Structural Model of the Association between Spiritual Health and Self-Esteem in Students of Yazd Farhangian University and the Mediating Role of General Health

Mahmoud Zare' Jamalabadi [1]*, Seyed Alireza Afshani [2]

1. Department of Educational Sciences, Farhangian University Yazd, Yazd, Iran
2. Faculty of Social Sciences, University of Yazd, Yazd, Iran

ARTICLE INFO

Original Article

Received: 24 May 2022
Accepted: 19 December 2022

Corresponding Author:
Mahmoud Zare' Jamalabadi
zaremahmoud059@gmail.com

ABSTRACT

Background: Spiritual and mental health are the components affecting self-esteem and a necessary feature of every teacher. This study aims at examining the association between spiritual health and self-esteem of students of Yazd Farhangian University and the mediating role of general health in the academic year 2020-2021.

Methods: This was an analytical and cross-sectional study conducted on all the students-teachers of Yazd Farhangian University. 323 people were selected as a sample based on Cochran's formula. Data were collected through the Paloutzian, R. F., and Ellison, C. W.'s Spiritual Well-Being Scale (SWBS), Goldberg's General Health Questionnaire (GHQ-28), and the Coopersmith Self-Esteem Inventory (CSEI). To analyze the research data, Pearson correlation coefficient, covariance-based structural equation modeling (CB-SEM), bootstrapping technique, and fit indices for structural equation modeling were employed through SPSS and AMOS 24 at a significance level of less than 0.05.

Results: Findings revealed a positive and significant correlation between spiritual health and general health (r= 0.316, p<0/001), as well as between general health and self-esteem (r=0.423, p<0/001). Furthermore, there was a positive and significant association between spiritual health and self-esteem (r=0.339, p<0/01). The findings also emphasized the significance of the general health's mediating role between the spiritual health and self-esteem variables.

Conclusions: Considering the significant, positive and strong relationship between spiritual health and general health as well as self-esteem, it is recommended that to enhance the adolescents' spiritual and general health and increase their self-esteem, educational programs be revised and more attention be paid to employ Farhangian University students.

Keywords: Spiritual Health, General Health, Self-Esteem, Farhangian University

How to cite this paper:

Zare' Jamalabadi M, Afshani SA. Structural Model of the Association between Spiritual Health and Self-Esteem in Students of Yazd Farhangian University and the Mediating Role of General Health. J Community Health Research 2022; 11(4): 307-317.

Introduction

With a history of a hundred years, Farhangian University has been established with the goal of training and supplying specialized and committed teachers to train students as well as the new generation talents. Human resource is any organization's largest, most important, and most valuable. It gives life brings about change and ensures the survival of the organization. A significant contribution to the success or failure of an organization is people's role in the organization and preconceptions about them (1). Spiritual health, general health, and self-esteem are among the major factors playing an effective role on the development of labor force (2). Increased self-esteem increases one's ability and causes positive changes like academic achievement and motivation to succeed, besides instilling a desire for better health in the person (3). When confident, students become more creative and efficient, which enables them to study better (4). Self-esteem may refer to the individuals' belief in the ability to think, plan, monitor, and implement the measures needed in the field of education (5). It is difficult to maintain talented and creative teachers in the body of education. According to evidence, most teachers leaving their jobs in the United States or the United Kingdom are far less self-esteemed compared to those remaining in their teaching jobs (6).

Recently, spiritual health, being of great importance, has been considered beside other dimensions of health. Spirituality stands for a strong force in human life; it is one of the key dimensions of human existence tied to the feeling of well-being, health, and purposefulness, connecting the whole human being to a superior transcendent existence (7). Students' spiritual health enables teachers to look at problems differently and feel closer to God, which enhances their sense of empowerment and worth. In their studies, (2, 8) found a direct association between religious beliefs and students' self-esteem. A research on the effectiveness of spiritual therapy on spiritual well-being, self-esteem, and self-efficacy of hemodialysis patients revealed that spiritual therapy enhanced spiritual health, self-esteem, and self-efficacy in the experimental group (9). Findings of a study aiming at understanding the relationship between self-esteem, death anxiety, and spiritual well-being among 671 university students (by cross-sectional method) in South Korea showed an inverse relationship between self-esteem and death anxiety, and a positive relationship between self-esteem and spiritual well-being (10).

