## Original Research

# The Relationship Between Believing in Resurrection and Religious Practice Among Elderly Population of Golestan Province in 2018

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## Abstract

**Introduction:** With reaching old age, despite the decrease in physical and cognitive functions, religious beliefs and spiritual needs increase. Believing in God and religious practice bring peace and meaning to life in the elderly. Therefore, this study was conducted to determine the relationship between believing in resurrection and religious practice in the elderly population of Golestan province.

**Methods:** This descriptive correlational study was conducted on 218 elderly people in Golestan province who were selected by non-random sampling method. The data collection tool was the Questionnaire of Believing in Resurrection and Religious Practice, which was completed by self-report method. Data were analyzed by descriptive statistics (mean standard deviation, tables) and inferential statistics (U Mann-Whitney and Kruskal-Wallis).

**Results:** The score of believing in resurrection was 70.62 + 8.41 and the score of religious practice was 72.9 + 10.67 in the elderly samples. Spearman correlation coefficient test did not show a significant relationship between believing in resurrection and religious practice (P = 0.1, r = 0.11). But, Kruskal-Wallis test showed a significant difference between believing in resurrection and level of education (P = 0.007), and also between religious practice and level of education (P = 0.03).

**Conclusion**: Believing in resurrection and divine justice and religious practice lead to a better understanding of the world and adaptation to the crisis and problems of old age. Therefore, health care providers, by discovering and understanding spiritual needs and strengthening religious beliefs, can improve the quality of life and promote mental health of the elderly.

**Keywords:** Believing in resurrection, Religious practice, Elderly

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## Introduction

Aging is considered as a natural phenomenon and the last stage of human life (1, 2). Today, due to the improvement made in living conditions and health care, and also increase in life expectancy, the population of elderly has grown significantly (3, 4). Therefore, the 21st century should be called as the century of the world's aging (5). According to published statistics, in 2000 there were about six hundred million people aged 60 and over in the world (6). This figure will reach to one billion and two hundred million in 2025 (14% of the total world population) and in 2050, it will reach to two billion people (21.8%), (7). Also, today about two-thirds of older people live in developing countries (8). This figure will reach to about 75% in 2025 in these countries (9). Iran is no exception to this phenomenon, and according to the report of the Statistics Center of Iran in 2016 census, about 9.27% of the country's population had the age of 60 or higher (10). If this path continues, it is predicted that by 2022 the population of elderly over 60 will reach to 10 million (3). It is predicted that by 2032 we will see a population explosion in elderly in Iran (10).

With the onset of old age, people gradually lose some of their physiological, psychological and social functions (3, 11)

At this age, despite the decrease in physical and cognitive functions, religious beliefs and spiritual needs increase (12, 13). Also, although in old age paying attention to physical, mental and psychological issues is important, less attention is paid to the spiritual issues and needs, which are aspects of psychological health (2). This is while religious and spiritual beliefs help the elderly to overcome the changes of aging (4). Religion and spirituality can be used as a flexible strategy by the elderly to promote well-being and problem solving (14). In old age, believing in God or a higher power causes one to feel good about life (15). Disbelief in God is the source of confusion and injustice (16), because believing in God who oversees all things and helps man in all situations causes the elderly to consider events, crisis and sufferings as blessings and tests from God (17). Remembering the presence of God and communicating with him is a rich source of support for elderlies (18), because when the body becomes weak, mindfulness can help a person to travel to another place, which may be a healing place (19). Communication with God who has control over everything gives people hope and self-confidence and reduces their sense of hopelessness (18). Believing in resurrection plays an important role in facing problems and increasing mental health (20). Therefore, believing in God who oversees all situations reduces the anxiety associated with stressful situations and pressures of life (21). Thus, it can be said that, believing in God and resurrection causes people to relying on God in difficult situations and experience less anxiety and negative emotions (22).

Also, performing religious practices such as prayer, remembrance, and reading bible help one to solve the problems of unfavorable living conditions (14). Performing religious practices and believing in resurrection act as a shield against the pressures of life, and strengthen the spirit in hardships and reduce stress. Reliance on God always resolves life crises and promotes mental health (23, 24). Studies show that, there is a significant relationship between successful aging and tendency towards spirituality and religious practice, and religious beliefs in old age promote mental health in the elderly (25). Religious practice leads to happiness, life satisfaction, self-confidence and a sense of peace (26, 27). Therefore, believing in resurrection and performing religious

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practices cause people to adapt to difficult conditions of life, and help them to have more motivation and energy in life (28). In hundreds of verses of the Holy Quran, God says that by believing in resurrection and eternal life, man will reach meaning and purpose in material life (29). Considering the importance of religious beliefs and tendencies toward religious practices in old age, these activities are considered as a treatment method in complementary medicine (12, 30). Since, there are more than 70 million Muslims living in Iran whose adherence to religious rules and values is intertwined with their lives (19), the researchers decided to conduct this study to determine the relationship between believing in resurrection and religious practices in the elderly.

