclusion: Islamic spiritual therapy enhances resilience, openness to experience, identity styles, and spiritual experiences in hospital nurses. It can reduce burnout and promote holistic (physical-psychological-spiritual) care in hospital settings. Future research should include larger sample sizes and follow-up assessments.

Keywords: Islamic Spiritual Therapy, Occupational Resilience, Openness to Experience, Identity Styles, Expansion of Spiritual Experience, Hospital Nurses

1. Background

Hospital nurses face numerous psychological problems in their workplace due to the challenging nature of the nursing profession and high work pressure. Stress, burnout, anxiety, and depression are among these problems that can negatively affect the quality of nursing services and their efficiency.[1] Studies indicate that 30-50% of nurses experience burnout, characterized by emotional exhaustion, reduced personal accomplishment, and detachment from patients. Contributing factors include long shifts, understaffing, constant exposure to patient suffering and death, and lack of organizational support, leading to disorders such as anxiety, depression, and post-traumatic stress disorder (PTSD). The COVID-19 pandemic has intensified these issues, underscoring the urgent need to prioritize nurses' mental health.[2]

Chronic stress from the workplace can lead to reduced motivation, low performance, and increased absenteeism.[3] Factors that can be affected in nurses include resilience,[3,4] openness to experience,[5] identity styles,[6,7] and spiritual experience development.[3,8]

Resilience refers to the ability to positively adapt to difficult situations. It is one of the most important psychological characteristics that can help nurses cope with job challenges and pressures.[9] Nurses with high resilience are more efficient and productive in providing services to patients and can maintain their mental health during stressful nursing careers.[4]

Openness to experience is a personality trait that refers to curiosity, creativity, and desire for new experiences. It

can lead to increased innovation, creativity, and problem-solving ability in nurses,[10] helping them respond to job challenges with greater flexibility.[5]

Identity styles refer to the patterns that individuals use to define and construct their identities, including informational identity (actively seeking and evaluating information), normative identity (based on others' expectations), avoidant/confused identity, and commitment identity.[6,7,11]

Expansion of spiritual experience refers to a feeling of connection to something beyond oneself, giving a sense of meaning, purpose, and connection.[8] For nurses, developing spiritual experience means a deeper understanding of serving patients and finding purpose in their work, leading to improved quality of care, increased job satisfaction, and improved mental health.[2]

Therapeutic methods based on spirituality and religious beliefs can play an effective role in improving nurses' mental health. Islamic spiritual therapy is designed based on Islamic principles and teachings, strengthening beliefs such as trust in God, gratitude, patience, and contentment.[12] Previous studies have shown that Islamic spiritual therapy is effective on resilience,[13,14] openness to experience,[12] identity styles,[18] and expansion of spiritual experience.[13-15] By strengthening religious and spiritual beliefs, this approach empowers nurses to face job challenges, improving their mental health and quality of nursing services.[12,17]

2. Objectives

therapy has been investigated for its effects on various psychological variables in different populations, its specific impact on resilience, openness to experience, identity styles, and the expansion of spiritual experience in hospital nurses has not been sufficiently examined. This gap is particularly significant in the context of Iranian hospitals, where nurses face unique occupational stressors and where Islamic spirituality plays a central role in daily life and cultural values.

Nurses are at the frontline of healthcare delivery and are constantly exposed to high levels of stress, emotional exhaustion, and moral distress. Psychological characteristics such as resilience help them bounce back from adversities, while openness to experience enables them to adapt to changing clinical situations. Identity styles influence how nurses perceive their professional roles and interact with patients, and spiritual experiences provide a sense of meaning and purpose that can buffer against burnout. Understanding how these variables can be enhanced through culturally congruent interventions is therefore of critical importance.

Given the deep-rooted Islamic traditions in Iranian society and the growing interest in integrating spirituality into healthcare, this study aimed to examine the effectiveness of a structured Islamic spiritual therapy program on these key psychological variables. Specifically, this study sought to answer the following research question: Is Islamic spiritual therapy effective for resilience, openness to experience, identity styles, and the expansion of spiritual experience in hospital nurses?