A 2007 study indicated that general health was positively correlated with self-esteem (11). While examining how the various areas of self-esteem (social, competence, academic efficacy, family, and physical) relate to physical and mental health, researchers realized that self-esteem was positively correlated with physical and mental health and physical exercise, and negatively correlated with smoking(12). Moreover, the results of the study on the relationship between religion, self-esteem, stress, and depression in nursing, social work, and elementary students at the University of Cyprus suggested that the level of self-esteem was associated with a lower level of depression, and the strength of religious and spiritual beliefs were negatively associated with depression (13).

The World Health Organization (WHO) officials believe that health and hygiene refer to physical, mental, and social well-being, and that health does not simply stand for the absence of disease or weakness (14). Spiritual health is associated with general, psychological, and social health. This association also predicts other dimensions of health in students based on spiritual health (15).

In Islamic teachings, communication with God and remembering Him is regarded as a factor for mental openness and transcendence, being associated with many psychological effects. Religious and Islamic teachings particularly affect people's health; for instance, a study confirmed the effect of Islamic spiritual therapy on general health and self-esteem (16). In addition, studies revealed that the general and mental health status of student teachers affects not only their education and daily life, but also their future professional performance's quality and the continuation of their

professional effort. Hence, identifying the factors overshadowing spiritual and general health is of paramount importance (17). Nowadays, besides the physical, psychological, and social aspects, spiritual health is mentioned in defining health, with an impact much wider than other factors. Considering the significance of the teachers' characteristics as a nurturer of the future manpower's talents and the role of Farhangian University regarding the mission of training teachers believing in basic and constructive beliefs, which lead to self-esteemed students, the current study examined the research questions as follows:

1- What is the level and status of self-esteem of student-teachers of Farhangian University? 2- Is spiritual health related to the extent of students' self-esteem? 3- What is the extent of students' general health and is it associated with their self-esteem? 4. Does public health play a mediating role between students' spiritual health and self-esteem? To this end, the authors decided to investigate the fit of the hypothetical model to specify the status of these relationships together and in an integrated manner. So far, such a model has not been observed. If this model is confirmed, the necessity of considering the above-mentioned dimensions both in the selection of the student and in the text of the programs of Farhangian University would be significant. The assumed model is provided below.

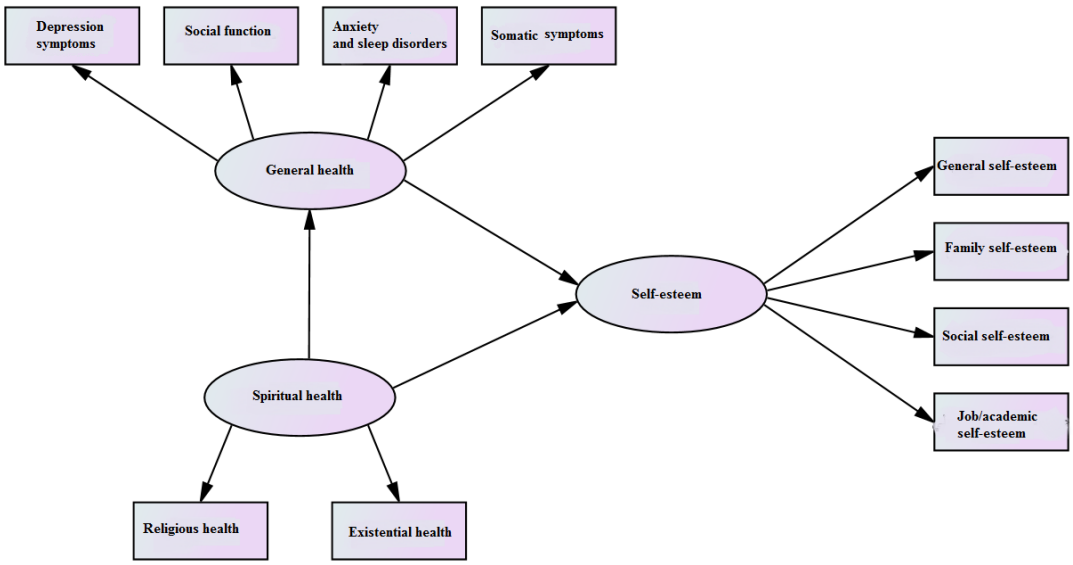

Figure 1. Assumed conceptual model

Methods

Participants: This was an applied study in terms of purpose and a descriptive-correlational one in terms of method. Structural equation method (SEM) was employed to test the proposed conceptual model as well as analyze the data. The study's statistical population included student-teachers of Yazd Farhangian University (Iran) in the academic year 2020-2021, including 2060 people. Through Cochran's formula with a 95% confidence level and variance obtained from the pre-test ($p = 0.7$, $q = 0.3$), the sample was obtained to be 323 people. The stratified random sampling method was employed, and the required sample was specified in proportion to male and female students based on the major and year of entry to the university. The data collection tool was a survey, in such a way that the necessary information for spiritual health variable (predictor or exogenous), general health variable (mediator) and self-esteem variable (criterion or endogenous) were obtained through the respective questionnaires.

