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Predicting Resilience Based on Spiritual Health and Psychological Well-Being Among University Students

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A B S T R A C T

Objective: The present study aimed to predict resilience based on spiritual health and psychological well-being among university students.

Methods and Materials: The sample included 43 students from the Islamic Azad University, Khorasgan Branch, during the 2022 academic year. The research instruments used were the Spiritual Well-Being Scale (SWBS) developed by Paloutzian and Ellison (1982), the Connor-Davidson Resilience Scale (CD-RISC) (Connor & Davidson, 2003), and Ryff's Psychological Well-Being Scales (Ryff, 1989). Data were analyzed using SPSS version 26.

Findings: Pearson correlation and stepwise regression analyses were employed. The results indicated that the relationship between spiritual health and psychological well-being with resilience was statistically significant ($p < .01$). Additionally, the relationship between the dimensions of spiritual health and resilience was also significant ($p < .01$). Furthermore, the relationship between the dimensions of psychological well-being and resilience was statistically significant, confirming this hypothesis as well ($p < .01$).

Conclusion: The findings of the present study indicate that with an increase in spiritual health, individuals' resilience increases by 54.6%. Moreover, with an increase in autonomy, resilience increases by 35.3%. Based on these results, special attention should be paid to these variables in efforts to promote resilience.

Keywords: *Psychological well-being, resilience, spiritual health, students.*

1. Introduction

In recent years, the focus on positive psychological constructs such as resilience, psychological well-being, and spiritual health has intensified across disciplines, particularly in the realm of mental health and educational psychology. As societies worldwide experience increasing levels of stress, uncertainty, and psychological distress—particularly among students navigating the complexities of higher education—the exploration of internal psychological resources becomes ever more critical. Among these, resilience stands out as a core psychological factor that enables individuals to adapt positively to adversity and stress. It has emerged as a powerful buffer against psychological dysfunction, facilitating emotional balance and adaptive functioning in the face of challenges (Asif et al., 2024; Chuning et al., 2024). Understanding what predicts

resilience is crucial for designing effective psychological interventions and promoting mental health among young adults in academic settings.

Spiritual health and psychological well-being are two significant predictors of resilience that have garnered substantial attention. Spiritual well-being, as a multidimensional construct encompassing existential meaning and religious faith, provides a sense of coherence, hope, and inner peace that can act as protective factors during psychological adversity (Karahan et al., 2024; Sood & Gupta, 2024). It is not limited to religious beliefs but also includes broader notions of purpose in life, connectedness, and values, which together foster psychological equilibrium. In this light, spirituality and resilience are deeply interconnected, with spirituality often cited as a foundation for individuals' capacity to endure hardship (Sadati & Mahdavi, 2023; Shabani, 2023). Moreover, studies have shown that spiritual well-being contributes to improved emotional regulation, reduced anxiety, and enhanced coping strategies, all of which reinforce resilience (Hashemi et al., 2024; Hayati et al., 2025).

On the other hand, psychological well-being is a concept rooted in the eudaimonic tradition of mental health, emphasizing optimal psychological functioning, self-realization, and meaningful engagement with life (Sajjad & Thakur, 2025; Villegas, 2025). Psychological well-being encompasses various dimensions such as autonomy, personal growth, positive relations, environmental mastery, self-acceptance, and purpose in life. These dimensions collectively create a psychological scaffold that enhances individuals' resilience against stress and adversity. Psychological well-being not only serves as an outcome of positive mental health but also functions as a facilitator of adaptive responses to environmental pressures (Foster et al., 2024; Quyamuddin, 2025). In academic contexts, students with higher psychological well-being tend to display better emotional resilience, higher academic achievement, and lower levels of psychological distress (Mao et al., 2024; Marietta et al., 2024).

Recent empirical studies reinforce the predictive value of spiritual health and psychological well-being on resilience. For instance, Sood and Gupta (2024) found that both spiritual well-being and affective state significantly predicted psychological well-being and resilience in young adults (Sood & Gupta, 2024). Similarly, research by Karimi and Nikmanesh (2023) demonstrated that spiritual intelligence and emotional regulation jointly influence resilience, suggesting a multifaceted interplay of cognitive, emotional, and existential variables in determining adaptive capacity (Karimi & Nikmanesh, 2023). Furthermore, Marietta et al. (2024) highlighted how psychological well-being and resilience mutually reinforce one another, particularly among college students who face demanding academic and emotional transitions (Marietta et al., 2024). The convergence of findings across cultural and disciplinary contexts indicates the universal significance of these constructs in fostering mental health.

