ORIGINAL RESEARCH ARTICLE

Investigating the relationship between religiosity and spirituality with anxiety, depression, and stress levels among nursing students at Urmia University of Medical Sciences in 2024

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Abstract

Background This study aimed to investigate the relationship between religiosity and spirituality with anxiety, depression, and stress levels among nursing students at Urmia University of Medical Sciences.

Methods The present study was a descriptive-analytical and cross-sectional study. The statistical population consisted of 200 undergraduate nursing students at Urmia University of Medical Sciences in the academic year 2024. Male and female students were selected via simple random sampling. Data were collected using the Khodayari Fard Religious Attitude Questionnaire, Hall and Edwards Spirituality Questionnaire, Depression, Anxiety, and Stress Scale (DASS-21) Questionnaire, and a demographic characteristics questionnaire. Data analysis was performed using descriptive statistics and SPSS software (version 22.0).

Results Results demonstrated a significant inverse relationship between religiosity and spirituality and levels of anxiety, depression, and stress ($p < 0.001$). Students with higher levels of religiosity and spirituality reported lower levels of anxiety, depression, and stress.

Conclusion The results of this study can help better understand the impact of religiosity and spirituality on students' mental health and provide strategies to improve their mental well-being. These results can be a basis for policies and educational and support programs in universities to reduce anxiety, depression, and stress in students. Thus, the results of this study can be used to improve students' mental health and increase the scientific community's awareness of the importance of religiosity and spirituality.

Keywords Anxiety, Depression, Religiosity, Stress, Student

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1 Introduction

Students play a critical role in shaping the future of society, and given the current low birth rate in our country, their role in shaping the nation's future becomes even more crucial. Consequently, the physical and, particularly, mental health of students is directly linked to societal well-being and the country's future. Studies indicate that the prevalence of psychological disorders among students is increasing, likely due to their transition from adolescence to adulthood and the critical life decisions they face during this period.[1, 2] Factors such as being away from home and family, entering a new environment, academic challenges, competition with peers, exams, financial issues, job prospects, indecisiveness, and heavy course loads can all be considered as stressors for students. Among the stress-related illnesses, anxiety and depression are particularly notable.[3] Contemporary psychology emphasizes holistic health, encompassing physical, social, and psychological well-being. Key indicators of mental health include the absence of stress, anxiety, and depression.[4]

Depression is characterized primarily by persistent mood changes, ranging from mild hopelessness to severe despair, often lasting weeks to years. It typically involves alterations in behavior, cognition, and physiological functioning, and may occur as a symptom of various psychological or physical disorders.[5] Symptoms of depression may include persistent sadness and anxiety, feelings of guilt and worthlessness, social withdrawal, decreased appetite and libido, insomnia, and loss of interest or pleasure in daily activities. Individuals with depression may experience varying forms and intensities of the symptoms, ranging from mild to severe.[6]

Regarding anxiety, it can be defined as a diffuse, unpleasant, and vague feeling of apprehension or unease, often with no identifiable source. It is typically accompanied by feelings of uncertainty, helplessness, and physiological arousal. Anxiety may be triggered by the recurrence of previously stressful or traumatic situations. While all individuals experience anxiety at some point in their lives, chronic and severe anxiety is considered abnormal and problematic.[7] Stress, on the other hand, refers to a condition or feeling in which an individual perceives that the demands and expectations placed upon them exceed their available resources, capabilities, and coping abilities.[8]

The World Health Organization reports rising mental health disorders globally, with anxiety affecting 38.6% of developing countries and 83.2% of developed countries.[9] Among student populations, prevalence rates range from 20-30%.[10-14] Research in Iranian student communities has shown that the rate of depression among students—especially in certain subfields of medical sciences—is over 60%.[11, 12] In contrast, in the general population of Iran, it has been reported to range from 4.2% to 37%.[13] Based on studies conducted on the prevalence of stress among university students, it can be stated that stress levels among students are somewhat higher than in the general population, ranging from 46.7% to 87.9%. [12-14]

It should be noted that since psychological disorders affect all aspects of individuals' lives and can even negatively impact physical health, numerous pharmacological and non-pharmacological methods exist to reduce and control anxiety, stress, and many other psychological disorders. These include physical exercise, yoga, listening to music, swimming, psychological counseling, and the use of medications to reduce anxiety, stress, and depression. However, the focus has always been on non-pharmacological methods, which not only prevent individuals from relying on chemical drugs with numerous side effects but are also easily accessible, cost-free, and do not require excessive time investment. One such non-pharmacological method is maintaining and strengthening spirituality and religiosity in individuals, regardless of their specific religion or denomination.[15, 16]