Statistical analysis: The researchers used statistical package for social sciences (SPSS 26) in order to analyze the data and analysis of moment

structures (AMOS 24) to model the structural equations. At the descriptive level, frequency distribution tables, column percentage, standard deviation (SD), and graph plotting were used. At the inferential level, Pearson correlation coefficient test, Mahalanobis distance index, covariance-based structural equation modeling (CB-SEM), bootstrapping technique, and fit indices for structural equation modeling were employed. Data were then analyzed, the causal relationships and path analysis of the variables were identified, and ultimately, the fit of the proposed model was investigated.

Data collection: In the current research, a number of questionnaires were used, the validity and reliability of which were confirmed by various researchers; besides, they were assessed in this study through the initial implementation of Goldberg's GHQ-28 with four subscales of physical, anxiety, depression, and social symptoms. All the questions have four options scored from 0 to 3, with the questionnaire's maximum score of 84. The questionnaire has four subscales. Out of 28 items, items 1-7 are related to the somatic symptoms scale (A); 8-14 assess anxiety and sleep disorders (B); 15-21 assess social function symptoms (C); and ultimately, items 22-28 evaluate depression symptoms (D). (18, 19), carried out a study on the validity, reliability, and factor structure of the Persian translation of the GHQ-28 in hospitals affiliated with Kerman University of Medical Sciences. In the field of internal consistency of different subscales of the questionnaire, their findings indicated the high internal consistency of these subscales. Therefore, Cronbach's alpha coefficients of all subscales of the questionnaire were higher than 0.74 (0.77). Moreover, in the present study, Cronbach's alpha coefficient was equal to 0.76, exhibiting the tool's desirable reliability.

SWBS has 20 questions, 10 of which measure spiritual health and the rest measure the individual's existential health. Questions 20, 19, 17, 15, 14, 11, 10, 8, 7, 4, 3, 'I strongly disagree' receive 1 point, and questions 18, 16, 13, 12, 9, 6, 5, 2, 1, I 'strongly disagree' receive 6 points. Finally, the individuals' spiritual health is divided into three categories of low (20-40), medium (41-99), and high (100-120). Components of the religious health questionnaire include items 1, 3, 5, 7, 9, 11, 13, 15, 17, and 19, and those of existential health include the items 2, 4, 6, 8, 10, 14, 16, 18, and 20. The questionnaire is scored based on a 6-point Likert scale of strongly disagree (1point), disagree (2 points), relatively disagree (3 points), relatively agree (4 points), agree (5 points), and strongly agree (6 points). Items 1, 2, 5, 6, 9, 12, 13, 16, and 18 are reversely scored. The minimum and the maximum possible scores will be 20 and 120, respectively. Cronbach's alpha reported a reliability of equal to 0.82. In the present study, Cronbach's alpha coefficient was 0.82, showing the desirable reliability of the tool as well (20).

Smith self-esteem questionnaire (SEQ) includes 58 items with yes/no answers and five subscales of general self-esteem, family self-esteem, social self-esteem, job/academic self-esteem, and false scale. The false scale score is not calculated in the sum of the scores. The maximum score in the general scale is equal to 26 and in each of the other three scales equal to 8. The maximum total score of self-esteem is equal to 50. In the study by Fathi Ashtiani, the mean and SD of this questionnaire for high school students were 34.76 and 8.47. Scores of 0-26 indicate a poor self-esteem, 23-27, a moderate self-esteem, and 44 and above stand for a strong self-esteem. The 'yes' answer for general self-esteem items of 1, 4, 19, 27, 38, 39, 43, and 47 is scored 1, and 'no' answer for items 3, 7, 10, 12, 13, 15, 18, 24, 25, 30, 31, 34, 35, 48, 51, 55, 56, and 57 is scored 1 as well. For family self-esteem numbers 9-20-29 yes and numbers 6-11-16-22-44 no and for social self-esteem numbers 5-8-14-28 yes and numbers 52-40-21 no and also for job self-esteem Numbers 33-37-42-46 yes and numbers 2-17-23-54 no, points are awarded. The questions 26, 32, 36, 41, 45, 50, 53, and 58 measure the false answers and are not scored. The maximum score on the general scale is 26, and on each of the other three scales are 8, with the maximum total score of 50.