In addition to quantitative correlations, researchers have explored the underlying mechanisms that link spiritual health and psychological well-being with resilience. For example, studies have identified self-esteem (Villegas, 2025), emotional regulation, and self-compassion as mediators in these relationships (Karimi & Nikmanesh, 2023). These psychological processes facilitate the internalization of spiritual beliefs and well-being constructs into resilient behaviors and attitudes. Notably, Chuning et al. (2024) provided both exploratory and confirmatory evidence that psychological hardiness—a construct overlapping with resilience—is significantly supported by emotional well-being and absence of depressive symptomatology (Chuning et al., 2024). Similarly, Karahan et al. (2024) found that spiritual health among Turkish dental students significantly enhanced resilience and happiness, further reinforcing the cross-cultural applicability of this framework (Karahan et al., 2024).

The COVID-19 pandemic has added urgency to such inquiries by highlighting the psychological vulnerabilities of students. During this global crisis, resilience and spiritual health were pivotal in buffering the impact of social isolation and academic disruption. For instance, Foster et al. (2024) investigated mental health nurses during the pandemic and observed that higher levels of resilience and posttraumatic growth were associated with lower turnover intentions and psychological distress (Foster et al., 2024). Similarly, Sheyvandi Chelicheh et al. (2023) demonstrated that spiritual health mediated the impact of relationship quality and life purpose on resilience during COVID-19 stress among students, suggesting that spiritual frameworks help in making sense of hardship and fostering recovery (Sheyvandi Chelicheh et al., 2023).

Culturally contextualized research has also emphasized the relevance of spirituality and resilience in non-Western societies. For example, Hayati et al. (2025) explored the role of spirituality in fostering marital peace and psychological resilience among elderly Muslim couples, underlining how religious frameworks promote acceptance and endurance in

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the face of life's transitions (Hayati et al., 2025). In Iran, Hashemi et al. (2024) found a significant relationship between spiritual well-being, mental health, resilience, and hope among cardiovascular patients, implying that spiritual constructs are applicable beyond psychological contexts and extend into health-related domains as well (Hashemi et al., 2024).

In educational settings, particularly among university students, these findings have practical implications. Students are frequently exposed to high levels of academic pressure, financial insecurity, identity conflicts, and social isolation. These stressors may compromise mental health and academic success if not mitigated by internal psychological strengths such as resilience and spiritual well-being. The inclusion of spiritual and well-being-centered interventions in educational counseling programs could serve as a proactive approach to enhance students' adaptive capacities and overall functioning. For example, Karimi Dastaki and Mahmudi (2024) found that life meaning workshops significantly enhanced resilience, perceived social support, and reduced negative affect among students, suggesting that existential interventions are viable strategies for building psychological capacity (Karimi Dastaki & Mahmudi, 2024).

Moreover, the predictive relationships between spiritual health, psychological well-being, and resilience are consistent across various age groups and life stages. Shabani (2023) highlighted that among chronically ill older adults, spirituality and resilience mediated the relationship between anxiety and life satisfaction (Shabani, 2023). Similarly, Almurumudhe et al. (2024) underscored that psychological capital, including components such as hope and optimism, indirectly impacted academic performance through resilience and self-esteem among Iraqi university students (Almurumudhe et al., 2024). These findings suggest that fostering spiritual and psychological resources is a lifelong process with wide-ranging benefits for mental, social, and academic outcomes.

From a theoretical standpoint, the relationship between these variables can be interpreted through the lens of positive psychology and existential-humanistic models. Resilience, as a dynamic and developable trait, is nurtured through meaningful life experiences, supportive relationships, and internal coping mechanisms—many of which are cultivated through spiritual and psychological well-being. These constructs serve as psychological anchors that stabilize individuals during periods of turbulence and foster growth beyond recovery. This is especially relevant in student populations, where identity formation, autonomy development, and life purpose coalesce into critical determinants of future functioning.

Therefore, the present study aims to contribute to this growing body of research by examining the predictive roles of spiritual health and psychological well-being on resilience among university students.

