# The Impact of Resurrection Beliefs on Resilience and Loneliness among Elderly Individuals in Tehran

**Peiman Fereidouni Sarijeh [1], Ali Khatib [2*]**

**Abstract**

**Background:** Documenting and confirming the role of believing in resurrection for physical and mental health makes it possible to examine the role of transcendental religious beliefs regarding individual and social health, especially in the elderly.

**Aim:** This study was performed with aim to evaluate the impact of resurrection beliefs on resilience and feeling of social and emotional loneliness in the elderly of Tehran.

**Method:** This descriptive-analytical study was conducted on 700 elderly people over 60 years of age who were selected according to the inclusion criteria by cluster sampling method from 22 districts of Tehran in 2024. The data collection tool included a demographic form, standard questionnaire of resurrection belief and attitude to death, Connor-Davidson Resilience scale, and a Social and Emotional Loneliness Scale for Adults. Data were analyzed using SPSS software (version 22.0) and descriptive statistics (mean and standard deviation) and inferential statistics (Pearson's correlation coefficient and regression analysis). $p<0.05$ was considered as significant level.

**Results:** Older individuals believe more in the resurrection ($88.52\pm21.15$). With the increase in believing in the resurrection, resilience increased ($r=0.078$; $p=0.040$). Also, the resurrection belief reduced the feeling of social and emotional loneliness in the elderly ($r=-0.81$; $p=0.033$). On the other hand, with increasing resilience, the feeling of social and emotional loneliness in the elderly decreased ($r=-0.220$; $p<0.001$).

**Implications for Practice:** Belief in resurrection is one of the integral aspects of human life, especially in elderly, which affects resilience and lack of loneliness. Interventions and support systems for the elderly through belief systems can promote resilience.

**Keywords:** Beliefs, Elderly, Loneliness, Resilience, Spirituality

1. MSc in Psychiatric Nursing, Faculty of Nursing and Midwifery, Tehran University of Medical Sciences, Tehran, Iran
2. Department of Nursing, School of Nursing and Midwifery, Neyshabur University of Medical Sciences, Neyshabur, Iran

\* Corresponding Author Email: khatib.nurse@gmail.com

**Introduction**
Aging refers to the natural and progressive irreversible physiological changes that occur throughout each person's life (1). Although this process occurs in everyone, it is often accompanied by significant changes in health and nutritional needs; with increasing age, the biological effects gradually decrease (2). According to the World Health Organization, the world is facing a demographic revolution because there are about 600 million elderly aged 60 and over. This number will double by 2025 and increase to two billion people (3), Iran is not exempt from this law. According to the latest census, about 27.7% of the country's population are over 60 years old (4). Demographic forecasts suggest that this population will double in the next 25 years and the aging rate will reach ten percent. As the number of older people increases, their health problems become more important (5). The elderly needs long-term and expensive care due to the higher prevalence of chronic diseases such as diabetes, heart disease, blood pressure, and arthritis. This can significantly increase healthcare costs and place a heavy financial burden on healthcare systems and households (6).

Since people experience stress as they age, it is necessary to pay attention to mental health and resilience in elderly (7). Resilience improves human mental performance through thinking, creating, and behavior and increases the ability to deal with emotional and psychological problems (8). Resilience can reduce stress and disability under difficult living conditions, increase life satisfaction, and improve people's mental health (9). Studies show that elderly with higher resilience have better mental health to deal with difficult situations compared to people with lower resilience (10-12). On the other hand, elderly lose their physiological and psychosocial functions, and finally, non-participation in social activities increases the feeling of loneliness (13). Loneliness is a mental feeling of lack of quality and quantity in communication; Of course, feeling alone does not mean social isolation (14). Non-acceptance from others and social isolation are important causes of mental illness (15, 16). Studies have shown that loneliness can affect physical health and overall well-being in the elderly (17, 18).

Humans are belief-oriented beings who act according to their beliefs at any given time regarding various phenomena. From this point of view, various beliefs in the field of human life are proposed. Belief in life after death and resurrection is one of the principles and pillars of the religion of Islam (19). On this basis, belief in the Islamic afterlife is belief in a just world in which the innocent are not punished instead of the guilty and in which hostility, punishment, stubbornness and enmity have no place; In contrast to belief in the afterlife, there is belief in a world full of justice, goodness, mercy and peace, where the good will have eternal peace and the wicked will suffer severe and painful punishments (20, 21). Studies have shown that by promoting the belief in the Day of Resurrection, useful measures can be taken to strengthen mental health and resilience among the elderly (22, 23).