Coopersmith reported a test-retest coefficient of 0.88 after five weeks and 0.70 after three years

(21). Boroumand (2001) standardized Coopersmith's self-esteem list regarding high school and pre-university students in Islamabad city (Iran). Using Cronbach's alpha, the validity coefficient was calculated at 0.89. To assess the validity, the scores' correlation with the scores obtained from the Eysenck personality questionnaire was calculated, and the correlation coefficient of 0.814 exhibited the acceptable validity criterion for the Coopersmith list. The reliability of the self-esteem questionnaire in the current research was 0.84, showing its high reliability.

The questionnaire contained students' demographic questions including gender, major, year of entry to the university, province of residence, etc. To observe ethical considerations, measurement tools were prepared anonymously, and statements were mentioned in the questionnaire guide so that students were informed of the research objectives. They could carefully answer the questions, besides being ensured of the confidentiality of the information.

Results

Based on the research findings, 12.6% of the respondents had entered the university in 2017, 36.3% of them in 2018, 31.9% in 2019, and 19.2% in 2020. 54.1% of the respondents were male and 45.9% were female. The highest frequency of the respondents was related to elementary education major (48.1%) and the lowest one was related to mathematics major (0.6%). The highest frequency of research respondents was for Yazd province (63.0%), and the lowest frequency was for other provinces 5% (and proportional to their number).

Among the spiritual health subscales, the highest mean belonged to the religious health (38.85), and the lowest mean belonged to existential health (36.09). The mean and SD of spiritual health respectively were 74.94, and 9.312. Among the general health subscales, the highest mean was obtained for social function (6.10) and the lowest mean for depression symptoms (3.28). The mean of somatic symptoms, and anxiety and sleep disorders were 4.57 and 4.33, respectively; besides, the mean and SD of general health were 18.28 and 13.790.

Based on the research findings, among the self-esteem subscales, the highest mean was calculated for general self-esteem (17.76), and the lowest mean was for job/academic self-esteem (5.50). The mean and SD of self-esteem variables were 34.33 and 8.128 respectively.

To implement (SEM), basic assumptions like optimal sample size, multivariate output data (with Mahalanobis distance index), multivariate normality (using maximum likelihood (ML) estimation method in SEM and Multicollinearity (considering the cut-off points for Tolerance and VIF indices of 0.4 and 2.5, respectively) were considered, and all the hypotheses were found to be fit. The predictor variable's (spiritual health) effect on the criterion variable (self-esteem) was significant; moreover, the significance of the mediating role was measured by the Sobel test.

Table1. Correlation matrix among research variables (spiritual health, general health and self-esteem)

Variable	Spiritual health	General health	Self-esteem
Spiritual health	1		
General health	**0.316	1	
Self-esteem	**0.339	**0.423	1

** P < 0.01

Based on the findings, a positive and significant association was seen between the spiritual health and general health and self-esteem (P < 0.01). The covariance-based SEM was used in order to test the research hypotheses. The following Figures and Tables report the estimations of the overall model fit indices and the main parameter (direct and indirect effects of independent variables on the self-esteem):