2. Methods and Materials

2.1. Study Design and Participants

The present study is classified as an applied research study in terms of its objective, as it seeks to achieve a practical aim. The objective of applied research is the development of practical knowledge in a specific domain. Applied research utilizes theories, laws, principles, and techniques formulated in basic research to solve practical and real-world problems. Since the current study investigates the existing situation and uses variables without manipulation, it falls under the category of descriptive research. Additionally, considering that the relationships among variables are examined both directly and indirectly and simultaneously, the study is considered correlational in nature. The statistical population included all students of the Islamic Azad University, Khorasgan Branch, in the year 2022. The sampling method was convenience sampling.

The sample size for examining the relationship between spiritual health, psychological well-being, and psychological resilience among students was determined to be 43 participants, based on the research title and recommendations from methodological experts and reputable sources for studies with three variables.

2.2. Measures

The Spiritual Well-Being Scale (SWBS) was developed by Paloutzian and Ellison (1982). This scale is a 20-item questionnaire divided into two subscales: Religious Well-Being and Existential Well-Being, each containing 10 items and accounting for 10 points. The scoring procedure is such that odd-numbered items represent Religious Well-Being and even-numbered items represent Existential Well-Being. The total score of spiritual well-being is the sum of these two subscales, ranging from 20 to 120. For positively worded items, responses of "Strongly Agree" receive a score of 6, and "Strongly Disagree" receive a score of 1. For negatively worded items, "Strongly Agree" receives a score of 1, and "Strongly Disagree" receives a score of 6. The total scores can be categorized as follows: low spiritual well-being (20–

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40), moderate (41–99), and high (100–120). Seyed Fatemi et al. (2006) assessed the content validity of the questionnaire. Javadi et al. (2021) reported a Cronbach's alpha reliability coefficient of 0.92 for this scale, indicating high reliability. In the present study, Cronbach's alpha was also calculated to be 0.92, confirming the scale's reliability.

The Connor-Davidson Resilience Scale (CD-RISC) was developed by Connor and Davidson (2003) after reviewing research literature from 1979 to 1997 in the field of resilience. This questionnaire includes 25 items and five components: Trust in Instincts (Emotional Tolerance), Competence (Personal Strength), Control, Spirituality, and Acceptance of Positive Emotions (Secure Relationships). The purpose of the scale is to assess individual resilience. Its developers assert that the scale can distinguish between resilient and non-resilient individuals in both clinical and non-clinical groups and is suitable for clinical and research settings. It uses a 5-point Likert scale, where each item is scored from 0 ("Not true at all") to 4 ("True nearly all the time"). The total score ranges from 0 to 100, with higher scores indicating greater resilience. The cutoff point is a score of 50, where scores above 50 suggest resilience, and higher scores indicate higher levels of resilience. In a study by Samani et al. (2007), the Cronbach's alpha coefficient for this questionnaire was reported to be 0.87, indicating good reliability. In the present study, the Cronbach's alpha coefficient was calculated to be 0.91, and the overall reliability of the scale was confirmed to be 0.92.

The Psychological Well-Being Questionnaire was developed by Ryff (1989) and revised in 2002. The short 18-item version is derived from the original 120-item form. It includes six components: Environmental Mastery, Personal Growth, Autonomy, Positive Relations with Others, Purpose in Life, and Self-Acceptance. Scoring is based on a 6-point Likert scale, with responses ranging from "Strongly Disagree" (score of 1) to "Strongly Agree" (score of 6). Items 1, 4, 5, 8, 15, 16, 17, and 18 are reverse-scored. Higher total scores indicate higher psychological well-being, while lower scores indicate lower psychological well-being. Ryff and Singer (2006) reported the correlation of the short form with the full 18-item scale to range from 0.70 to 0.89. In Iran, Khanjani et al. (2014) calculated internal consistency using Cronbach's alpha for the components of Self-Acceptance, Environmental Mastery, Positive Relations, Purpose in Life, Personal Growth, and Autonomy as 0.51, 0.76, 0.75, 0.53, 0.73, and 0.72, respectively. The overall Cronbach's alpha for the scale was reported as 0.71. Khanjani et al. (2014) also demonstrated through confirmatory factor analysis that all components of the scale had good model fit. In the present study, the calculated reliability of the questionnaire was 0.60.