3. Methods

3.1. Study Design

This was an applied, quasi-experimental study with a pre-test-post-test design and a control group.

3.2. Participants and Sampling

The statistical population consisted of nurses working in public hospitals in Tehran, Iran. Using convenience sampling, 30 nurses were selected and then randomly assigned to experimental (n = 15) and control (n = 15) groups. All participants had a bachelor's degree in nursing, were aged 24-35 years, and included both males and females.

Inclusion criteria: At least one year of work experience, no prior participation in spiritual therapy programs, and willingness to participate.

Exclusion criteria: Absence from more than two sessions and concurrent participation in other psychological interventions.

3.3. Instruments

3.3.1. Resilience Scale (CD-RISC)

Designed by Connor and Davidson (2003), this scale has 25 items scored on a 5-point Likert scale (0 = completely false to 4 = always true). Scores range from 25 to 125, with higher scores indicating higher resilience. Cronbach's alpha in this study was 0.74.

3.3.2. Revised Personality Inventory (NEOPI-R) – Openness to Experience Subscale

Designed by Costa and McCrae (1992), this 240-item questionnaire assesses five personality factors. The openness to experience subscale was used. Cronbach's alpha in this study was 0.70.

3.3.3. Identity Styles Questionnaire (ISI-6G)

Designed by Berzonsky (1989), this questionnaire measures four subscales: informational, normative, avoidant/confused, and commitment. Cronbach's alpha in this study was 0.71.

3.3.4. Daily Spiritual Experiences Scale (DSES)

Designed by Underwood and Teresi (2002), this 16-item scale measures spiritual experiences. Cronbach's alpha in this study was 0.75.

3.4. Islamic Spiritual Therapy Intervention

The intervention protocol was based on a PhD thesis.[19] The experimental group received 10 sessions of 90-

minute Islamic spiritual therapy. Each session included a review of previous assignments, dialogue, discussion, practice, and new assignments. Ethical considerations included informed consent, confidentiality, honesty, stating the purpose and duration of sessions, and respecting members' thoughts and feelings.

Table 1. Summary of Islamic Spiritual Therapy Sessions

Session	Title and Procedure
1	Introduction, pre-test, discussing the concept of spirituality and religion and its impact on life
2	Hope and despair from the perspective of Islam, the Quran, and religious leaders
3	Identifying strengths based on God's emphasis on human abilities in the Holy Quran
4	Connection with God, prayer, and talking to God
5	Altruism and doing spiritual work in a group
6	Connection with sacred things, self-image, self-awareness, and listening to the inner voice
7	Forgiveness, guilt, and self-forgiveness
8	Faith and trust in God (Tawakkul)
9	Independence, clarity of life purpose from the Quranic perspective
10	Gratitude, summarizing all sessions, and post-test

3.5. Statistical Analysis

Data were analyzed using SPSS version 26. Prior to the main analysis, the assumptions of parametric tests, including normality (Kolmogorov-Smirnov test), homogeneity of variances (Levene's test), and homogeneity of regression slopes, were checked and confirmed ($P > 0.05$). Analysis of covariance (ANCOVA) was used to test the research hypotheses. The significance level was set at $P < 0.05$.

4. Results

The study participants included male and female nurses aged 24-35 years (28.93 ± 5.63). All participants held a bachelor's degree in nursing from Iranian medical universities.

4.1. Descriptive Statistics

Table 2 presents the means and standard deviations for resilience, openness to experience, identity styles, and spiritual experience at pre-test and post-test for both groups. In the experimental group, the post-test scores increased compared to the pre-test scores for all variables, whereas no significant changes were observed in the control group.