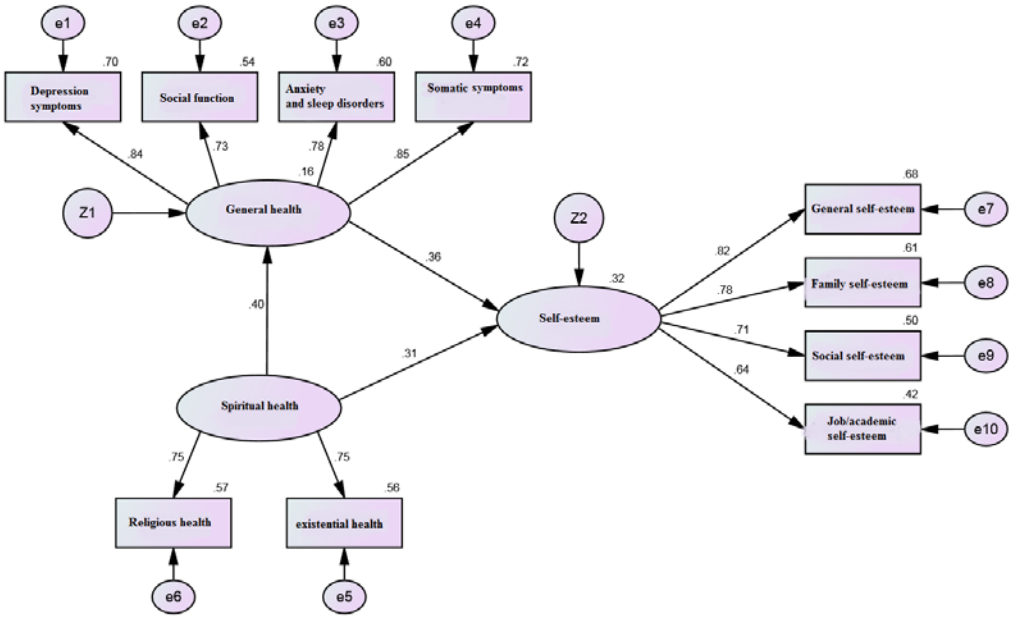

Figure 2. The model of the effect of spiritual health on self-esteem mediated by general health

Table 2. Estimation of evaluation criteria of the complete SEM

Index	CMIN	DF	CMIN/DF	GFI	PGFI	IFI	TLI	CFI	RMSEA
Value	131.083	96	1.365	0.961	0.559	0.986	0.981	0.986	0.024
Accepted range	-	-	<3	<0.9	<0.5	<0.9	<0.9	<0.9	>0.06

There was a positive and significant relationship between students' general health and their self-esteem (P < 0.001 and β = 0.363). In other words, the higher general health an individual had, the more his/her self-esteem would be. There was an association between students' spiritual health and their self-esteem, and the direct effect of spiritual health on the self-esteem variable was statistically positive and significant (P < 0.01 and β = 0.311). The higher spiritual health would lead to an increased self-esteem.

The Sobel statistic was calculated, the value of which was 3.74, i.e. greater than 1.96. It was significant at a level of less than 0.001 based on the reported P-value. Furthermore, it was consistent with the bootstrapping technique results, so that the general health mediated the association between spiritual health and self-esteem.

Table 3. Estimation of direct and indirect effects of independent variables on self-esteem

Independent variable	Mediating variable	Dependent variable	Estimation Direct		Indirect		Total	
			Value	*P*	Value	*P*	Value	*P*
Spiritual health	-	General health	0.396	0.001	-	-	0.396	0.001
	-	Self-esteem	0.311	0.006	-	-	0.455	0.001
	General health	Self-esteem	-	-	0.144	0.001		
General health	-	Self-esteem	0.363	0.001	-	-	0.363	0.001

Table 4. Test of significance regarding the effect of spiritual health on self-esteem

Input:			Test statistic:	Std. Error:	*p*-value:
a	.310	Sobel test:	3.73834055	0.03308687	0.00018524
b	.399	Aroian test:	3.70535032	0.03338146	0.0002111
s_a	.059	Goodman test:	3.77222794	0.03278964	0.0001618
s_b	.075	Reset all	Calculate		

Table 5. Comparing the significance of the difference between the severity of the general and mental health, and self-esteem in male and female students

Path	Coefficient Male	Female	Critical ratio	Result
Spiritual health ← General health	0.38	0.46	-1.215	Insignificant
Spiritual health ← Self-esteem	0.35	0.27	0.571	Insignificant
General health ← Self-esteem	0.48	0.23	3.660	Significant

Based on the data in Table 6, the intensity of the association between spiritual health and general health was in accordance with the calculated critical ratio (<1.96), and there was no significant difference between male and female students ($P < 0.05$). Moreover, given the calculated critical ratio (less than 1.96), the intensity of the association between spiritual health and self-esteem between male and female students was not significantly different ($P < 0.05$). With regard to the calculated critical ratio (larger than 1.96), the severity of the association between general health and self-esteem was significantly different between male and female students ($P < 0.05$), and the severity of the coefficient regarding the female group was significantly more than the male group.

Discussion

The present study was carried out to examine the relationship between students' spiritual health and self-esteem mediated by general health. This study's results revealed a positive and significant association between spiritual health and general health, in line with the results of the research by; (13, 22, 23, 24, 25). It can be claimed that the spiritual dimension is associated with other health aspects, which was also confirmed by the WHO. Belief in the meaningfulness of life and its effectiveness by "a superior power" provides the conditions for individuals to deal with their lives with more confidence. Consequently, they will not experience stress and unreasonable mental worries. Since spirituality means a life style based on an immaterial dimension and its values toward God, creation, creatures, self and what the individual considers to be the 'ultimate goal', such a belief causes people to live with confidence in a capable and needless Creator, and even change their lifestyle. In the shadow of spiritual health, the individual is capable of coping with life's problems and issues in such a way that leads to the full realization of his/her potential, goal, and spirituality. In the shadow of this belief, instead of

expressing negative emotions like anger, jealousy, hatred, etc., the individual should make a continuous effort to develop universality, love and kindness. Today, many counselors and psychotherapists resort to spiritual methods of healing, too.