## Methods

This descriptive correlational study was conducted in 2018 on the sample of elderly people in Golestan province who had been selected by cluster sampling method in cities of Aliabad Kotoul, Gorgan, Gonbad, Minoodasht, and Kordkoy. The research environment included the parks, shopping malls, residential apartments, gathering places for the elderly, daily rehabilitation centers and religious centers. Inclusion criteria were; being over 60 years old, having ability to communicate in order to answer the questions, and believing in Islam. The exclusion criteria were; having cognitive disorders identified in initial assessment and interviews with the participants, being addicted to drugs according to self-report, and not willing to continue with the study. The sample size in this study was calculated to be 218 people based on the article of Jadidi et al (2011), and the test power of 0.95, r = 0.22 using G* POWER statistical software. The two-way significance level of 0.05 was considered in this study (31).

Data collection tools included a demographic characteristics form (age, sex, marital status, occupation, education and place of residence) and the Questionnaire of Believing in Resurrection, which consists of 27 questions and 4 subscales. The subscales of this questionnaire include; believing in the just world for own self (1, 2, 3 4, 5, 6, 7, 8), believing in the just world for others (9, 10, 11, 12, 13, 14, 15, 16), believing in the common just world (17, 18, 19, 20, 21, 22 , 23) and believing in the unjust world (24, 25, 26, 27), which are scored based on the 5-point Likert scale ranging from 27 to 135, with high score indicating higher belief in resurrection (32, 33). The reliability of this questionnaire was confirmed by Cronbach's alpha coefficient of 0.80 for the subscale of believing in the just world for own self, 0.79 for the subscale of believing in the just world for others, 0.93 for the subscale of believing in the common just world, 0.72 for the subscale of believing in the unjust world, and 0.80 for the whole questionnaire (32). In this study, the reliability of this tool was obtained by retest method used on 20 elderly people with a correlation coefficient of 0.93 and Cronbach's alpha coefficient of 0.74 for the whole questionnaire.

The Questionnaire of Performing Religious Practices is made by Golzari (2000), and consists of 25 questions. Questions 1 to 5 are based on a 5-point Likert scale ranging from 1 to 5, and questions 6 to 25 are based on a 4-point Likert scale ranging from the lowest possible status (score 0) to the highest possible status (score 4). Also, for the whole questionnaire, the lowest score is 0 and the highest score is 100. The reliability of this questionnaire was confirmed in the study of Jafari and Mohammadzadeh (2014) with Cronbach's alpha coefficient of 0.89 (17). Also, in this study, the reliability of this tool was confirmed by Cronbach's alpha

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coefficient of 0.73, and also by retest method with the correlation coefficient of 0.94.

The face and content validity of these two questionnaires were confirmed in previous studies and also by 10 faculty members of Islamic Azad University, and University of Medical Sciences.

After approving the project by the University's Research Council and receiving the code of ethics, the researcher selected several cities among the cities of Golestan province by simple random method. Also, for more cultural generalizability, the cities of Gonbad and Minoodasht were selected from the eastern region of the province, the cities of Gorgan, Ali Abad Kotoul and AqQala were selected from the central part of the province, and the city of Kordkoy was selected from the western region of the Golestan province. Then, based on the population ratio of these cities, the researcher selected the research samples by convenience sampling method. The researcher also provided the necessary explanations to the participants and reassured them about the confidentiality of their personal information, and then obtained informed consent from them. The method of completing the questionnaires was the same for all samples. After obtaining the consent form and providing an explanation on how to complete the questionnaire, the questionnaires were given to the people to complete without time limitation. At the time of completing the questionnaires, the researcher was present with the participants and answered their questions. In this study, the common code of ethics such as 1,3,24 (satisfaction of the subjects) and 20 (adherence to religious and cultural standards) were observed. The SPSS-16 statistical software was used to manage the data obtained from the questionnaires. After examining the normality of the data by Kolmogorov-Smirnov test, the data were analyzed by inferential statistical tests (Spearman correlation coefficient, U Mann-Whitney test and Kruskal-Wallis) at a significant level of 0.05.