The need and importance of the present research is primarily to lay the foundation for the project of transcendental beliefs such as belief in an afterlife and belief in a just life after death in the field of research and theory building. What becomes clear from the research texts and research documents in Iran is the neglect of belief in life after death and in a just world in previous theories and research. In addition, documenting and confirming the role of belief in the afterlife and belief in a fair afterlife for physical and mental health makes it possible to investigate the role of transcendental religious beliefs in the individual and social health, especially in the elderly. Since the task of nursing is to apply sufficient knowledge and skills to care for patients and to maintain and promote the health of the family and society, the present study was conducted with aim to determine the relationship between believing in resurrection and resilience and feeling of social and emotional loneliness in the elderly of Tehran.

**Methods**
This descriptive-analytical study was conducted on the elderly care center in Tehran in 2024. The sample size was determined using Cochran's formula (24) ($p$=0.65, d=0.07) and considering the confidence level of 95%, 5% error and 10% dropout, therefore, the sample size was calculated for a total of 700 people. Based on the cluster random sampling method and considering an effect size of 4, the total sample size was determiuned as 712, of which 12 were sample size dropouts, and a total of 700 people participated in the study.

Multistage sampling was used in this study. At first, clusters were randomly selected (22 districts of Tehran) and, secondly, sample units within the selected clusters were randomly selected (3 regions

and one municipal district from each region), and a list of public places, such as parks, mosques and retirement associations of that area were prepared and based on that sampling was done. In this design, random selection occurs at both the cluster or group level and at the sample unit level. The study included elderly individuals aged 60 and over who provided informed consent and were capable of participating in an interview. Individuals with cognitive dysfunction, mental disorders, or chronic illnesses were excluded from the study.

The data collection tool included a demographic form, standard questionnaire of resurrection belief and attitude to death (25), Connor-Davidson Resilience scale (26), and Social and Emotional Loneliness Scale for Adults (SELSA) (27). The demographic form included age, gender, marriage, occupation, and education level. The standard questionnaire of resurrection belief and attitude to death was designed and psychometrically evaluated in 2014 by Golparvar et al (25). The questionnaire includes 27 questions which is scored based on a 5-point Likert scale from 1 to 5 with a range of 27-135, and a higher score indicates more believing in resurrection. Validity of the questionnaire was confirmed by the form and content methods and its reliability was confirmed by Cronbach's alpha test method of 0.88 (25). The Connor-Davidson Resilience scale (CD-RISC) contains 25 items, all of which are scored on a 5-point range of responses, as follows: not true at all (0), rarely true (1), sometimes true (2), often true (3), and true nearly all of the time (4). The scale is rated based on how the subject has felt over the past month. The total score ranges from 0–100, with higher scores reflecting greater resilience. The CD-RISC has demonstrated good reliability ($\alpha=0.88$ and $0.89$), test-retest reliability (0.87), and convergent and divergent validity in the development of the scale (26). The validity and reliability of CD-RISC in Iranian population was 0.93 and 0.92, respectively (28). The Social and Emotional Loneliness Scale for Adults (SELSA) consists of 15 items, answered on a 7-point scale, ranging from 1 = Strongly Disagree to 7 = Strongly Agree, which indicate the degree of agreement or disagreement with each statement. The items cover three factors of loneliness, as follows: social (e.g., Item 09 - I feel part of a group of friends), family (e.g., Item 11 - I feel close to my family) and romantic (e.g., Item 02 - I would like to have a more satisfying love relationship). Internal consistency, as assessed by Cronbach's alpha ($\alpha$), was satisfactory: social ($\alpha=0.90$), family ($\alpha=0.89$) and romantic ($\alpha=0.87$). In addition, four items (1, 3, 7 and 14) have inverted scores. SELSA-S scale shows good reliability values as verified by Cronbach's alpha (29). In Iran the ICC of 0.97 ranging from 0.90–0.98 were found for the whole scale and the subscales, respectively and its reliability was 0.90 (30).

At the time of the meeting, the study questionnaire was given to the elderly after providing the necessary information about the research and its objectives as well as the applications of the information received. The questionnaire was completed individually for each person while respecting their privacy. An interview was conducted for the elderly who could not read and write and the questionnaire items were completed based on their opinions and decisions. If the questionnaire contained incomplete information, the participant was asked to complete the information.

