

Original Article

Designing a model of nurses' vulnerability to stress based on attachment to God, positive and negative perfectionism and personal intelligence

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Abstract

This study was conducted to design a model of nurses' vulnerability to stress based on attachment to God, positive and negative perfectionism and personal intelligence. The sample of the study was 250 nurses of hospitals located in West Azerbaijan province who were selected using availability sampling. The data were collected through Miller and Smith's Stress Vulnerability Questionnaire (Miller & Smith 1985), Mayer's Personal Intelligence Questionnaire (2013), Beck and McDonald's Attachment Scale (2004) and Tri-Short et al.'s Perfectionism Questionnaire (1995). The structural equations and data analysis were performed using SPSS and Amos software using descriptive and inferential tests including Pearson correlation coefficient, Bootstrap and Sobel. The results showed that the following variables i.e. positive perfectionism, negative perfectionism and attachment to God interact with the mediating role of personal intelligence in explaining nurses' vulnerability to stress, which in total 35% of the variance of nurses' vulnerability to stress is explained through these variables. The direct effect of attachment to God (-0.36), personal intelligence (-0.48), positive perfectionism (-0.31) and negative perfectionism (0.38) on estimating nurses' vulnerability to stress was significant. Indirect effect of attachment to God (t-value = 2.53), positive perfectionism (t-value = 2.41) and positive perfectionism (t-value = 1.98) mediated by significant personal intelligence was observed.

Keywords

Vulnerability to stress, personal intelligence, attachment to God, perfectionism.

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Introduction

The news of several people suffering from unusual pneumonia at the beginning of the 2020 in China led the World Health Organization to introduce a new type of coronavirus as the cause of respiratory disease (Tavakoli et al., 2020). Corona is a beta-corona virus. Which consists of a single-stranded ribonucleic acid (RNA) structure and belongs to the orthocoronavirin subset (Irani, 2020). With the outbreak of this virus, nurses, as an important and influential part in the field of health, played a significant role in public health (Wang, Zhou & Liu, 2020), since nurses in the hospital have more contact with coronary and non-coronary patients than other therapeutic agents and are often in context with these patients (Nielsen & Dieperink, 2020), they are vulnerable to stress. Stress or mental pressure is used to describe the undesirable emotional and physical signs and symptoms of those who are under excessive stress (Anisman, 2017). Vulnerability is a genetic or environmental context for

mental disorders and stress that consists of four components: biological, cognitive, emotional and social (Besharat et al., 2015). Studying and identifying the factors that increase nurses' vulnerability to stress, helps to diagnose and prevent nurses' stress, as well as in adopting appropriate treatment methods. One of the psychological factors affecting nurses' vulnerability to stress is attachment to God. In the extent of attachment, although Balbi's theorizing focused on the evolutionary roots of the attachment system and its main manifestation was in the relationship between the young child and the motherly face, he openly believed from the beginning that attachment processes and dynamics had far-reaching effects on social evolution and cognitive function throughout one's life. At the same time, the dynamics of attachment continue in the context of other systems, such as attachment to the church or the homeland (Patrick, 1999). In addition, the relationship between man and God can be visualized as an attachment relationship (Patrick and Shaver, 1992).

In this relational model, it can be said that God has many functions of attachment, such as being a safe haven against a threat, and by relying on Him, many people dare to face various challenges in family life. Human attachment relationships as well as attachment to God are associated with indicators of health and well-being such as optimism, life satisfaction, reducing anxiety and depression of couples (Hashemi and Ebrahimabad, 2012). There was a statistically significant relationship between safety haven ($r=0.192$), secure base ($r= 0.171$) and positive self-perceived ($r= 0.205$) ($p<0.05$) with general health (Beigi & Bahari, 2016). Analysis of data revealed that mental health in parents of exceptional children can be predicted by quality of attachment to God and image of God (Ghobary et al., 2012). Secure attachment to God is a more robust predictor of changes in distress than many, more commonly studied variables including race, gender, SES, and church attendance (Ellison et al., 2012). Secure attachment to God moderated the relationship between number of stressful events and stress level, with the relationship emerging only for medium and high secure attachment to God (Raj & Sim, 2020). A more secure attachment to God was found to strengthen the positive relationship between negative religious coping and stress (Hengingting, 2021).