Table 2. Mean and Standard Deviation of Research Variables

Variable	Group	Pre-test Mean (SD)	Post-test Mean (SD)
Resilience	Experimental	38.06 (6.08)	84.86 (2.60)
Resilience	Control	36.93 (6.47)	36.26 (7.53)
Openness to Experience	Experimental	25.26 (5.29)	56.73 (2.25)
Openness to Experience	Control	27.33 (7.01)	27.01 (6.83)
Informational Style	Experimental	17.20 (2.90)	38.01 (4.20)
Informational Style	Control	15.40 (1.68)	15.13 (1.68)
Normative Style	Experimental	18.46 (1.95)	35.20 (5.72)
Normative Style	Control	15.01 (1.51)	15.01 (1.51)
Avoidant/Confused Style	Experimental	36.86 (4.03)	15.80 (2.17)
Avoidant/Confused Style	Control	35.20 (1.51)	35.01 (1.51)
Commitment Style	Experimental	20.26 (1.43)	39.66 (1.38)
Commitment Style	Control	18.93 (1.53)	19.06 (1.53)
Spiritual Experience	Experimental	21.26 (6.21)	56.01 (3.01)
Spiritual Experience	Control	21.20 (3.01)	21.20 (3.01)

4.2. Assumption Checks

Normality of data distribution was confirmed using the Kolmogorov-Smirnov test ($P > 0.05$ for all variables). Homogeneity of variances was confirmed using Levene's test ($P > 0.05$). Homogeneity of regression slopes was also confirmed ($P > 0.05$). Therefore, the use of ANCOVA was justified.

4.3. ANCOVA Results

Table 3 presents the results of ANCOVA for all variables.

As shown in Table 3, after removing the pre-test effect, there was a significant difference between the experimental and control groups in post-test scores for all variables ($P < 0.001$). Therefore, the research hypothesis that Islamic

spiritual therapy has a positive and significant effect on resilience, openness to experience, identity styles, and the expansion of spiritual experience in hospital nurses is accepted at the 95% level.

Table 3. ANCOVA Results for Research Variables

Variable	Source	Sum of Squares	df	Mean Square	F	p	Eta Square
Resilience	Pre-test	551.50	1	551.50	23.57	0.001	0.52
Resilience	Group	3498.50	1	3498.50	149.57	0.001	0.87
Openness to Experience	Pre-test	106.36	1	106.36	9.47	0.06	0.31
Openness to Experience	Group	1214.61	1	1214.61	108.17	0.001	0.83
Informational Identity	Pre-test	2.61	1	2.61	0.57	0.01	0.88
Informational Identity	Group	790.84	1	790.84	99.49	0.001	0.88
Normative Identity	Pre-test	2.40	1	2.40	0.70	0.01	0.62
Normative Identity	Group	580.01	1	580.01	34.60	0.001	0.62
Avoidant/Confused Identity	Pre-test	40.94	1	40.94	0.001	0.01	0.88
Avoidant/Confused Identity	Group	488.29	1	488.29	155.11	0.001	0.88
Commitment Identity	Pre-test	59.66	1	59.66	0.01	0.01	0.75
Commitment Identity	Group	587.62	1	587.62	63.84	0.001	0.75
Spiritual Experience	Pre-test	27.03	1	27.03	0.03	0.06	0.75
Spiritual Experience	Group	2089.69	1	2089.69	391.93	0.001	0.94

5. Discussion

The aim of this study was to investigate the effectiveness of Islamic spiritual therapy on resilience, openness to experience, identity styles, and the expansion of spiritual experience in hospital nurses.

5.1. Effectiveness on Resilience

The results showed that Islamic spiritual therapy significantly improved nurses' resilience, consistent with.[13,14] Nursing is a highly productive yet stressful profession requiring high resilience. Nurses daily face pain, suffering, and patient problems, which can affect their mental health. Islamic spiritual therapy creates a source of hope and meaning, helping nurses achieve a sense of purpose and better face job challenges. Techniques such as prayer, supplication, and Dhikr reduce stress and anxiety, providing greater peace. Spirituality enables nurses to establish a deeper connection with God and find higher meaning. This spiritual support not only affects mental health but also improves relationships with patients and colleagues, reduces emotional exhaustion, and enhances job satisfaction.