The data were coded and entered into the Statistical Package for the Social Sciences (version 22.0); descriptive and inferential statistics were generated to describe the distributions of personal characteristics and other variables using percentages, means, and standard deviations. Correlations between believing in resurrection and resilience and feeling of social and emotional loneliness were computed using a Pearson correlation analysis. Predicting the value of a dependent variable based on the value of an independent variable was done with regression analysis.

**Ethical Consideration**

The study was approved by the Ethics Committee of Neyshabur University of Medical Sciences (ethical code: IR.NUMS.REC.1403.038). The researchers explained about the potential participants, also the objectives, methods, benefits, and risks of the study. The researcher guarantees the confidentiality of the participants' information and gives respondents the right to withdraw from the research at any time.

**Results**

The mean age of the elderly was 72.83±6.74 years (60-90 years). The majority of participants (65.3%) were female, and (55.9%) were married. Moreover, most participants (36.3%) were illiterate, and only 6.9% had a university degree (Table 1).

**Table 1. Demographic characteristics of the elderly participants in the study**

| Variable | Frequency (%) |
|---|---|
| **Age** (Mean±SD) | 72.83±6.74 |
| **Gender** | |
|   Male | 243 (34.7) |
|   Female | 457 (65.3) |
| **Marital status** | |
|   Single | 42 (6) |
|   Married | 391 (55.9) |
|   Deceased husband/wife | 212 (30.3) |
|   Divorced | 55 (7.9) |
| **Occupation** | |
|   Retired | 208 (29.7) |
|   Housekeeper | 433 (61.9) |
|   Free occupation | 59 (8.4) |
| **Education level** | |
|   Illiterate | 254 (36.3) |
|   Elementary | 163 (23.3) |
|   High school | 169 (24.1) |
|   Diploma | 66 (9.4) |
|   University degree | 48 (6.9) |

The mean score for belief in resurrection was 88.52±21.15, indicating a relatively high level of belief among the elderly. Mean score of resilience was 74.58±8.69, indicating a relatively high level of resilience among the elderly (Table 2). Mean score of the feeling of social and emotional loneliness was 50.03±14.21, showing a relatively high level of sense of loneliness; feeling of loneliness in romantic, family and social subgroups was considered high in the elderly (Table 2).

**Table 2. The mean scores of believing in resurrection, resilience and feeling of social and emotional loneliness in the elderly**

| Variable | | Mean± SD | Minimum | Maximum |
|---|---|---|---|---|
| Believing in resurrection | | 88.52±21.15 | 57 | 134 |
| Resilience | | 74.58±8.69 | 57 | 100 |
| Feeling of social and emotional loneliness | Total score | 50.03±14.21 | 16 | 70 |
| | Social | 18.51±5.99 | 5 | 25 |
| | Family | 16.71±5.92 | 5 | 25 |
| | Romantic | 14.08±5.77 | 5 | 25 |

The Pearson's product-moment correlation analysis revealed a positive correlation between believing in resurrection and resilience (r=0.078, $p$=0.040), a negative correlation between believing in resurrection and feeling of social and emotional loneliness (r=-0.81, $p$=0.033), and a negative correlation between resilience and feeling of social and emotional loneliness among the elderly (r=-0.220, $p$<0.001) (Table 3). The Pearson's product-moment correlation analysis revealed a negative correlation between believing in resurrection and romantic subgroup of feeling of social and emotional loneliness (r=-0.132, $p$<0.001), and negative correlation between resilience and all subgroups of feeling of social and emotional loneliness ($p$<0.001).

In the Multiple Linear Regression analysis, resilience and feeling of social and emotional loneliness were assessed as independent variables and believing in resurrection was considered a dependent variable (Table 4). Before performing the regression analysis, the assumptions of the regression analysis were examined. The Kolmogorov-Smirnov test was used to check the normality of the data and the results indicated the normality of the data ($p$>0.05). In order to check the assumption of independence of errors and non-collinearity of the predictor variables, the Durbin-Watson statistic was examined, and since the value of this index was calculated in the interval 2.19, it shows that the assumption of independence of errors has been observed. In addition, considering that the value of the tolerance coefficient index was 0.952 and the variance inflation index was 1.051, it can be said that the phenomenon of collinearity did not occur in the

research variables. The overall regression model R2 was 27% (F=2.09, $p<0.028$). Resilience had a positive and significant influence on believing in resurrection (β=0.75, $p<0.05$). Then, the demographic variables, including age, gender, marital status, employment status, and education level were also entered into the model. However, none of these variables showed a significant relationship with the dependent variable in the presence of the main variables. Therefore, demographic characteristics did not play an interfering or confounding role in the observed relationships.