Spirituality can encompass the sacred or metaphysical, moral values, religion, mysticism, and any form of meaning-making in life. Spirituality is not necessarily tied to any established historical religion but refers to having a worldview that provides humans with peace, happiness, and hope. Religiosity, on the other hand, means believing in certain doctrines, embodying their ethics, and adhering to their practical commandments. [16] Religion has been intertwined with human history; in other words, humans and religion have coexisted throughout history. The human need for religiosity and faith is as old as history itself, as humans have always felt the need for a powerful supporter and a strong refuge.[17] Archaeological and anthropological studies demonstrate that religion has been an integral part of human life, and even non-religious individuals may unconsciously turn to God or supernatural powers during times of crisis. [16-18] William James states, "Faith is one of the forces by which humans live, and the complete absence of it is equivalent to the collapse of humanity".[17] Religion is a psychological force that provides humans with a new perspective on the world and can influence the outcomes of their lives. Today, in many psychological disorders and maladjustments, symptoms of helplessness, loneliness, and meaninglessness stemming from individualism are observed.[19] Some psychologists believe that the only way to alleviate or neutralize these pains and discomforts is through faith in God and belief in a divine truth and a power beyond humanity.[20] Religious beliefs, by fostering hope and a positive spiritual outlook, provide psychological tranquility. The verses of the Quran (e.g., Ash-Shu'ara: 89, As-Saffat: 83–84, Ar-Ra'd: 28) emphasize the importance of trust in God

and worshipping Him. Scientifically, religious practices such as prayer and supplication affect neural circuits (thalamus, hypothalamus) and glands like the pituitary, increasing the secretion of anti-stress hormones and enhancing psychological resilience. Studies show that these processes, even in pilgrimage sites, are associated with increased immune cell activity and improved glandular function.[21]

Research done by Khalkhali et al. demonstrated a significant correlation between individuals' psychological profiles and their inclination toward spirituality and religiosity. In fact, religious beliefs are among the factors that can play an effective role in preventing and reducing psychological disorders, as well as issues arising from depression, anxiety, and stress, while fostering happiness and vitality.[22]

Furthermore, extensive and robust evidence from research over recent decades indicates a relationship between religious involvement and mental health. [23-25] For example, a systematic academic review of over 3,000 empirical studies identified a connection between spirituality/religiosity and health.[24] Generally, individuals with higher levels of spirituality and religiosity exhibit lower rates of depression, suicidal behavior, and substance use or abuse compared to those with lower levels. Additionally, they experience a better quality of life, increased optimism, improved well-being, higher overall health, and faster recovery from depressive symptoms. However, some studies have found that while maintaining spirituality and religiosity may reduce the occurrence or severity of depressive symptoms, it does not significantly affect stress symptoms.[23, 25, 26]

Therefore, given that religiosity and God-centeredness among individuals in society lead to the development and expansion of spiritual health, they will consequently bring about mental and emotional peace, strengthen the body's immune defenses, and help prevent depression, stress, anxiety, and the growing concerns in society. This aligns with the recommendation of the Supreme Leader of the Islamic Republic, who has stated, "devoted officials and caretakers of society—especially in universities—should not neglect any effort or preparation in institutionalizing and promoting religious faith and commitment within society, and should utilize all necessary means and resources to advance and expand it".[27]

The necessity of examining religiosity and spirituality and their relationship with psychological disorders such as depression, anxiety, and stress is essential for several reasons. These include anthropological considerations, as contemporary scientists emphasize the spiritual and psychological dimensions of humans, employing spiritual and religious approaches in medicine, psychology, and other fields to treat mental disorders, including depression and anxiety.[28-29] Asadollahi et al. demonstrated that spirituality-based therapy can serve as a practical treatment approach to reduce anxiety and depression in patients with depression.[30]

In the literature review, no study was found that examined the effect of religious attitude and spirituality on psychological symptoms among nursing students. Therefore, this study was conducted to investigate the impact of religiosity and spirituality on the psychological well-being of nursing students at Urmia University of Medical Sciences in 2024.