The current study demonstrated a direct and significant relationship between general health and self-esteem. Therefore, those with a higher general health (physical, mental and social) showed higher self-esteem, which was in line with the result of the studies by (11, 12, 23, 26, 27). Many studies revealed that general health, and particularly coping with stress, was associated with self-esteem and social support. This concept may be perceived from psychologists' various theories.

Like Abraham Maslow, Carl Rogers considered self-actualization the ultimate goal and the main motivation of person's activities, in which a sense of self-worth and self-esteem was of paramount importance. Rogers justified self-esteem due to the need for a positive opinion. Satisfying such a need includes feedback, parents' warm attitude toward others, respect, intimacy, and acceptance, as well as kindness from parents and relatives. Based on Rogers's study, mental health dimensions may create and enhance self-esteem in individuals.

Moreover, in the current research, a significant relationship was observed between spiritual health and self-esteem, which was in line with the results of the study by (9, 10, 13, 22, 28, 29, 30, 31). It can be claimed that self-esteem refers to a person's belief in his/her value and importance. In psychology, this term reflects a person's evaluation of his/her value (32). On the other hand, spirituality and belief in God i.e. the superior power which has given dignity and virtue to human beings. "Certainly we have honored the Children of Adam, and carried them over land and sea, and provided them with all the good things, and preferred them over many of those we have created. (Surat al-Isra ', verse 70)". This verse refers to the superiority of human beings over other beings. Furthermore, in this verse, dignity is interpreted as the God-given blessings existing in humans without any effort on their part, and virtue refers to the blessings obtained by human efforts With God's grace. (Tafsir-e-Nour). Besides, Allameh Tabatabai has written that the two terms preferring and honoring each refers to a set of divine blessings regarding human beings. Honoring of human is due to the bestowal of wisdom, and preferring him/her is due to the fact that human beings have a greater share of whatever is given to all the beings. It may be concluded that a person with such beliefs and convictions has perceived his/her values and virtue, never underestimates himself/herself and his/her existential values, and belief in spirituality and spiritual health will enhance his/her self-esteem.

General health in the current research has played a mediating role between spiritual health and self-esteem. Unfortunately, no model was obtained examining the association between the variables in the current research model. In explaining this hypothesis, it can be said that general health (physical, mental, and social) is influenced by both spiritual health and self-esteem.

Spiritual health consists of cognitive, behavioral, emotional, and consequential factors. In the cognitive dimension, man believes in the world of intuition and the unseen, and the spiritual human considers everything perishable except for the essence of God (Surah Al-Rahman, verses 26-27). Regarding the emotional dimension, the spiritual person loves God and trusts in Him (Surah Ma'idah, verse 23). In behavioral dimension, the spiritual man is grateful to God, forgiving the others' mistakes (Surah Al-Noor, verse 22). Respecting the consequence of actions, the spiritual individual follows the divine commands and one of the key rules of the divine commands is that everything necessary for the human's life is considered obligatory. What is harmful to the human's material and immaterial life is considered forbidden (Haram). Spiritual man is able to create the conditions of physical, mental, and social health through following the divine commands. This is because the observer of a bunch of spiritual and religious instructions about hygiene, undereating, and contentment with Halal food achieves success in the dimension of physical

health. In another section of the instructions, avoiding individualism entails recommendations based on healthy communities (Ceremonies of congregational prayer, Friday, Itikaf, Hajj, etc), which may contribute to the health's social dimensions. Additionally, avoiding moral anomalies indicate another result of the spiritual life keeping human being away from moral diseases like arrogance, pride, rape, grudge, etc.

Another point is that through studying and referring to the spiritual elites and self-made people's lives, a person may understand the physical health, particularly mental, moral, and social health of those characters, besides introducing them as practical role models for the others. Their biographies and way of living are written and the divine prophets and the infallible Imams (AS) are at the top of all these people; even research has confirmed the positive impacts of religion on physical and mental health, such as less drug use and coping with stress (33).