2.3. Intervention

The cognitive behavioral therapy (CBT) intervention implemented in this study consisted of eight structured sessions, each lasting approximately 70 minutes and conducted weekly over an eight-week period. In the first session, participants were introduced to one another and to the researcher, the study objectives were explained, session schedules were established, and rules, guidelines, and the importance of attendance and active participation were emphasized. The second session focused on emotional awareness, helping adolescents recognize different types of positive and negative emotions, and understand the concept of sleep quality and quantity and their interrelation. During the third session, various forms of insomnia and their manifestations were explored. The fourth session involved identifying the physiological, cognitive, emotional, and behavioral signs of insomnia. In the fifth session, the consequences of insomnia were discussed, emphasizing the benefits of restorative sleep and introducing conflict resolution and social problem-solving techniques. The sixth session involved situational analysis of insomnia, where participants practiced problem-solving skills tailored to real-life sleep disturbances. In the seventh session, adolescents were guided to design a behavioral activity map for anticipating insomnia and were taught effective emotional expression strategies using statements such as "I feel..." to communicate their internal experiences. The final session served as a closure and reinforcement phase, where participants received symbolic rewards for their engagement, discussed the sleep management techniques they had learned, demonstrated their understanding through practical application, and reflected on strategies for maintaining the behavioral changes they had achieved.

2.4. Data Analysis

In this study, both descriptive and inferential statistics were used to analyze the collected data. Descriptive statistics included frequency tables, means, and standard deviations of the variables. Inferential statistics involved Pearson correlation coefficients and multiple regression analysis using SPSS version 26.

3. Findings and Results

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The demographic characteristics of the participants in this study (N = 43) are as follows: Among the respondents, 29 were female (67.4%) and 14 were male (32.6%). In terms of marital status, 38 participants were single (88.4%) and 5 were married (11.6%). Regarding age distribution, 8 participants (18.6%) were under 20 years old, 29 participants (67.4%) were between 21 and 25 years old, 2 participants (4.7%) were between 31 and 35 years old, and 3 participants (7.0%) were older than 41. Concerning educational level, 4 participants (9.3%) were associate degree students, 35 participants (81.4%) were pursuing a bachelor's degree, 2 participants (4.7%) were master's students, and 2 participants (4.7%) were at the doctoral level.

Descriptive indices including minimum and maximum values, mean, and standard deviation for the study variables are presented in Table 1.

Table 1

Minimum, Maximum, Mean, and Standard Deviation of the Study Variables

Variable	N	Minimum	Maximum	Mean	Standard Deviation
Spiritual Health	43	35.00	110.00	80.13	18.09
Resilience	43	16.00	100.00	65.25	17.09
Psychological Well-Being	43	40.00	95.00	70.13	8.59

As shown in Table 1, the participants' mean scores for spiritual health, resilience, and psychological well-being were 80.13, 65.25, and 70.13, respectively.

To examine the hypothesis, Pearson correlation analysis was used. The results of this analysis are shown in Table 2.

Table 2

Pearson Correlation Coefficients Between Spiritual Health, Resilience, and Psychological Well-Being

Predictor Variable	Resilience	Significance (p-value)
Psychological Well-Being	.603	.001
Spiritual Health	.606	.001

Given the sig value in each section, the difference in mean scores of the sleep quality variable is statistically significant, as the sig value is less than 0.05.

The findings in Table 2 indicate that psychological well-being is significantly correlated with resilience. Additionally, spiritual health is also significantly correlated with resilience. Thus, the hypothesis regarding the relationship between spiritual health and psychological well-being with resilience is confirmed.

To determine the most significant predictor among the variables, stepwise regression analysis was performed. Table 3 presents the results of this analysis.

Table 3

Stepwise Regression Analysis to Predict Resilience Based on Spiritual Health and Psychological Well-Being

Step	Entered Variable	Regression Coefficient	R^2	Adjusted R^2	F	df	Significance (p)
1	Spiritual Health	.606	.367	.352	23.80	1	.001
2	Psychological Well-Being	.173	.240	.236	30.91	2	.001

As shown in Table 3, among the variables examined, spiritual health with a regression coefficient of .606 entered the regression equation and was able to predict 36.7% of the variance in resilience ($p < .01$). Additionally, psychological well-being with a regression coefficient of .173 entered the equation and was able to predict 24.0% of the variance in resilience ($p < .01$).