## Results

The mean age of the participants was 67.56 + 6.96 years, with the highest percentage 70.5% (155 people) being in the age group of 60-70 years, 18.6% (41 people) being in the age group of 70-80 years, and 10.9% ( 24 people) being over 80 years old. In terms of gender, 61.4% of the samples (135 people) were women and 38.6% (85 people) were men, and in terms of marriage, 91.4% (201 people) were married and 8.6% (19 people) were single. Also, in terms of literacy level, 38.2% of the samples (84 people) were literate at the reading level and in terms of employment, 49.1% (108 people) were housewives. Also on average, the participants had 3.1 + 0.8 children.

The results showed that, the score of believing in resurrection was 70.81 + 62.41, and among the dimensions of believing in resurrection, the dimension of believing in the unjust world received the lowest score and the dimension of believing in the just world for own self and others received the highest score (Table 1).

Also, in this study, the score of religious practice was 72.39 ± 10.68, and Spearman correlation coefficient test did not show a significant relationship between believing in resurrection and religious practice (P = 0.1, r = 0.11).

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**Table 1: The scores of dimensions of believing in resurrection among the elderly people in Golestan province**

| Frequency / Dimension of believing in resurrection | Mean ± SD |
|---|---|
| Believing in the just world for own self | 20.21 ± 3.62 |
| Believing in the just world for others | 21.78 ± 4.91 |
| Believing in the common just world | 19.39 ± 2.44 |
| Believing in the unjust world | 9.2 ± 1.91 |
| Overall belief in resurrection | 70.62 ± 8.41 |

**Table 2: Relationship between believing in resurrection and religious practice in elderly people in Golestan province**

| Religious practice / Dimension of believing in resurrection | Correlation coefficient | Significant level |
|---|---|---|
| Believing in the just world for own self | r=0.02 | P=0.71 |
| Believing in the just world for others | r=0.14 | P=0.03 |
| Believing in the common just world | r=0.01 | P=0.8 |
| Believing in the unjust world | r=0.03 | P=0.57 |
| Overall belief in resurrection | r=0.01 | P=0.12 |

**Table 3: Relationship between believing in resurrection and demographic characteristics of the elderly samples**

| Believing in resurrection / demographic characteristics | | | Mean ± SD | P-Value |
|---|---|---|---|---|
| Age | Below 70 | ۱۵۵ | 70.88 ± 8.61 | P=0.28 |
| | 70-80 | ۴۱ | 71.12 ± 8.25 | |
| | Over 80 | ۲۴ | 68.12 ± 7.18 | |
| Gender | Female | ۱۳۵ | 70.79 ± 9.29 | P=0.56 |
| | Male | ۸۵ | 70.36 ± 6.81 | |
| Marital status | Married | ۲۰۱ | 70.59 ± 8.37 | P=0.64 |
| | Single | ۱۹ | 70.01 ± 9.03 | |
| Education level | Illiterate | ۸۴ | 70.72 ± 7.38 | P=0.007 |
| | Primary | ۴۶ | 71.97 ± 9.47 | |
| | Secondary | ۲۴ | 70.41 ± 9.27 | |
| | High school | ۲۰ | 67.91 ± 8.89 | |
| | Diploma | ۲۶ | 66.92 ± 6.15 | |
| | University | ۲۰ | 74.91 ± 8.97 | |
| Employment status | Housewife | ۱۰۸ | 70.68 ± 9.01 | P= 0.82 |
| | Office worker | ۳۰ | 71.56 ± 10.42 | |
| | Self-employed | ۶۸ | 70.16 ± 6.77 | |
| | Farmer | ۱۴ | 70.42 ± 8.41 | |

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However, there was a significant relationship between religious practice and the dimension of believing in the just world for others (P = 0.03, r = 0.14), but no significant relationship was found between religious practice and other dimensions of believing in resurrection (Table 2).The U Mann-Whitney test did not show a significant difference between the scores of believing in resurrection, marital status (P = 0.64), and gender (P = 0.56). Kruskal-Wallis test did not show a significant difference between the scores of believing in resurrection, employment status (P = 0.82) and age (P = 0.28). But, there was a significant difference between the scores of believing in resurrection and education level (P = 0.007), so that the score of believing in resurrection was higher in the university educated people (Table 3).