Another psychological variable that can play a role in the model of nurses' vulnerability to stress is perfectionism. Basically, the tendency towards perfection and perfectionism is one of the personality traits that exists in the essence of all human beings, which can have both constructive and useful aspects, as well as negative and destructive aspects (Hewitt and Felt, 1991). Perfectionism has two aspects of normal and abnormal. Normal perfectionists work very hard to achieve their lofty goals, but balance their goals when necessary, while abnormal perfectionists never feel satisfied with their performance in achieving their goals (Silverman, 1999). Results from multiple regression analyses indicated that socially prescribed perfectionism was associated with higher levels of PTSD symptomatology (Molnar et al., 2021). Maladaptive perfectionist students may be at greater risk for stress-related issues (Richardson., 2021). The perfectionism was indirectly associated with health through stress in those with chronic fatigue syndrome only (Sirois et al., 2021). Analysis revealed that perfectionism research is closely connected with "disorder," with "symptom" being the most frequently addressed issue (Suh et al., 2021). Socially prescribed perfectionism and perfectionistic automatic thoughts were also associated with prolonged stress reactivity and reactivity to social evaluation (Flett., 2016).

Another goal of the study was to investigate the mediating role of personal intelligence in the relationship between attachment to God and negative and positive perfectionism with vulnerability to stress. Gardner believed that personal intelligence is of two types, which are intrapersonal intelligence and interpersonal intelligence (Smith, 2002). Personal

intelligence is defined as the ability of reasoning about personality and personality-related information and to use this information to guide individual behaviors, generally life guidance (Meyer, 2014). Personal intelligence is the very personality intelligence that is used in understanding and recognizing one's personality and the personality of others (Meyer, 2008). Research shows that there is a negative relationship between personal intelligence and borderline personality disorder (Park and Park, 1997; Stone, 1990). Personal intelligence mediated the relation between self-compassion and worry, but failed to mediate the relationship between sense of coherence and worry (Mowlaie et al., 2017). The results of multivariate correlation coefficient through Enter showed that the variable of self-compassion and subscales of senses of coherence and personal intelligence may partially (39.6%) explain women' postpartum depression (Narimani & ghaffari, 2016). The emotional intelligence and self-leadership levels had a significant negative correlation with the perceived stress (Yildirim-Hamurcu & Terzioglu, 2021). Emotional intelligence may buffer negative effects of role stress on emotional exhaustion while enhancing affective commitment by reappraising stress in manageable ways (Washburn et al., 2021).

One of the axes of evaluating the health of organizations is the mental and emotional health of the human resources of that organization. Undoubtedly, this axis of evaluation plays an important role in ensuring the dynamism and efficiency of any organization, and it is necessary to continuously think of devices and measures to measure and improve it in organizations, which becomes more important in some organizations, including hospitals. Nurses and hospital staff are affected by stress due to providing comfort, convenience and treatment to patients. All professions that deal with human health and lives are always stressful and threaten the mental health of those working in these professions, one of these stressful jobs is the nursing profession (Tarmi et al., 2021). Since a significant number of nurses do not have good emotional, mental and cyber health, as a result, they cannot achieve complete satisfaction of patients when providing care and treatment services, so it is necessary for managers and health policy makers to continuously monitor health (emotional, mental and cyber health) and quality of work life of nurses, design and adopt appropriate strategies to improve them (Azizi et al., 2020). Therefore, the present study aimed to determine the role of attachment to God, positive and negative perfectionism and personal intelligence in explaining the model of nurses' vulnerability to stress.