2 Methods

The present study was a cross-sectional correlational study conducted during the 2023–2024 academic year. The statistical population consisted of 200 undergraduate nursing students, including both males and females, selected through simple random sampling. Inclusion criteria included willingness to participate in the study, currently enrolled in studies, not having any exams during the current week, not suffering from any incurable physical illnesses or psychological disorders, no history of psychiatric medication use, and no major stressful events in the past six months (such as the death of a loved one or a car accident). Exclusion criteria included incomplete questionnaire responses, defined as failure to answer more than four questions in any one questionnaire. Participants who met the inclusion criteria and were willing to take part in the study were selected through simple random sampling. A demographic questionnaire was completed by students who consented to participate. Then, the following instruments were provided to eligible participants for completion: the Khodayarifard Religious Attitude Questionnaire (measuring religiosity), the Hall and Edwards Spiritual Assessment Inventory, and the Depression, Anxiety, and Stress Scale (DASS-21). All participants were assured that their information would remain confidential and would not be disclosed under any circumstances. They were given 30 minutes to complete the questionnaires calmly. If a participant selected more than one response to a single question, the reaction with the highest score was considered. If the questionnaires were completed incompletely, the participants were excluded from the study.

Research Instruments Included:

1. Khodayarifard Religious Attitude Questionnaire:

The Religious Attitude Measurement Questionnaire (Religiosity Scale) was developed by Khodayarifard et al. 2013 as part of a research project conducted at the Faculty of Psychology and Education, University of Tehran. This questionnaire comprises 40 items and is divided into four subscales. The items are scored based on a six-point Likert scale, ranging from "Always" (5)

to "Never" (0). The total possible score ranges from 40 to 200. A higher score in any of the subscales indicates a stronger tendency toward religiosity. In other words, the higher the participant's total score, the greater their level of religious beliefs and attitudes. Khodayarifard et al. validated the questionnaire through expert panel review. Its reliability was confirmed with a test-retest coefficient of 0.91, a split-half reliability (Spearman-Brown method) of 0.82 for the total scale, and a Guttman split-half coefficient of 0.80. [31]

2. Hall and Edwards Spirituality Assessment Questionnaire (1986):

This self-report instrument was designed to assess two dimensions of spiritual development: awareness of God's presence and quality of relationship with God. The questionnaire includes 47 items, some of which consist of two parts. Respondents rate their agreement with each statement on a five-point Likert scale. The instrument contains six subscales: Awareness, Realistic Acceptance, Disappointment, Grandiosity, Instability, and Impression Management.

The original version contained five subscales (Awareness, Realistic Acceptance, Disappointment, Grandiosity, Instability). In 2002, Hall and Edwards revised the instrument to include the sixth subscale, Impression Management.

Subscales and Item Numbers:

- Awareness: Items 1, 3, 6, 9, 11, 15, 17, 19, 21, 23, 25, 28, 30, 31, 34, 36, 40, 42, 44
- Realistic Acceptance: Items 2.2, 2.8, 2.12, 2.18, 2.27, 2.33, 2.47
- Disappointment: Items 1.2, 1.8, 1.12, 1.18, 1.27, 1.33, 1.47
- Grandiosity: Items 5, 13, 20, 26, 29, 37, 45
- Instability: Items 4, 10, 16, 22, 35, 39, 41, 43, 46
- Impression Management: Items 7, 14, 24, 32, 38

Scoring Method: Each subscale score is calculated as the average of the items answered. If a respondent skips more than half the items in a subscale, that subscale cannot be scored. Scoring for the Realistic Acceptance subscale (item 2 questions accepted as X, X) depends on the participant's answers to the corresponding Disappointment items (item 1 questions accepted as X, X). If the answer to a Disappointment item is "Strongly Disagree" (scored as 1), the corresponding Realistic Acceptance item is excluded from the average score calculation. For example, if a participant gives a score of 1 to item 1.2, then item 2.2 is excluded from the Realistic Acceptance score.

Interpretation of Scores: Score 47–110 represents Low spirituality, score 110–157 represents Moderate spirituality, and score 157–235 represents High spirituality.[32]

To assess construct validity, the Spiritual Assessment Inventory was evaluated for correlation with the following instruments: The Spiritual Well-Being Scale (Ellison, 1983), Attachment to God Inventory (Bell, 1986), Coping Strategies Questionnaire (Andrews et al., 1993), Narcissistic Personality Inventory (Raskin & Terry, 1988), and Revised Internal-External Motivation Scale (Gorsuch & McPherson, 1989). The results supported the instrument's good construct validity.[32]

3. Depression, Anxiety, and Stress Scale (DASS-21) – Lovibond & Lovibond (1995).

The Depression-Anxiety-Stress Scale (DASS-21) was developed by Lovibond and Lovibond in 1995 to assess levels of stress, anxiety, and depression. It consists of 21 items. The DASS-21 comprises three components (subscales), each consisting of 7 items. The total score for each subscale is calculated by summing the scores of its respective items (Table 1).