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Table 4

One-Way ANOVA to Evaluate the Significance of the Contribution of Spiritual Health and Psychological Well-Being in Predicting Resilience

Variable	Source	Sum of Squares	df	Mean Square	F	Significance (p)
Spiritual Health	Regression	4506.620	1	4506.620	23.80	.001
	Residual	7763.566	41	189.355		
	Total	12270.186	42			
Psychological Well-Being	Regression	7449.811	2	3724.905	30.91	.001
	Residual	4820.375	40	120.509		
	Total	12270.186	42			

As observed in Table 4, the predicted contributions of both variables are statistically significant and reliable ($p < .01$).

4. Discussion and Conclusion

The present study aimed to investigate the predictive role of spiritual health and psychological well-being on resilience among university students. Based on the findings, both spiritual health and psychological well-being were found to have statistically significant and positive relationships with resilience. The results of Pearson correlation analysis indicated that both variables independently correlate strongly with resilience, while the stepwise regression analysis showed that spiritual health had a higher predictive power ($R = 0.606$) compared to psychological well-being ($R = 0.173$). Together, these variables explained a significant portion of the variance in students' resilience levels, supporting the central hypothesis of the study.

The significant predictive role of spiritual health in explaining students' resilience aligns with a wide body of literature indicating that spirituality provides existential meaning, internal peace, and hope, which together fortify psychological adaptability in the face of adversity. Spirituality often acts as a buffer, enabling individuals to reinterpret life's challenges as meaningful and surmountable rather than threatening. In the current study, spiritual health alone predicted 36.7% of the variance in resilience, indicating its foundational role. This finding is consistent with the results of Karahan et al. (2024), who reported that spiritual health significantly predicted happiness and resilience in a sample of dental students in Turkey, highlighting the protective and developmental role of spirituality in academic populations (Karahan et al., 2024). Similarly, Hashemi et al. (2024) found a significant correlation between spiritual well-being and resilience among cardiovascular patients, emphasizing that spirituality supports mental endurance across different life contexts (Hashemi et al., 2024).

Moreover, the contribution of psychological well-being as a predictor, although statistically lower than that of spiritual health, remains important. In this study, psychological well-being accounted for 24% of the variance in resilience, supporting previous empirical findings that link well-being to adaptive functioning. Psychological well-being, as conceptualized by Ryff, includes core dimensions such as autonomy, personal growth, and purpose in life, which are crucial in navigating stress and maintaining emotional balance. The present findings are consistent with those of Marietta et al. (2024), who demonstrated that higher levels of psychological well-being predicted increased resilience among nursing students, especially in coping with academic pressures and emotional demands (Marietta et al., 2024). Similarly, Mao et al. (2024) found that students who experienced higher levels of flow and psychological well-being over time showed a corresponding increase in psychological resilience, validating the bidirectional and dynamic nature of these constructs (Mao et al., 2024).

The simultaneous contribution of both spiritual health and psychological well-being underscores the need to consider integrative models in mental health research and intervention. The literature consistently shows that resilience does not emerge in isolation but is instead supported by multidimensional factors such as meaning, emotional regulation, interpersonal relationships, and a sense of self-efficacy. This study complements the findings of Sood and Gupta (2024), who reported that spiritual well-being and affective states were jointly associated with improved psychological well-being and resilience among young adults (Sood & Gupta, 2024). Furthermore, Asif et al. (2024) demonstrated that personal growth initiatives and resilience both enhance psychological well-being in Pakistani youth, affirming the global relevance of these interactions across cultural contexts (Asif et al., 2024).

Additionally, the mediating and moderating pathways among these variables have been explored in past studies. Villegas (2025) emphasized the mediating role of self-

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esteem and resilience in the relationship between emotional competencies and psychological well-being, thereby illustrating how resilience can act as both a consequence and a facilitator of emotional health (Villegas, 2025). Quyamuddin (2025) similarly conceptualized resilience as a core component in professional identity development and psychological well-being among medical residents, suggesting that the cultivation of resilience has long-term personal and occupational benefits (Quyamuddin, 2025). The present study builds upon these conceptual models by empirically verifying that both spiritual and psychological resources serve as critical antecedents to resilience.