Method

Participants

The method used in the present study was descriptive-correlational. Nurses working in hospitals of West Azerbaijan province in 2021 were the population of the

study who were selected using the formula of $N = \left(\frac{z_{\alpha} + z_{\beta}}{C(r)} \right)^2 + 3$. 250 nurses participated in the study through availability sampling. After determining the sample, the researchers arranged the plan with hospital officials observing health protocols in the wards of nurses and informed them of the importance and necessity of research and emphasized that participation in the study was completely optional and no participation in the study had no effect on the evaluation of their service. After receiving conscious consent, data collection process began.

Instrument

Stress Vulnerability Scale:

Defense This scale has 17 items, developed by Miller and Smith, that measures people's vulnerability to stress. It is scored based on a five-point Likert scale (almost always, always, sometimes, almost never and never). A high score indicates that the person is more vulnerable to stress. The internal consistency coefficient of the instrument was 0.87 by Cronbach's alpha method and was significant at 0.05 (Stevellink et al., 2015). In Ghaffari et al.'s (2021) study, Cronbach's alpha coefficient and convergence validity of the questionnaire were 0.89 and 0.7, respectively.

Personal Intelligence Scale:

The short form of the Personal Intelligence Questionnaire was designed by Mayer et al. (2013) and has 12 multiple-choice questions (4-choice) that consist of two subscales, which are: a) Shaping models, b) Selection guide. The questions of the questionnaire are the same as the IQ test, i.e. the person gets a mark when he/she answers the question correctly, otherwise he/she will not get a mark. To evaluate the validity of the questionnaire, concurrent validity was used and due to the correlation of 0.87 with the long form of the questionnaire, concurrent validity of the questionnaire was considered appropriate. To evaluate the reliability of the questionnaire, two methods of halving and retesting were used, the scores of which were 0.84 and 0.81, respectively which indicates the desirability of the questionnaire. In Iran, Atadokht et al. (2018) standardized the questionnaire on Iranian students. The results showed that the questionnaire is applicable in Iranian context. Also, in Narimani and Ghaffari (2016) study, a retest method was used to evaluate the reliability of the questionnaire, the rate of which was 0.88.

Attachment to God Questionnaire:

Beck and McDonald (2004) designed the God Attachment Questionnaire with 70 five-choice statements (strongly disagree = 1 to strongly agree = 5) on students' attachment to God. The scale makers used the condition of having a factor load equal to 0.40 and above. Finally, 28 questions were selected from a total of 70 available questions to evaluate the two styles of avoiding intimacy with God and anxiety about being rejected by God. The validity of the main form of God Attachment Questionnaire has been reported by its creators by correlating each style with the overall score of the scale, for the styles of avoiding intimacy and anxiety of rejection with the overall scale of 0.86 and 0.84, respectively. In Iran, Nasiri (2008) obtained the correlation between rejection anxiety style and intimacy avoidance style with the whole scale equal to 0.68 and 0.74, respectively. Also, Cronbach's alpha coefficients for intimacy avoidance dimensions.

Positive and Negative Perfectionism Scale:

This questionnaire was developed by Terry Short et al. (1995) with two subscales, positive and negative. This scale has 40 questions, and each subject answers the questions on a five-point Likert scale (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree). 20 questions measure positive perfectionism and 20 questions measure negative perfectionism. In Iran, Besharat (2005) Cronbach's alpha coefficient of each subscale in a sample of 212 students were 0.90 and 0.87 for all subjects, respectively; 0.91 and 0.88 were obtained for female students and 0.89 and 0.86 for male students, respectively, indicating high internal consistency on the scale. Correlation coefficients between the scores of 90 subjects in two shifts with an interval of 4 weeks for all subject's $r = 0.86$ for female subject's $r = 0.84$; And for male subjects, $r = 0.87$ was calculated, which indicates the satisfactory reliability of the scale retest.

Statistical analysis:

The data were analyzed using Pearson correlation coefficient (to examine the simple matrix of variables) and path analysis (to determine the significance of model mediation relationships) through SPSS and Amos software with version 24 and $0.05 < P$ was considered as a significant correlation.