The U Mann-Whitney test did not show a significant difference between the scores of religious practice, marital status (P = 0.17), and gender (P = 0.69). Kruskal-Wallis test did not show a significant difference between the scores of religious practice, employment status (P = 0.62) and age (P = 0.69). However, there was a significant difference between the scores of religious practice and education level (P = 0.03), so that the score of religious practice was higher in people with diploma the university education (Table 4).

**Table 4: Relationship between religious practice and demographic characteristics of the elderly samples**

| Religious practice / demographic characteristics | | | Mean ± SD | P-Value |
|---|---|---|---|---|
| Age | Below 70 | ۱۵۵ | 72.99 ± 9.77 | P=0.69 |
| | 70-80 | ۴۱ | 71.41 ± 12.11 | |
| | Over 80 | ۲۴ | 70.16 ± 13.49 | |
| Gender | Female | ۱۳۵ | 72.56 ± 11.34 | P=0.69 |
| | Male | ۸۵ | 72.11 ± 9.58 | |
| Marital status | Married | ۲۰۱ | 72.68 ± 10.63 | P=0.03 |
| | Single | ۱۹ | 69.31 ± 10.99 | |
| Education level | Illiterate | ۸۴ | 72.58 ± 9.82 | P=0.03 |
| | Primary | ۴۶ | 71.63 ± 9.59 | |
| | Secondary | ۲۴ | 68.16 ± 13.42 | |
| | High school | ۲۰ | 67.65 ± 10.35 | |
| | Diploma | ۲۶ | 67.03 ± 10.33 | |
| | University | ۲۰ | 73.8 ± 11.77 | |
| Employment status | Housewife | ۱۰۸ | 71.81 ± 11.46 | P=0.62 |
| | Office worker | ۳۰ | 74 ± 10.37 | |
| | Self-employed | ۶۸ | 72.25 ± 9.85 | |
| | Farmer | ۱۴ | 74.14 ± 9.39 | |

## Discussion

The results of this study showed that believing in resurrection was at moderate level among the elderly samples. Also, in terms of the dimensions of believing in resurrection, believing in the unjust world obtained the lowest score and believing in the just world for others and then for own self obtained the highest scores. These results are in line with our religious and Quranic guidelines as Muslims, because one of the most obvious beliefs among Muslims is the belief in afterlife and a just resurrection (32). Resurrection is a necessary and inseparable element of the creation, because the God has created man with a purpose. In the Quran, God says that; “we did not create the heavens and the earth in vain, and such an idea belongs to the disbelievers” (29). In the Holy Quran in Surah Al-Qiyamat, God has promised the resurrection and afterlife. He

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believes that those who do not believe in resurrection are attached to the world and material life (34). Believing in an unjust resurrection leads to suspicion and a tendency towards violence and aggression at the cognitive-behavioral level (32), because believing in an unjust resurrection is a reflection of injustice that will be inflicted on the innocent in afterlife and sinners will escape punishment (33). In contrast, believing in resurrection and a just world increases life satisfaction, controls individual behavior, protects the individual from sin, creates responsibility and commitment, maintains security, peace and hope in life, and prevents injustice (35). Believing in a just world leads to positive emotion, general health, life satisfaction, adaptation to problems, lower level of stress and reduced mental illness (32). Therefore, strengthening such beliefs in the elderly promotes their general health and quality of life (36, 37).

The results of this study showed that religious practice in the elderly was at moderate level. Studies show that religious practice is one of the predictors of mental health and also, it reduces stress and increases self-efficacy in individuals (26). Religious and spiritual behaviors are types of coping strategy against problems and create internal/external harmony and integration, which is considered as a coping strategy in resolving crises (21). People who believe in spirituality and religion have a better inner self, are less prone to mental disorders and suffer less from pain and anxiety (18). God in the Quran states that, hearts are reassured with the remembrance of God and it reduces fear and apprehension (38). Religious practice can lead to many changes in the activation of brain receptors, and by activating the brain systems, it helps people to put aside their negative thoughts and achieve empathy and cohesion (17). Religious practice creates inner peace and meaning in life (39). Religious practice in the elderly reduces negative attitudes and relieves discomfort (4, 40). Studies show that there is a significant relationship between successful aging and adaptation to aging, and improved mental health in the elderly with religious attitudes and practices. Elderly people who do more religious practice have more life satisfaction and adaptation (41) Therefore, it can be said that religious practice improves emotions, happiness, kindness and increases self-confidence and sense of peace (26).