**Table 3. Correlation between believing in resurrection, resilience and feeling of social and emotional loneliness among elderly**

| Variable | | | r | p-value |
|---|---|---|---|---|
| Believing in resurrection | Feeling of social and emotional loneliness | Total score | -0.081* | 0.033 |
| | | Social | -0.026 | 0.490 |
| | | Family | -0.034 | 0.364 |
| | | Romantic | -0.132* | 0.000 |
| Resilience | Feeling of social and emotional loneliness | Total score | -0.220** | 0.000 |
| | | Social | -0.172** | 0.000 |
| | | Family | -0.173** | 0.000 |
| | | Romantic | -0.184** | 0.000 |

*Correlation is significant at the 0.05 level; **Correlation is significant at the 0.01 level

**Table 4. Results of multiple regression analysis to predict total resilience score and social-emotional loneliness based on family, social, and romantic subscales**

| Dependent variables | Believing in resurrection | p-value | β | t | R | $R^2$ | F |
|---|---|---|---|---|---|---|---|
| Independent variables | Resilience | 0.041 | 0.075 | 1.88 | 0.163 | 0.027 | 2.097 |
| | Social | 0.001 | -0.147 | -3.28 | | | |
| | Family | 0.845 | 0.009 | 0.195 | | | |
| | Romantic | 0.519 | 0.031 | 0.645 | | | |
| | Age | 0.718 | 0.014 | 0.361 | | | |
| | Gender | 0.882 | -0.007 | -0.148 | | | |
| | Marriage | 0.587 | 0.021 | 0.544 | | | |
| | Occupation | 0.208 | -0.60 | -1.26 | | | |
| | Education level | 0.512 | 0.025 | 0.656 | | | |

**Discussion**

The purpose of the present study was to evaluate the impact of resurrection beliefs on resilience and feeling of social and emotional loneliness in the elderly of Tehran. The results showed that belief in resurrection is prevalent among the elderly. The results of other studies also demonstrated that religious beliefs and convictions are stronger in the elderly than in different periods of life (31). Tendency to spiritual thoughts and spiritual actions at the end of life improves mental health (32). Remembering God and believing in resurrection strengthens the psychological dimensions in the elderly (33). In the present study, there was a significant and positive relationship between believing in resurrection and resilience, so that with the increase of believing in resurrection, the resilience of the elderly also increased. By believing in resurrection and afterlife, the elderly have come to the belief that their actions will be taken care of after death. This belief may significantly contribute to their enhanced resilience (34), which was also confirmed in the present study.

With increasing age, human thinking about the phenomenon of death increases, so thinking about death and afterlife can increase resilience (35). Some elderly consider the concept of death as a natural stage of life, while some consider death to be the end of life (36). In the present study, most of the elderly felt lonely and there was a significant negative relationship between believing in resurrection and feeling of social and emotional loneliness. So that by increasing believing in resurrection in the elderly, the feeling of social and emotional loneliness can be reduced. Elderly people feel more lonely than other people due to the increase in life expectancy and witnessing the death of their loved ones. On the other hand, they are more familiar with the concept of death, so a person who pays more

attention to death will have less fear of death (37), and believing that the other world is waiting for him makes he feels less lonely.

Believing in resurrection leads to a deeper understanding of life, therefore, the more believing in resurrection increases in the elderly, the more their resilience increases and the feeling of loneliness decreases. Considering the cultural and religious differences in different cities and countries, it is necessary to conduct more studies with different cultures in all parts of Iran,; moreover, conducting the studies in other countries is also suggested. One of the limitations of the current research is the way of collecting information, which was a questionnaire and a self-report method, that could cause tiredness of the elderly; they should also be examined in the study of the religious and spiritual beliefs of the elderly. Another limitation was that all the elderly were Muslim and there were no participants from other religions. Therefore, it is necessary to perform more studies to evaluate the different ethnicities and religions in Iran. Also, further research should be conducted with a larger population and equal conditions in terms of gender, because in the current study, most of the participants were female. There is a need to conduct studies that investigate the relationship between believing in resurrection and cognitive variables.