Table 1 Subscales and their corresponding items

Subscale	Items
Depression	3, 5, 10, 13, 16, 17, 21
Anxiety	2, 4, 7, 9, 15, 19, 20
Stress	1, 6, 8, 11, 12, 14, 18

Scoring is done on a 4-point Likert scale ranging from 0 (Did not apply to me at all) to 3 (Fully applied to me). Since DASS-21 is the shortened version of the original 42-item scale, the final score for each subscale must be multiplied by 2. Then, symptom severity can be determined by referring to Table 2.

Table 2 Severity levels for each subscale

Severity	Depression	Anxiety	Stress
Normal	0–9	0–7	0–14
Mild	10–13	8–9	15–18
Moderate	14–20	10–14	19–25
Severe	21–27	15–19	26–33
Extremely Severe	28+	20+	34+

Lovibond and Lovibond (1995) reported a validity of 0.77 for the DASS-21. The reliability of the DASS-21 and its components, based on Cronbach's alpha coefficients, was reported as follows: Depression: $\alpha = 0.89$, Anxiety: $\alpha = 0.84$, Stress: $\alpha = 0.82$, and Total (Depression-Anxiety-Stress): $\alpha = 0.83$. [33]

4. Demographic Questionnaire

The demographic questionnaire included items on age, gender, marital status, the religion of local and non-local students, and students' grade point average (GPA).

The data were analyzed using SPSS software version 22, employing both descriptive statistics (mean, standard deviation, charts, and tables) and inferential statistics (Chi-square test, t-test, and analysis of variance).

3 Results

This study included 200 undergraduate nursing students with a mean age of 21.27 ± 1.95 years and an average GPA of 15.93 ± 1.41. Of the 200 participants, 104 (52%) were female and 96 (48%) were male. Regarding marital status, 25 (14%) were married while 153 (86%) were single. Religious distribution showed 110 (57.3%) Shia Muslims and 82 (42.7%) Sunni Muslims. In terms of academic interest, 119 (63.6%) students expressed interest in nursing, whereas 68 (36.4%) did not.

Religious knowledge levels were distributed as follows: 56 (30.3%) with low religious knowledge, 85 (45.9%) with moderate knowledge, and 44 (23.8%) with high knowledge. The sample included 81 (45.8%) local students and 96 (54.2%) non-local students. Living arrangements consisted of 87 (45.3%) living with parents, 9 (4.7%) in rented accommodation, and 96 (50%) in dormitories.

Participants identified various sources of religious information, with the most common being family (51 participants, 27.3%). Other sources included school (22 participants, 11.8%), library studies (19 participants, 10.2%), media (14 participants, 7.5%), friends (13 participants, 7%), mosque (13 participants, 7%), and online platforms (9 participants, 4.8%). Additionally, 23 participants (24.6%) reported obtaining religious information from multiple sources.

The mean score of religious attitudes among the 200 nursing students participating in this study was 89.94 ± 25.65. The mean spirituality score in this study was 124.78 ± 26.92. The mean depression score was 8.08 ± 3.99, the mean anxiety score was 7.27 ± 3.39, and finally, the mean stress score was 9.2 ± 3.86 (Table 3).

Table 3 Mean scores of religious attitude, spirituality, depression, anxiety, and stress among nursing students

Variable	Mean	Standard deviation
Religious attitude	89.94	25.65
Spirituality	124.78	26.92
Depression	8.08	3.99
Anxiety	7.27	3.39
Stress	9.20	3.86

The Pearson correlation coefficients for the variables of attitude scores, spirituality, depression, anxiety, and stress among nursing students are presented in Table 4.

In Table 5, the ADJ.R^2 value indicates the percentage of variance in the total stress score predicted by the model. The regression model with two independent variables (religious attitude and spirituality) predicts: 78.1% of variance in total stress scores, 74.8% of variance in total anxiety scores, and 75.0% of variance in total depression scores.