The emphasis on spiritual health in this study is particularly relevant in non-Western cultural contexts where spiritual beliefs, religious practices, and existential frameworks are more deeply integrated into daily life. In Iran, where the study was conducted, such beliefs are often embedded in educational, familial, and community structures, making spiritual health not only a personal resource but also a socio-cultural asset. The findings corroborate the results of Sadati and Mahdavi (2023), who showed that spirituality therapy based on Islamic teachings increased resilience, religious orientation, and life satisfaction among divorced women (Sadati & Mahdavi, 2023). Similarly, Hedayati Dana et al. (2023) found that both mindfulness-based and spirituality-focused interventions were effective in enhancing resilience in clinical settings (Hedayati Dana et al., 2023). These studies suggest that spiritual development is a feasible and culturally congruent pathway for enhancing psychological strength in diverse populations.

Importantly, this study also supports the conceptual models that posit spiritual health as a mediator between existential constructs and psychological outcomes. For instance, Sheyvandi Chelicheh et al. (2023) proposed a model in which spiritual health mediates the relationship between life purpose and resilience, especially under the psychological stress induced by the COVID-19 pandemic (Sheyvandi Chelicheh et al., 2023). In the same vein, Shabani (2023) emphasized the dual mediating role of spirituality and resilience in reducing anxiety and enhancing life satisfaction in chronically ill older adults, pointing toward a synergistic relationship between these psychological resources (Shabani, 2023). Our findings resonate with these studies, reinforcing the idea that spiritual and psychological well-being function as both direct predictors and interactional mechanisms in building resilience.

The implication of these findings is twofold. Theoretically, it validates a multidimensional model of resilience that includes both spiritual and psychological elements. Practically, it offers a basis for developing interventions that address both the existential and emotional needs of students. For instance, university counseling centers can design integrated programs that include components of spiritual meaning-making, emotional awareness, and cognitive flexibility to strengthen students' coping mechanisms. Such approaches are supported by studies like those of Karimi Dastaki and Mahmudi (2024), who found that life meaning workshops significantly improved resilience and emotional well-being among students (Karimi Dastaki & Mahmudi, 2024). Moreover, interventions targeting personal growth, self-reflection, and community engagement may also enhance the internal resources necessary for resilience, thereby reducing vulnerability to stress, burnout, and academic failure.

In sum, the results of this study affirm that spiritual health and psychological well-being are key predictors of resilience in university students. These findings not only align with global research trends but also highlight the unique contributions of spiritual and emotional resources in shaping adaptive responses to life challenges. Through culturally informed and evidence-based frameworks, higher education institutions can enhance students' psychological resilience, thereby promoting academic success, mental health, and long-term personal development.

5. Limitations & Suggestions

Despite the meaningful findings, several limitations must be acknowledged. First, the sample size was relatively small (N = 43), which limits the generalizability of the results to broader student populations. The use of convenience sampling further reduces the representativeness of the sample, as participants may differ systematically from non-participants in their levels of resilience or spiritual and psychological orientation. Second, the cross-sectional design restricts causal inference; while spiritual health and psychological well-being are shown to be predictors of resilience, the directionality of these relationships cannot be conclusively determined. Third, the study relied exclusively on self-report questionnaires, which may be subject to response bias and social desirability effects. Finally, the cultural context of the study—conducted in an Iranian academic setting—may influence the constructs of spiritual

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health and well-being, potentially limiting the applicability of findings to more secular or Western educational contexts.

Future studies should consider using longitudinal designs to explore the temporal dynamics and causal pathways between spiritual health, psychological well-being, and resilience. Such designs could provide deeper insights into how these constructs influence each other over time, particularly during transitional life phases such as entry into university or graduation. Moreover, future research should aim to expand the sample size and diversify the demographic variables, including participants from various cultural, religious, and educational backgrounds. Experimental or quasi-experimental studies implementing spirituality- or well-being-based interventions would also offer more robust evidence for causality. Finally, the inclusion of qualitative methods, such as interviews or open-ended surveys, may enrich the understanding of students' lived experiences and the nuanced ways in which spirituality and psychological health contribute to resilience.

Given the findings of this study, educational institutions should prioritize the incorporation of psychological and spiritual wellness initiatives into student support services. Universities can establish resilience training programs that include modules on meaning-making, mindfulness, emotional intelligence, and value clarification. Student counseling centers should also consider integrating spiritual development sessions, meditation, and peer support groups to strengthen students' coping capacity. Faculty and administrative staff can be trained to identify students struggling with psychological resilience and refer them to appropriate services. Moreover, embedding resilience-building content within academic curricula may cultivate a proactive culture of psychological well-being and personal growth among students.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed to this article.

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