In the present study, believing in resurrection in the elderly and their resilience were considered high, while the elderly felt extremely lonely. There was a positive and significant relationship between believing in resurrection and resilience, as well as a significant negative relationship between believing in resurrection and feeling of loneliness. Special attention should be paid to believing in resurrection as one of the integral aspects of human life, especially in old age. Therefore, the officials and health care workers should pay special attention to this spiritual need of the elderly, and by strengthening the spiritual dimensions and believing in resurrection, it is possible to help make the life of the elderly meaningful. The significant negative relationship between belief in resurrection and feelings of social and emotional loneliness suggests that fostering such beliefs may help mitigate loneliness among the elderly.

## Implications for practice
Healthcare providers should incorporate discussions about spiritual beliefs, including belief in resurrection, into their care plans for elderly patients. This approach may enhance the overall well-being and quality of life for this population. Self-awareness, cognitive-behavioral interventions or special programs can be implemented to support the spiritual needs of the elderly, so it is suggested to use appropriate interventions in next studies. Future research should explore how cultural and religious diversity within Iran and beyond may shape the relationship between belief in resurrection and mental health outcomes.

## Authors' Contributions
Peiman Fereidouni Sarijeh contributed to the conception and design, and data analysis. Ali Khatib performed data collection, conception and design of the study. All authors contributed to the writing of the manuscript and discussed on the manuscript.

## References
1. Pathath AW. Theories of aging. International Journal of Indian Psychology. 2017;4(4):15-22.
2. Dharmarajan T. Physiology of aging. Geriatric gastroenterology. 2021:101-53.
3. Rudnicka E, Napierała P, Podfigurna A, Męczekalski B, Smolarczyk R, Grymowicz M. The World Health Organization (WHO) approach to healthy ageing. Maturitas. 2020;139:6-11.

4.  Pezhhan A, Ambika A. Aging in the Middle East with Special Focus on Iran. In Handbook of Aging, Health and Public Policy: Perspectives from Asia: Springer; 2023: p. 1-14.

5.  Mehri N, Messkoub M, Kunkel S. Trends, determinants and the implications of population aging in Iran. Ageing International. 2020;45(4):327-43.

6.  Barasteh S, Rassouli M, Karimirad MR, Ebadi A. Future challenges of nursing in health system of Iran. Frontiers in Public Health. 2021;9:676160.

7.  Davydov DM, Stewart R, Ritchie K, Chaudieu I. Resilience and mental health. Clinical psychology review. 2010;30(5):479-95.

8.  Baker FR, Baker KL, Burrell J. Introducing the skills-based model of personal resilience: Drawing on content and process factors to build resilience in the workplace. Journal of Occupational and Organizational Psychology. 2021;94(2):458-81.

9.  Moser E, Chan F, Berven NL, Bezyak J, Iwanaga K, Umucu E. Resilience and life satisfaction in young adults with epilepsy: The role of person-environment contextual factors. Journal of Vocational Rehabilitation. 2020;52(2):157-71.

10. Chuang SP, Wu JYW, Wang CS. Resilience and quality of life in people with mental illness: A systematic review and meta-analysis. Neuropsychiatric Disease and Treatment. 2023:507-14.

11. Konaszewski K, Niesiobędzka M, Surzykiewicz J. Resilience and mental health among juveniles: role of strategies for coping with stress. Health and quality of life outcomes. 2021;19:1-12.

12. Majnarić LT, Bosnić Z, Guljaš S, Vučić D, Kurevija T, Volarić M, et al. Low psychological resilience in older individuals: an association with increased inflammation, oxidative stress and the presence of chronic medical conditions. International journal of molecular sciences. 2021;22(16):8970.

13. Saadeh M. Enjoying life and living healthier: Impact of behavioral and psychosocial factors on physical function in old age: Karolinska Institutet (Sweden); 2022.

14. Tragantzopoulou P, Giannouli V. Social isolation and loneliness in old age: Exploring their role in mental and physical health. Psychiatriki. 2021;32(1):59-66.

15. Vicente JB, Mariano PP, Buriola AA, Paiano M, Waidman MAP, Marcon SS. Acceptance of patients with mental illness: a family perspective. Revista Gaúcha de Enfermagem. 2013;34:54-61.

16. Low SK, Lee WY, Jacob CS. Psychological distress of community based residents with mental illness in Perak, Malaysia. Current Psychology. 2019;38:397-404.