The Beta values demonstrate that both religious attitude and spirituality significantly predict total scores for stress, anxiety, and depression (all $p < 0.001$). Specifically, for stress scores, a 1 SD increase in religious attitude score results in a 1.033 SD decrease in stress, and a 1 SD increase in spirituality score results in a 1.896 SD decrease in stress. For anxiety scores, each 1 SD increase in religious attitude score decreases anxiety by 1.308 SD, and each 1 SD increase in spirituality score decreases anxiety by 2.142 SD. For depression scores, each 1 SD increase in religious attitude score decreases depression by 1.297 SD, and each 1 SD increase in spirituality score decreases depression by 2.131 SD.

Table 4 Correlation coefficients between religious attitude, spirituality, depression, anxiety, and stress among nursing students

Variables	Correlation	Significance
Religious attitude – spirituality	0.863	$p < 0.001$
Religious attitude - depression	-0.409	$p < 0.001$
Religious attitude – anxiety	-0.522	$p < 0.001$
Religious attitude – stress	-0.411	$p < 0.001$
Spirituality – depression	-0.315	$p < 0.001$
Spirituality – anxiety	-0.452	$p < 0.001$
Spirituality – stress	-0.353	$p < 0.001$

Table 5 Multivariate regression analysis results (variables: total stress, anxiety, and depression scores)

Predictor	**B**	**S.E**	**Beta**	**T**	**P**
Religious attitude	- 0.11	0.025	- 1.033	- 4.406	< 0.001
Spirituality	- 0.148	0.018	- 1.896	- 8.087	< 0.001
ADJ.R^2 = 0.781, R^2 = 0.784, R = 0.885					
Multivariate regression analysis results for anxiety					
Religious attitude	- 0.112	0.022	- 1.308	- 5.196	< 0.001
Spirituality	- 0.135	0.016	- 2.142	- 8.505	< 0.001
ADJ.R^2 = 0.748, R^2 = 0.75, R = 0.866					
Multivariate regression analysis results for depression					
Religious attitude	- 0.125	0.024	- 1.297	- 5.169	< 0.001
Spirituality	- 0.151	0.018	- 2.131	- 8.496	< 0.001
ADJ.R^2 = 0.75, R^2 = 0.752, R = 0.867					

4 Discussion

This research explored how religiosity and spirituality are related to anxiety, depression, and stress levels among nursing students enrolled at Urmia University of Medical Sciences in 2024. The findings revealed that higher scores in religious attitude and spirituality were associated with significantly lower stress levels. In other words, the stronger an individual's religious attitude and spirituality, the lower their stress levels.

Individuals with stronger religious attitudes often feel a deeper connection with God or a higher power, which provides them with a sense of security and hope. This spiritual connection can help alleviate daily stress and

improve mental well-being. Additionally, individuals with higher levels of spirituality tend to focus more on meaningful life values and goals, enabling them to cope more effectively with life's challenges.

These findings align with the theory of spiritual resilience. According to this theory, spirituality helps individuals maintain hope and a sense of purpose when facing challenges, allowing them to better endure difficult circumstances. Spiritual resilience refers to an individual's ability to cope with life's hardships using spiritual resources. Individuals with greater spiritual resilience tend to experience more hope and purpose when facing challenges, which can help reduce stress and improve overall life satisfaction. Spiritual resilience theory suggests that spirituality empowers individuals to face life's difficulties with greater hope and strength.[34]

Religious attitude and spirituality can also help reduce anxiety. Such individuals have access to resources like prayer, worship, and meditation, which can calm the mind and alleviate anxiety. Prayer and worship allow individuals to connect with God or a higher power, fostering a greater sense of peace and security. Those with stronger religious and spiritual orientations often feel more hopeful and purposeful in life, which can mitigate depression. Individuals who believe in God or a higher power frequently perceive their lives as meaningful, reducing feelings of hopelessness and depression. Anxiety and depression are common psychological issues among nursing students. The study found that religious attitude and spirituality were significantly associated with lower anxiety and depression levels. These results are consistent with Viktor Frankl's logotherapy theory. Frankl, a famous psychiatrist and author, proposed that finding meaning in life—even in the most challenging circumstances—helps individuals overcome despair and depression. He argued that having a purpose in life serves as a powerful motivator for facing adversity.[35]