Results

The sample of the study included 250 nurses (100 males and 150 females) from hospitals in West Azerbaijan province, of whom 201 had bachelor's degrees and 49 had master's degrees. In terms of marital status, 24% of nurses were single and 76% were married. The mean, standard deviation, minimum and maximum scores of the variables are given in Table 1.

Table 1. Descriptive statistics of variables

Variable	Mean	Std. Deviation
1. vulnerability to stress	35.1	3.96
2. attention to God	17.97	2.71
3. trust against mistrust	18.74	2.78
4. reliance	19.11	3.53
5. connection to God	29.01	2.65
3. personal intelligence	7.2	2.8
4. negative perfectionism	29.79	3.8
5. positive perfectionism	51.3	6.8

In the structural equation method, multivariate normality is one of the important assumptions that must be considered. One of the common criteria in examining the assumption of normality is the calculation of skewness and tensile statistics based on the contents of Table 2 because all research variables have an absolute value of skewness coefficient less than 3 and have an absolute value of skewness coefficient less than 10. Normal data is not visible. Pearson correlation matrix was also used to investigate the simple correlation between predictor variables and nurses' vulnerability to stress. The results presented in Table 2 show that there

is a positive correlation between negative perfectionism ($r = 0.351$) and stress vulnerability at the level of ($p < 0.01$). But the correlation coefficient of positive perfectionism ($r = 0.417$), relationship with God ($r = 0.317$), trust ($r = 0.268$), trust versus distrust ($r = 0.234$), attention to God ($R = -0.278$) and personal intelligence ($r = -0.398$) with vulnerability to negative stress and at the level of 0.01 were significant, meaning that with increasing positive perfectionism, relationship with God, Trust, trust versus distrust, attention to God, and personal intelligence reduced soldiers' vulnerability to stress.

Table 2. Correlation matrix of variables

Variable	Kurtosis	Skewness	1
1. vulnerability to stress	0.459	0.181	-
2. attention to God	0.917	0.526	-0.278**
3. trust against mistrust	0.514	0.211	-0.234**
4. reliance	0.415	0.198	-0.268**
5. connection to God	0.154	0.016	-0.317**
3. personal intelligence	0.467	0.013	-0.398**
4. negative perfectionism	0.986	0.185	0.351**
5. positive perfectionism	0.871	0.317	-0.417**

Table 2. **Correlation significant at the 0.01 level (2-tailed).

To determine the significance of the model mediating relationships, Bootstrap and Sobel tests were used. The results showed that these variables: positive perfectionism, negative perfectionism and attachment to God interact with the mediating role of personal intelligence in explaining nurses' vulnerability to stress which in total of 35% of the variance of nurses' vulnerability to stress is explained through variables of the model. The direct effect of attachment to God (-

0.36), personal intelligence (-0.48), positive perfectionism (-0.31) and negative perfectionism (0.38) in estimating nurses' vulnerability to stress is significant. Indirect effect of attachment to God (t-value = 2.53) Positive perfectionism (t-value = 2.41) and positive perfectionism (t-value = 1.98) by mediating of intermediary role of personal intelligence is significant. The results are shown in Figure 1.

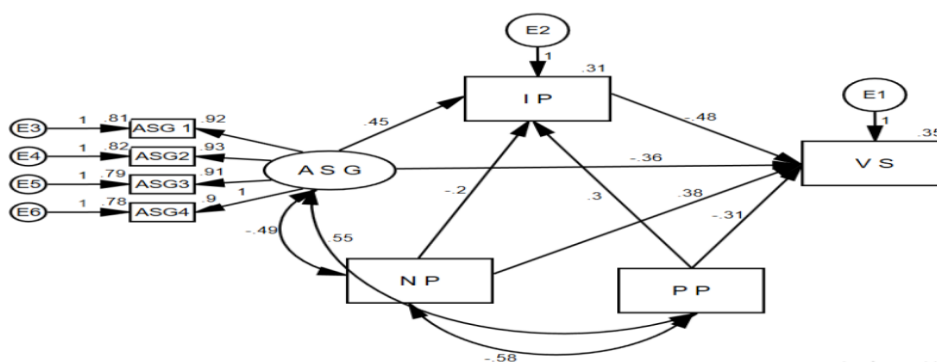


Fig.1. The standard coefficients of the final research model

Note: ASG1= attention to God; ASG2= trust against mistrust; ASG3= reliance; ASG4= connection to God; ASG= attachment style to God; IP= personal intelligence; NP= negative perfectionism; PP= positive perfectionism; VS= vulnerability to stress