The results of this study did not show a significant relationship between believing in resurrection and religious practice. However, studies have shown that believing in resurrection plays an important role in the use of religious behaviors (42), because believing in resurrection is correlated with religious beliefs and practice (43). Therefore, believing in God who dominates and oversees situations has an important role in adapting spiritual behaviors and coping with life tensions and pressures (21).

In this study, a significant relationship was observed between believing in a just world for others and religious practice, so that an increase in believing in the just world for others increased the religious practice in the elderly. Golparvar et al (2012) stated that believing in the just world for others increases mental health (32), because believing in the just world for others reflects the belief that the world is a just place for others (20). Imam Ali (AS) in Nahj al-Balaghah says that, the fate of others causes insight, because they have gone the way you may go in the future, so observing the fate and behavior of others helps you to choose the right path (44). Observing and judging the actions and destinies of others leads to a better understanding of divine justice (45), because by observing the injustices, insecurities, bad behaviors and destinies of others, the belief in resurrection and divine justice increases (43).

In this study, a significant relationship was also observed between believing in resurrection, religious practice and level of education (Tables 3 and 4), so that people with higher education had more belief in resurrection and religious practice. However, no significant differences were observed between believing in resurrection, religious practice and other demographic variables.

Golshahi et al (2014) believed that, religious attitude in the elderly with university education is more than illiterate people and those with primary education (46). In the study of Hojjati

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et al (2017) no significant difference was observed between education, age and spiritual experiences (47). But in another study, Hojjati et al (2015) showed a significant relationship between the frequency of prayer, level of education and age, so that people with lower education and older age performed more religious behaviors (19). According to the results of this study, it can be said that older people who are more educated have a deeper understanding of religious practice, and do it less out of habit. Also, the reason for the differences in the findings of various studies regarding the level of education and religious practice, we can point to the cultural and demographic differences in these studies.

According to the results of this study and the importance of old age, which as a final stage of life causes a review and clarification on how life has been spent, spiritual beliefs reduce the sense of abandonment, emptiness and loneliness and also cause a sense of cohesiveness in life satisfaction (48). In Golestan province, it is suggested that, more studies with larger sample size would be conducted on this subject.

## Conclusion

The results of this study showed that believing in resurrection and divine justice leads to a better understanding of life and more religious practice. Strengthening religious beliefs is one of the useful and practical strategies in improving the quality of life and mental health of the elderly. Also, observing the fate and destiny of others in this world leads to a better understanding of divine justice. Therefore, it is necessary to pay attention to religious and spiritual beliefs as one of the important aspects of nursing care. Health care providers can also increase the quality of life and understanding of life by discovering spiritual needs and beliefs of patients that become more important at old age.

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## References

1. Salehi R, Davatgaran K, Heidari M, Mostafaee N, Latifi M. The Psychometric Properties of the Persian Version of the Camberwell Assessment of Needs (CANE) for Iranian Elderly People With Mental Disorders. Yektaweb_Journals. 2018;13(2):168-81.
2. Malone J, Dadswell A. The Role of Religion, Spirituality and/or Belief in Positive Ageing for Older Adults. Geriatrics. 2018;3(2):28.
3. Hekmati Pour N, Hojjati H. Effects of Exercise on Mental Health of Elderly. gums-hnmj. 2016;26(4):36-42.
4. Oliveira ALB, Menezes TMO. The meaning of religion/religiosity for the elderly. Revista brasileira de enfermagem. 2018;71 Suppl 2:770-6.
5. Mohammadi S, Yazdani Charati J, Mousavinasab N. Factors Affecting Iran's Population Aging, 2016. J-Mazand-Univ-Med-Sci. 2017;27(155):71-8.
6. Safdari R, Shams Abadi AR, Pahlevany Nejad S. Improve Health of the Elderly People With M-Health and Technology. Yektaweb_Journals. 2018;13(3):288-99.
7. Abedi S, Foroughan M, Khanjani MS, Bakhshi EA, Farhadi A. Relationship Between Meaning of Life and Spiritual Well-being in the Older People Residing in Nursing Homes Shemiranat, 2014. Yektaweb_Journals. 2016;11(3):456-65.
8. Safdari R, Sadeghi F, Mohammadiazar M. Aged Care and Services Programs in Iran: Looking at the Performance of Relevant Organizations. payavard. 2016;10(2):155-66.
9. Nouri A, Farsi S. Expectations of Institutionalized Elderly From Their Children. Yektaweb_Journals. 2018;13(2):262-79.
10. Ghadampour E, Roshannia s, Rezaeifar N. Effectiveness of Spirituality