17. Domènech-Abella J, Switsers L, Mundó J, Dierckx E, Dury S, De Donder L. The association between perceived social and physical environment and mental health among older adults: mediating effects of loneliness. Aging & Mental Health. 2021;25(5):962-8.

18. Luanaigh CÓ, Lawlor BA. Loneliness and the health of older people. International Journal of Geriatric Psychiatry: A journal of the psychiatry of late life and allied sciences. 2008;23(12):1213-21.

19. James AS, Kubo A, Lavocat F. The Routledge Handbook of Fiction and Belief: Routledge; 2024.

20.Ghayas S, Batool SS. Construction and validation of afterlife belief scale for Muslims. Journal of religion and health. 2017;56:861-75.

21. Mohd Mahudin N, Mohd Noor N, Dzulkifli M, Shari'e Janon N. Religiosity among Muslims: A scale development and validation study. Makara Human Behavior Studies in Asia. 2016;20(2):109-20.

22. Ghanbari N, Ghabimi M, Azimpour S, Mirzazadeh T, Hekmati Pour N. The Relationship Between Believing in Resurrection and Religious Practice Among Elderly Population of Golestan Province. Journal of Emergency Health Care. 2021;10(2):103-13.

23. Tabatabayi H, Ghabimi M, Khajeh-Mirzaee F, Asadi-Nejad H, Hekmati-Pour N, Sheykh-Nejad F. The correlation between believing in resurrection and attitudes toward death among elderly people. Nursing Development in Health. 2022;12(2):27-36.

24. Cochran WG. *Sampling techniques*. 3rd ed. New York: John Wiley & Sons. 1977.

25. 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. Clinical Psychology and Personality. 2014;12(1):61-74.

26. Connor KM, Davidson JR. Development of a new resilience scale: The Connor-Davidson resilience scale (CD-RISC). Depression and anxiety. 2003;18(2):76-82.

27. DiTommaso E, Spinner B. The development and initial validation of the Social and Emotional Loneliness Scale for Adults (SELSA). Personality and individual differences. 1993;14(1):127-34.

28. Bakhshayesh Eghbali B, Pourramzani A, Bahadivand Chegini AH, Mirniam L, Hasanzadeh K, Saadat S. Validity and Reliability of Connor-Davidson Resilience Scale in Patients with Multiple Sclerosis: A Psychometric Study in Iran. Avicenna Journal of Neuropsychophysiology. 2022;9(2):45-50.

29. Lichner V, Žiaková E, Ditommaso E. Assessment the loneliness of Slovak adolescents: Adaptation of the Social and Emotional Loneliness Scale for Adults (SELSA-S) to adolescents and verification of psychometric attributes in the Slovak version. Journal of Psychological and Educational Research. 2021;29(1):34-56.

30. Bandari R, Mohammadi Shahboulaghi F, Khankeh H, Ebadi A, Montazeri A. Development and psychometric evaluation of the loneliness inventory for older adults (Lonely): A mixed-methods study. Nursing Open. 2022;9(6):2804-13.

31. Fountoulakis KN, Siamouli M, Magiria S, Kaprinis G. Late-life depression, religiosity, cerebrovascular disease, cognitive impairment and attitudes towards death in the elderly: Interpreting the data. Medical hypotheses. 2008;70(3):493-6.

32. Sheykhangafshe FB, Shabahang R. Prediction of psychological wellbeing of elderly people based on spirituality, social support, and optimism. Journal of Religion & Health. 2020;7:22-32.

33. Aghajani MJ, Mosavi SS, Akbari B, Aboalghasimi S. Relation of Attachment to God and Psychological Hardiness with death anxiety of Retired Elderly Men. Journal of Religion and Health. 2020;8(1):19-29.

34. Amani A, Miracky B. Seniors' viewpoints about death phenomenon: A qualitative study. Aging Psychology. 2019;5(2):169-78.

35. Poordad S, Momeni K. Death anxiety and its relationship with social support and gratitude in older adults. Iranian Journal of Ageing. 2019;14(1):26-39.

36. Hosseini RS, Ebrahimi ME, Khalkhali V, Zamani N. The relationship between the fear of death and religious beliefs and mental disorders in the elderly living in Karaj nursing homes (2014). Iranian Journal of Ageing. 2019;14(2):144-61.

37. Hojjati H, Hekmati Pour N, Nasrabadi T, Hoseini S. Attitudes of nurses towards death. Journal of Health and Care. 201۵;17(2):146-53.