Amos software version 24 was used to measure the fit index of the proposed model. The output showed that the personal intelligence variable in the model can play a mediating role between attachment to God, negative perfectionism and positive perfectionism with vulnerability to stress because the values of goodness of fit index or GFI, adjusted goodness of fitness index or AGFI, The incremental fit index or IFI and the comparative fit index or CFI in the model were more

than 0.9. Also in suitable models, the ratio of Chi-square to the degree of freedom X^2 / df should be in the range of 1 to 3, in this model, the ratio of Chi-square to the degree of freedom X^2 / df is in the range of 1 to 3. Meanwhile, the root mean square of the estimation error or RMSEA should be less than 0.09, which was obtained in this model 0.01, which indicates that the validity of this model is desirable. The results can be seen in Table 3.

Table 3. Fit the proposed pattern with data based on fit Indexes

Index	X ²	df	X ² /df	GFI	AGFI	IFI	CFI	RMSEA
Pattern	10.13	4	2.53	0.979	0.941	0.951	0.962	0.01

Note: X² = chi square; df = degrees of freedom; X²/df = chi square ratio to degree of freedom; GFI = goodness of fit; AGFI = adjusted goodness of fit index; IFI = incremental fit index; CFI = comparative fit index; RMSEA = root mean square error of approximation.

Discussion

This study was conducted to design a model of nurses' vulnerability to stress based on attachment to God, positive and negative perfectionism and personal intelligence. The results showed that the direct effect of attachment to God (-0.36) on students' vulnerability to generalized anxiety is significant. This finding is consistent with the results of the study of Bagheri and Bahari (2016), Ghobari et al. (2012), Ellison et al. (2012), Raj and Sim (2020) and Hengingting (2021). They showed that vulnerability to stress and mental disorders are higher in people whose attachment style to God is not safe. It can be said that the people whose attachment to God is safe can value themselves, and they know that God loves them, despite their mistakes, and the inner belief about God is an available, helpful, and respondent god to their demands and prayers (Kirkpatrick, 2005). Also, the feeling of stress and anxiety in people who have low trust in God and have a negative image of God and think of God as a punisher is more than those whose attachment to God is safe (Greenway et al., 2003).

Other results showed that the direct effect of positive perfectionism (-0.31) and negative perfectionism (0.38) in explaining nurses' vulnerability to stress is significant. The findings are consistent with the results of studies by Molnar et al. (2021), Richardson et al. (2021), Sirois et al. (2021), Suh et al. (2021), Flett et al. (2016), who showed that the desired and normal level of perfectionism increases mental well-being and consequently increases the level of emotional well-being and its low and negative level causes a decrease in emotional well-being of nursing students. , It can be

said that nurses with a level of positive perfectionism by adopting reasonable and achievable goals and also following reasonable expectations of their performance and results of their work, experience lower levels of stress and psychological pressure, which results in reduced stress, mental health which improves their mental well-being.

Another result showed that the direct effect of personal intelligence (-0.48) on estimating nurses' vulnerability to stress is significant. The findings are consistent with the study of Ghaffari et al. (2017), Narimani and Ghaffari (2015) and Molaei et al. (2016) which showed that vulnerability to stress and mental disorders in disabled nurses to personal intelligence is higher. It can be said that nurses capable with personal intelligence, according to the knowledge they have of their personality, try to accept themselves as they are. Whatever flaws they have, they still value themselves, and their self-concept is very real and logical. There is not much difference between their real selves and their ideal selves. This feeling causes them to have high self-esteem, which in turn causes them to improve their relationships with others, to easily establish relationships with others, and not to be anxious and worried about the future, jobs, social relationships, and so on.