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[ DOR: 20.1001.1.23222913.2021.10.2.11.7 ]

Therapy on the Metacognitive Beliefs and Dysfunctional Attitude in Elderly People of Khorramabad City in 2017. joge. 2019;3(3):1-8.
11. Akhoondzadeh G, Jalalmanesh S, Hojjati H. Effect of reminiscence on cognitive status and memory of the elderly people. Iranian journal of psychiatry and behavioral sciences. 2014;8(3):75-80.
12. Lee TF, Lifen W. God changed their lives: the value of religion in the elderly. Journal of Christian nursing : a quarterly publication of Nurses Christian Fellowship. 2014;31(1):36-9.
13. Chen YH, Lin LC, Chuang LL, Chen ML. The Relationship of Physiopsychosocial Factors and Spiritual Well-Being in Elderly Residents: Implications for Evidence-Based Practice. Worldviews on evidence-based nursing. 2017;14(6):484-91.
14. Reis LAD, Menezes TMO. Religiosity and spirituality as resilience strategies among long-living older adults in their daily lives. Revista brasileira de enfermagem. 2017;70(4):761-6.
15. Jim HSL, Pustejovsky JE, Park CL, Danhauer SC, Sherman AC, Fitchett G, et al. Religion, spirituality, and physical health in cancer patients: A meta-analysis. Cancer. 2015;121(21):3760-8.
16. McKay R, Whitehouse H. Religion and morality. Psychological bulletin. 2015;141(2):447-73.
17. Ramazani B, Bakhtiari F. Effectiveness of Spiritual Therapy on Cognitive Avoidance, Psychological Distress and Loneliness Feeling in the Seniors Present at Nursing Homes. joge. 2019;3(3):32-41.
18. Hekmati Pour N, Hojjati H. The relationship between praying and life expectancy in cancerous patients. J Med Life. 2015;8(Spec Iss 4):60-4.
19. Hojjati H, Hekmati Pour N, Khandousti S, Mirzaali J, Akhondzadeh G, Kolangi F, et al. An Investigation into the Dimensions of Prayer in Cancer Patients. Religion and Health. 2015;3(1):65-72.
20. Rahpardaz F, Shirazi M. The Role of the Belief in a Justice World in Predicting Life Satisfaction among Female Students at University of Sistan and Baluchestan. Journal of Educational Psychology Studies. 2016;13(24):39-52.
21. Sarbanan A, Alimohammadzadeh K, Hojjati H. Relationship between Self-efficacy and Perceived Stress in Spouses of Veterans with Post-traumatic Stress Disorder. ajaums-mcs. 2017;4(2):102-10.
22. Mohammadzadeh A. Investigating the Relationships between Death Obsession, Religious Coping, Acting on Religious Beliefs, and Attachment to God. ijpcp. 2015;21(3):236-43.
23. Jafari E, Heshmati R, Faghani R, Tanghestani M. The predictive role of self-efficacy resiliency and practice of religious beliefs in job burnout of nurse. UNMF. 2018;16(3):188-97.
24. Robinson KA, Cheng MR, Hansen PD, Gray RJ. Religious and Spiritual Beliefs of Physicians. Journal of religion and health. 2017;56(1):205-25.
25. Hadjizadeh Meimandi M, Barghamadi M. The Study of the Relationship Between Religious Beliefs Performance and Life Satisfaction Among the Elderly. Salmand: Iranian Journal of Ageing. 2010;5(1):0-.
26. Mousavi Moghadam SR, DavariFard F, Vaesi N, Tavan H, Sadeghkhani A. Comparison of relationship between religious beliefs and psychological well-being, with a high burnout and low. Journal of Reaserch on Religion & Health. 2016;2(1):11-8.
27. Rizvi MAK, Hossain MZ. Relationship Between Religious Belief and Happiness: A Systematic Literature Review. Journal of religion and health. 2017;56(5):1561-82.
28. Sharif Nia SH, Hojjati H, Nazari R, Ghorbani4 M, Akhoondzade G. The effect of prayer on mental health of hemodialysis patients. Iranian Journal of Critical Care Nursing. 2012;5(1):20-34.