This study's results revealed no significant difference between males and females in terms of association between their spiritual health and general health, as well as the relationship between their spiritual health and self-esteem. Nevertheless, there was a significant difference in the association between males and females' general health and self-esteem and the intensity of the coefficient was significantly higher in females (Table 2). The lack of difference between males and females' spiritual health and self-esteem was in line with the results of Papazisis et al. (2014). There was no difference between the intensity of the association between males and females' spiritual health and the self-esteem. Consistent with the results of Imam et al. (2009), the association between females' general health and self-esteem is more intense than males. It can be claimed that males should be responsible for living and meeting the family needs, and on the other hand, the amount of benefits of teaching is less than many other professions. This can provide the context of mental concern, stress, and anxiety of male students, affecting their level of self-esteem and self-value. However, there are no such expectations from female students, causing less concern about mental and social health for them compared to the male students. Consequently, they are more suitable for general health and have higher self-esteem than male students. One of the limitations of the current research was the large number of questions in the questionnaires, which may reduce the patience of the subjects, and the second one was that the research was conducted at the provincial level.

Conclusion

This study's results revealed a positive and significant relationship between spiritual health, general health, and self-esteem in students. The intensity of the association between spiritual health and self-esteem is not significantly different between male and female students. The severity of the relationship between general health and self-esteem is significantly different between male and female students, and the severity of the coefficient in the female group is significantly more than the male group; accordingly, it is recommended that authorities pay more attention to students at all levels of education, particularly in elementary school, through employing trained teachers and revising the curricula and spiritual matters, as well as issues related to religious beliefs and convictions.

Authors' contribution

M. Z. was the research project manager and the author of the article; and SA. A. was the supervisor of the research project.

Acknowledgments

The present paper is the result of a research project approved by Yazd Farhangian University (Iran) with the project No. 1399/10/20-53200/702/100. The authors would like to thank all the officials of Farhangian University (Central and Yazd branches), the Vice Chancellor for Research, and all the students assisting in this research.

Conflict of Interests

The authors declared no conflict of interest.

References

1. Nemati M, Khodabakhshi M, Heydari M. Association between knowledge management and human resource management and its effect on the competitive advantage of organizations. 8th National Conference on Management and Humanities Research in Iran, Tehran; Tehran, Iran. 2019. [Persian]
2. Marashi SA, Mehrabian T. Association between spiritual health and dimensions of prayer with self-esteem in patients undergoing dialysis in Ilam province (Iran). Journal of Military Care Sciences. 2015; 2(4): 214-20. [Persian]
3. Mann MH, CM.H, Schaalma H, et al. Self-esteem in a broad-spectrum approach for mental health promotion. Health Edu Res. 2004; 19(4): 357-72.
4. Yaghobi A. The relationship between happiness and spiritual intelligence among student of Human Buali University. Journal of Research in Educational Systems. 2010; 4(9): 85-95. [Persian].
5. Bandura A. Adolescent development from an agentic perspective. In F. Pajares & T. Urdan (Eds.), Self-efficacy beliefs of adolescents: Greenwich, Connecticut: Information Age Publishing; 2006.
6. Glickman C, Tamashiro R. A comparison of first year, fifth-year, and former teachers on efficacy, ego development, and problem-solving. Psychology in Schools. 1982; 19: 558–562.
7. Mazaheri MF, Madah S, Rahgozar M. Nursing attitude to spirituality and spiritual care. J Payesh. 2009; 8(1): 7-31. [Persian]
8. Fakouri A, Pilehvar Zadeh M, Shamsi A, et al. The association between religious beliefs and self-esteem in students. Zanko Journal of Kurdistan University of Medical Sciences. 2015; 16(49): 50-60. [Persian]
9. Darvishi A, Otaghi M, Mami S. The effectiveness of spiritual therapy on spiritual well-being, self-esteem and self-efficacy in patients on hemodialysis. Journal of religion and health. 2020; 59(1): 277-88. [Persian]
10. Chang MY, Cha KS, Cho OH. Correlation between self-esteem, death anxiety, and spiritual wellbeing in Korean university students. Korean Journal of Adult Nursing. 2015; 27(3): 367-74.
11. Zare N, Daneshpajooh F, Amini M, et al. Association between educational status and general health and self-esteem in students of Shiraz University of Medical Sciences. . Iranian Journal of Medical Education. 2017; 7(1): 67-9. [Persian]
12. Pazzaglia F, Moè A, Cipolletta S, et al. Multiple Dimensions of Self-Esteem and Their Relationship with Health in Adolescence. International journal of environmental research and public health. 2020; 17(8).
13. Sakellari E, Psychogiou M, Georgiou A, et al. Exploring Religiosity, Self-Esteem, Stress, and Depression among Students of a Cypriot University. Journal of Relig Health. 2018;57(1):136-45.
14. W.H.O. Mental health: new understanding, new hope: World Health Organization; 2001.
15. Farshadnia E, Koochakzaei M, Borji M, et al. Spiritual Health as a Predictor of Social and General Health in University Students? A Study in Iran. Pastoral Psychology. 2018; 67(5): 493-504. [Persian]
16. Khaledian M, Pishvaei M, Karami Baghteyfouni Z, et al. Effect of Islamic-based spiritual therapy on self-esteem and mental health of addicts. Journal of Research Health 2017; 7(2): 719-28. [Persian]
17. Farahbakhsh S, Satar A. The role of quality of work life in the mental health of school principals. Journal of Mental Health Principles. 2012; 14(3): 200-9. [Persian]
18. Nazifi M, Mokarami H, Akbaritabar A, et al. Reliability, Validity and Factor Structure of the Persian Translation of General Health Questionnire (GHQ-28) in Hospitals of Kerman University of Medical Sciences. Journal of Fasa University of Medical Sciences. 2013; 3(4): 336-42. [Persian]
19. Mazloomy MSS AN, Hajian N. Comparing Mental Health of Female Athlete and Non-Athlete Students of Shahid Sadoughi University of Medical Sciences. 2013. [Persian]
20. Abasi M, Farahani Nia M, Giuri A, et al. Spiritual health of nursing students and their viewpoints on spirituality and spiritual care of patients. Iranian Nursing Quarterly. 2005; 18(44). [Persian]
21. Coopersmith S. Manual of Self-esteem Inventory.: onsulting Psychologist, Press, INC; 1990.
22. Aeby P, Schultze U, Braichotte D, et al. Fluorescence imaging of tracer distributions in soil profiles. Environmental science & technology. 2001; 35(4): 753-60.
23. Vasigh A, Tarjoman A, Borji M. Relationship Between Spiritual Health and Pain Self-Efficacy in patients with Chronic Pain: A Cross-Sectional Study in West of Iran. Journal of religion and health. 2020; 59(2): 1115-25.
24. Choi Y, Choi SH, Yun JY, et al. The relationship between levels of self-esteem and the development of depression