5.2. Effectiveness on Openness to Experience

The results showed that Islamic spiritual therapy significantly improved openness to experience in nurses, consistent with.[12] By providing a sense of meaning and purpose in life, Islamic spiritual therapy motivates nurses to handle challenges and changes flexibly. Islamic teachings foster hope and confidence, enabling nurses to respond more openly to new and uncertain experiences. This spiritual support helps nurses carry out responsibilities with a positive and confident view, providing the best service to patients.

5.3. Effectiveness on Identity Styles

The results showed that Islamic spiritual therapy significantly improved all four identity styles (informational, normative, avoidant/confused, and commitment) in nurses, consistent with previous findings.[18] Islamic spiritual therapy strengthens the informational identity style by providing a source of information and motivation for nurses to discover and understand themselves and their professional roles more deeply. It also strengthens the normative identity style by reinforcing social and moral beliefs, leading to responsibility toward patients and ethical standards. Compared to the avoidant/confused style, Islamic spiritual therapy helps nurses better cope with professional ambiguities by finding deeper meaning in life. Finally, it promotes the commitment identity by motivating nurses to provide high-quality services with a positive attitude.

5.4. Effectiveness on Expansion of Spiritual Experience

The results showed that Islamic spiritual therapy significantly enhanced the expanded spiritual experiences of nurses, consistent with previous studies.[13-16] By focusing on Islamic spiritual therapy, nurses gain clarity about their spiritual perspectives, enabling them to address deeper questions about existence, purpose, and meaning in their work. Through prayer, supplication, and contemplation of Islamic teachings, nurses strengthen their connection to God. This spiritual experience expands their emotional and spiritual dimensions, increasing satisfaction and joy in the nursing profession.

5.5. Limitations

While this study provides valuable insights into the effectiveness of Islamic spiritual therapy, several limitations

should be acknowledged. First, the sample size was relatively small (30 participants), which may limit the statistical power of the findings and the generalizability of the results to larger populations. Although the sample size was sufficient to detect significant differences in this quasi-experimental design, future studies with larger and more diverse samples are recommended to confirm these findings and enhance their external validity.

Second, the lack of a follow-up assessment prevents us from determining the long-term sustainability of the therapeutic effects. It remains unclear whether the improvements observed in resilience, openness to experience, identity styles, and spiritual experiences are maintained over time after the intervention ends. Future research should include follow-up measurements at 3, 6, or 12 months post-intervention to evaluate the durability of the intervention's effects and to identify any potential delayed benefits.

Third, the study was conducted exclusively in Tehran, which may limit the generalizability of the findings to nurses in other cities or cultural contexts. Given the cultural and regional diversity within Iran, replicating this study in other provinces and in different healthcare settings (e.g., private hospitals, rural health centers) would help establish the broader applicability of Islamic spiritual therapy and inform context-specific adaptations of the intervention.

6. Conclusion

The findings of this study demonstrate that Islamic spiritual therapy is an effective intervention for improving resilience, openness to experience, identity styles, and spiritual experience among hospital nurses. The significant improvements observed in the experimental group across all measured variables underscore the potential of integrating Islamic spiritual principles into mental health interventions for healthcare professionals. By incorporating practices such as prayer, Dhikr, Quran recitation, and reflection on Islamic teachings, this approach helps nurses develop a stronger sense of meaning and purpose, enhances their ability to cope with stress, and fosters a more positive professional identity. These improvements are particularly noteworthy given the demanding nature of nursing and the high rates of burnout reported in this population.