[ Downloaded from mail.intjmi.com on 2026-11-20 ]

[ DOR: 20.1001.1.23222913.2021.10.2.11.7 ]

29. Faydei A. An Approach to the Physical Resurrection in the Holy Quran and New Testament. Quarterly Sabzevaran Fadak. 2013;4(13):125-46.
30. Joseph R, Fernandes S, Derstine S, McSpadden M. Complementary Medicine & Spirituality: Health-Seeking Behaviors of Indian Immigrants in the United States. Journal of Christian nursing : a quarterly publication of Nurses Christian Fellowship. 2018.
31. Jadidi A, Farahaninia M, Janmohammadi S, Haghani H. The Relationship between Spiritual Well-Being and Quality of Life among Elderly People Residing in Kahrizak Senior House. IJN. 2011;24(72):48-56.
32. Golparvar M, Estabraghi E, javadian z. Modifying effect of believing in Day of Judgment on the relation between believing in just and unjust world and psychological well being. Studies in Islam and Psychology. 2013;6(11):75-94.
33. Golparvar M, Barazandeh A, Javadian Z. The Relationship between Big Five Personality Factors and Belief in an Unjust and a Just World, Beliefs of Justice Compensation. CPAP. 2014;2(10):61-74.
34. Haghbin F, Bidadian Qomi F. The Study of Sign-Semantics of the Verses Qīyāmat and Ma'ādin Surah Qīyāmat; Basedon Greimas Semiotic Studies. Language Studies. 2014;4(8):51-74.
35. Salahshouri a, Afzali A, Brahman M, Dolatyari MH. The Impact of a Conceptual Change Model of Instruction on Students' Philosophical Understanding of Resurrection. qaiie. 2017;2(4):99-122.
36. Vizehfar F, Jaberi A. The Relationship Between Religious Beliefs and Quality of Life Among Patients With Multiple Sclerosis. Journal of religion and health. 2017;56(5):1826-36.
37. Willard AK, Cingl L. Testing theories of secularization and religious belief in the Czech Republic and Slovakia. Evolution and Human Behavior. 2017;38(5):604-15.
38. Hojjati H. Compare two methods of pray and mentioning on life expectancy i patients hospitilization in CCU Ward Social Security Golestan Hospitals in 1393. cmja. 2016;6(1):1384-94.
39. Ehsanian E, Hojjati H. The relationship between religious orientation and self-actualization in 12-18-year-old. Iranian Journal of Pediatric Nursing. 2017;4(1):30-5.
40. Sharp S. Beliefs in and About God and Attitudes Toward Voluntary Euthanasia. Journal of religion and health. 2018;57(3):1020-37.
41. Hadjizadeh Meimandi M, Barghamadi M. The Study of the Relationship Between Religious Beliefs Performance and Life Satisfaction Among the Elderly. Yektaweb_Journals. 2010;5(1):0-.
42. Stroebe K, Postmes T, Täuber S, Stegeman A, John M-S. Belief in a just what? Demystifying just world beliefs by distinguishing sources of justice. PloS one. 2015;10(3):e0120145-e.
43. Wenzel K, Schindler S, Reinhard M-A. General Belief in a Just World Is Positively Associated with Dishonest Behavior. Frontiers in psychology. 2017;8:1770-.
44. Taheri Sarteshnizi Eh, Moosavi M. Human awareness of death and meaningfulness of life in Nahj Al-Balagheh. Religious Anthroplogy. 2012;9(27):177-98.
45. Golparvar M, Vaseghi Z. Attribution Moderator of Relationship between Belief in a Just World with Female Students' Aggressive Reaction. iricss. 2011;12(4):1-12.
46. Golshahi T, Moradi A, Mobasheri M, Mirzaeian R, Yousefi Z. Exploring the Effect of Social Support and Religious Beliefs on the Life Satisfaction of the Elderly Living in the Town of Borujen. J Clin Res Paramed Sci. 2014;3(1):e82088.
47. Hojjati H, Sarbani A, Alimmohammadzadeh K. The Relationship between Daily Spiritual Experiences and Perceived Stress in the Spouses of War Veterans with Post-

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traumatic Stress. Journal-Mil-Med. 2017;19(2):135-42.

**48.** Momeni K, Rafiee Z. Correlation of Social Support and Religious Orientation With Life Satisfaction in the Elderly. Yektaweb_Journals. 2018;13(1):50-61.

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