The findings also indicated that students who lived with their parents or had access to diverse religious resources (such as family, school, and mosque) exhibited higher levels of religious attitude and spirituality. This highlights the importance of family environment and educational institutions in fostering religious and spiritual beliefs. The family, as the primary social institution, plays a key role in shaping individuals' religious and spiritual attitudes. Religious attitude and spirituality, as multidimensional mechanisms, play fundamental roles in promoting mental health, reducing anxiety and depression, and enhancing resilience against life's challenges. This effect is achieved by fostering hope, purpose, and a connection with a higher power or deeper life meaning, reinforced through practices such as prayer, worship, and meditation. These findings align with Frankl's logotherapy, which identifies the search for meaning as the core of mental well-being and a driving force for overcoming crises. Nursing students, who face significant academic and professional stress, exemplify the benefits of these resources, though the findings can be generalized to broader populations.

Gender differences in this study reveal deeper layers of human interaction with spirituality. Women, due to psychological traits such as empathy and emotional connectivity, as well as sociocultural roles, tend to demonstrate stronger religious and spiritual attitudes, utilizing these as tools for stress management and psychological flexibility. These findings, consistent with studies like Francis et al.[36], highlight not only biological and psychological gender differences but also the role of culture and society in shaping these tendencies. This opens broader sociological and anthropological discussions on the role of gender in spiritual and religious experiences.

Living conditions and social resources also emerged as key factors. Living with family or having access to educational and religious institutions (e.g., schools and mosques) not only strengthens religious attitudes but also provides a social support network that reduces stress and enhances a sense of belonging. Conversely, students living in dormitories lacking such support faced higher anxiety levels, underscoring the profound impact of the environment on mental health.

The study examined religious differences (e.g., Shia vs. Sunni) and found no significant impact on mental health, suggesting that mental well-being is not tied to group identity or religious labels but rather to personal spiritual experiences and how individuals engage with their beliefs. This suggests a more universal understanding of spirituality, one that transcends religious divisions and emphasizes the inner qualities of beliefs and psychological resilience.

This study reminds us that mental health is not merely an individual issue but is shaped by a network of biological, psychological, social, and cultural factors. Spirituality and religion, regardless of doctrinal differences, can serve as unifying forces, guiding individuals toward a sense of purpose and inner tranquility. These findings have profound implications for policymaking in education, public health, and social welfare, designing programs that strengthen psychological and social support for vulnerable groups (e.g., dormitory students), addressing gender differences in service provision, and promoting environments that encourage spiritual reflection and strengthen social bonds. Such measures can improve the quality of life and reduce the burden of mental illness in modern societies.

Beyond statistical analysis, this study invites a reconsideration of the role of spirituality in the modern era. In a world increasingly defined by speed, complexity, and isolation, reconnecting with meaning—whether through religion or personal spirituality—can be a path

to psychological and social balance. This message is universal, relevant not only to nursing students but to anyone seeking peace and purpose: Meaning, in whatever form it is found, is the key to human resilience and flourishing.

5 Conclusion

This study underscores the profound role of religious attitude and spirituality in safeguarding the mental health of nursing students by significantly reducing levels of stress, anxiety, and depression. With these two factors explaining over 74% of the variance in mental health outcomes, their predictive power is both statistically and practically substantial. At the individual level, spirituality emerges as a form of psychological resilience, empowering students to reframe and manage the inherent emotional demands of nursing education and practice. Socially, the findings underscore the significance of familial, educational, and religious institutions in fostering this inner strength, particularly for students residing away from traditional support systems. Globally, the universality of spirituality, which transcends religious denominations and cultural boundaries, presents it as a vital tool for addressing modern psychological crises, such as existential distress and social isolation. These insights carry significant implications for educational reforms, student welfare strategies, and broader mental health policies. By integrating spiritual development into both academic curricula and student life infrastructure, stakeholders can foster a more resilient, compassionate, and mentally healthy generation of healthcare providers. Ultimately, this research invites a broader reconsideration of spirituality not just as a private belief, but as a public good and a potential cornerstone of holistic health and human flourishing.

Declarations

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Authors' Contributions
In this study, the authors contributed to the initial conceptualization, study design, data collection, and manuscript preparation. All authors read and approved the final version.

Availability of Data and Materials
The data and materials used in this study are available from the corresponding author upon reasonable request.

Conflict of Interest
The authors of this study declare that this work is the result of independent research and has no conflicts of interest with other organizations or individuals.

Consent for Publication
All authors have read and approved the final manuscript and provided their consent for publication.

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