The integration of spirituality into nursing care has broader implications beyond individual mental health. When nurses experience greater resilience and spiritual fulfillment, they are better equipped to provide compassionate, patient-centered care. This holistic approach addresses not only the physical but also the psychological and spiritual dimensions of the well-being of both patients and nurses. It strengthens empathy, improves communication, and creates a more supportive work environment, ultimately contributing to better patient outcomes, reduced turnover, and enhanced job satisfaction. Hospitals that invest in such programs may also benefit from improved staff morale and the organizational culture.

Future research should build upon these findings by including larger and more diverse samples, conducting follow-up assessments to evaluate long-term effects, and comparing Islamic spiritual therapy with other spiritual or psychological interventions. Additionally, qualitative studies exploring nurses' lived experiences of Islamic spiritual therapy could provide deeper insights into the mechanisms underlying its effectiveness and help refine the intervention protocol. By continuing to investigate and refine such culturally congruent interventions, healthcare systems can better support their nursing workforce and enhance the overall quality of patient care.

6.1. Clinical Implications

The findings of this study have several practical implications for healthcare administrators, nurse educators, and policymakers. By implementing Islamic spiritual therapy programs, healthcare institutions can address the mental health needs of their nursing staff in a culturally appropriate and cost-effective manner. The following strategies are recommended for integrating this approach into clinical practice:

- Designing regular Islamic spiritual therapy programs for nurses in hospitals.
- Incorporating Islamic teachings (Tawakkul, gratitude, patience, prayer) into in-service training.
- Establishing spiritual support groups with trained counselors and chaplains.
- Using this approach as a complementary strategy alongside other psychological interventions.

These initiatives can be implemented with minimal resources and can significantly enhance the well-being and performance of nursing staff, ultimately benefiting both healthcare providers and patients.

Acknowledgments

The authors would like to thank the Clinical Research Development Unit of Baqiyatallah Hospital, for all their support and guidance during carrying out this study.

Author Contributions

MG: Conceptualization, study design, data collection, statistical analysis, interpretation of findings, and manuscript writing; MAA: Literature review, intervention design, supervision of the spiritual therapy sessions, and critical revision of the manuscript; FASH: Data interpretation, validation of the intervention protocol, and critical editing of the manuscript; FM: Implementation of the intervention, data collection, and manuscript review.

Conflict of Interest Disclosures

All authors declared that they have no conflict of interest.

Research Highlights

What Is Already Known?

- Hospital nurses experience high levels of occupational stress, burnout, and psychological problems.
- Resilience, openness to experience, identity styles, and spiritual experiences help reduce these problems.
- Previous studies have mainly examined these variables using non-Islamic approaches in non-Muslim societies.

What Does This Study Add?

- This is the first study in Iran to investigate the effectiveness of Islamic spiritual therapy on resilience, openness to experience, identity styles, and the expansion of spiritual experience in hospital nurses.
- The study provides a replicable 10-session Islamic spiritual therapy protocol based on Quranic verses, Hadiths, and Islamic teachings.
- It demonstrates that Islamic spiritual therapy can significantly improve nurses' mental health and enhance clinical care in hospital settings.

Ethical Approval

This study was conducted in accordance with accepted ethical principles for non-interventional and behavioral research. All participants provided written informed consent after being fully informed about the study objectives and ensured the confidentiality of their information. Participation was entirely voluntary, and participants had the right to withdraw at any stage of the study. Since the study involved no therapeutic, pharmacological, or harmful intervention and was based solely on the voluntary cooperation of nurses through non-invasive educational sessions, it was classified as minimal risk research. It is also emphasized that participants' privacy and autonomy were fully respected throughout the study, and all data were reported in an aggregated manner.

Funding/Support

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Declaration of Generative AI and AI-assisted technologies

During the preparation of this work, the author used AI-based language editing tools solely for improving writing, correcting grammatical errors, and organizing the structure of the text. All main stages of the research, including study design, data collection, statistical analysis, interpretation of findings, and conclusion, were carried out by the author. After using AI tools, the author carefully reviewed and edited the final content and takes full responsibility for the accuracy and validity of the published content.

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