in young adults with mild depressive symptoms. Medicine,. 2019; 98(42).
25. Ebadi BBN, Hoseyni MA, Rahgovi A, et al. The association between spiritual health and happiness in nursing students. . Journal of Nursing Education,. 2016; 5(5): 258-69.
26. Walsh KK, Jones M, Tookman L, et al. Spiritual belief may affect outcome of bereavement: Prospective study. BMJ. 2002; 324(7353): 1551.
27. Neergat M, Gunasekar V, Rahul R. Carbon-supported Pd–Fe electrocatalysts for oxygen reduction reaction (ORR) and their methanol tolerance. Journal of Electroanalytical Chemistry. 2011; 658(1-2): 25-32.
28. Karaca A, Yildirim N, Cangur S, et al. Relationship between mental health of nursing students and coping, self-esteem and social support. Nurse education today. 2019; 76: 44-50.
29. Yıldırım N, Karaca A, Cangur S, et al. The relationship between educational stress, stress coping, self-esteem, social support, and health status among nursing students in Turkey: A structural equation modeling approach. Nurse Education Today. 2017; 48: 33-9.
30. Mikaeili N, Samadifard HR. The Prediction of Suicidal Thoughts Based on Happiness, Self-esteem and Spiritual Health among Female Teenagers. Journal of Research Relig Health. 2019; 5(3): 59-71. [Persian]
31. Papazisis G, Nicolaou P, Tsiga E, et al. Religious and spiritual beliefs, self-esteem, anxiety, and depression among nursing students. Nurs Health Sci. 2014; 16(2): 232-8.
32. Kim KH, Kim KD, Byun HS, et al. Spiritual well-being, self esteem, and attitude to death among nursing students. Asian Oncology Nursing. 2010; 10(1): 1-9.
33. Imam SS, Nurullah AS, Makol-Abdul PR, et al. Spiritual and psychological health of Malaysian youths. In Research in the Social Scientific Study of Religion. 2009; 20: 85-101.
34. Rezaei R. The effect of self–esteem on mental health in employed women working in zimens, Factory and unemployed women. Industrial/Organization Psychology. 2010; 1(3): 19-27. [Persian]
35. Salgado A. Review of empirical studies on impact of religion, religiosity and spirituality as protective factors. Propósitos y Representaciones. 2014; 2(1): 121-59.