The results also revealed that the indirect effect of attachment to God (t-value = 2.53), positive perfectionism (t-value = 2.41) and positive perfectionism (t-value = 1.98) with the mediating of the relational role of personal intelligence is significant. The result is consistent with the study of Ghaffari and Abolghasemi (2018) and Molaei et al. (2016) who showed that the role of personal intelligence variable in the relationship between psychological variables is significant. Based on the association network model, it can be said that storing, processing, retrieving and recalling every information in their mind are closely related to their emotional states. In other words, in these people, negative emotions such as anxiety, aggression

and depression act as a filter and negatively affect all their cognitive functions such as attention, memory, decision-making and interpretation, causing inefficient beliefs (such as negative perfectionism and distrust of God Almighty), but personal intelligence corrects thoughts and inefficient beliefs (negative perfectionism and distrust of God Almighty) and reduces their vulnerability to generalized anxiety. Considering the significant role of predictor and mediator variables in explaining the variance of vulnerability to stress in nurses, researchers and students are suggested to study the effect of study variables on the criterion variable as an intervention.

One of the limitations that the researchers tried to reduce was to control the nurses' concerns about the questionnaires' papers being infected with COVID-19 due to the concurrence of the study with the prevalence of COVID-19, which may have affected their answering since they were concerned about observing health protocols.

Conclusion

The results of the study showed that output and mediating variables are involved in explaining the vulnerability of nurses to stress. In total, 35% of the variance of the stress vulnerability model was explained through the variables in this study. Therefore, to increase the effectiveness of the role of attachment to God and positive perfectionism in reducing nurses' vulnerability to stress and increase their social and environmental adjustment, nurses need to be aware of the role of personal intelligence and use it in solving social, occupational and life problems.

In a general conclusion, it can be said that there is a relationship between inefficient cognitive regulation strategies and the belief of thought-action fusion. Ineffective cognitive regulation strategies are more associated with anxiety in students. According to the results, to increase mental health and reduce anxiety among students, it is necessary to teach students effective strategies.

Disclosure Statement

No potential conflict of interest was reported by the authors.

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References

- Anisman H (2017). *An introduction to stress and health*. SAGE Publications, Inc.
<https://sk.sagepub.com/books/an-introduction-to-stress-and-health>
- Atadokht, A., Mowlaie, M., Basharpour, S., Ghaffari, M (2018). Psychometric properties of Persian version of test of personal intelligence (TOPI) in a sample of Iranian university students. *Journal of Fundamentals of Mental Health*, 21(1), 32-40.
doi: 10.22038/jfmh.2018.12227
- Azizi H, alazemani F, ahmadi Y(2020). Importance of monitoring the health of patients by nurses and their impact on the quality of nursing care services to the patient. *Quarterly Journal of Nursing Management*, 9(1), 76-84. <http://ijnv.ir/article-1-702-en.html>
- Beck, R., & McDonald, A. (2004). Attachment to God: The Attachment to God Inventory, tests of working model correspondence, and an exploration of faith group differences. *Journal of psychology and theology*, 32(2), 92-103.
doi: 10.1177/009164710403200202
- Beigi, M. M., & Bahari, F. (2016). The relationship between attachment to God with resilience and mental health among parents of children with special needs. *Journal of Pizhūhish dar dīn va salāmat*, 2(4), 5-14.
<https://journals.sbm.ac.ir/en-jrrh/article/view/15473/0>
- Besharat, M. A. (2005). Evaluating psychometric properties of Farsi version of the Positive and Negative Perfectionism Scale. *Psychological reports*, 97(1), 33-42.
<https://psycnet.apa.org/doi/10.2466/PRO.97.5.33-42>
- Besharat, M. A., Masoodi, M., & Gholamali Lavasani, M. (2015). Alexithymia and psychological and physical vulnerability. *Thoughts and Behavior in Clinical Psychology*, 9(34), 47-56.
https://jtbcp.riau.ac.ir/article_107.html?lang=en
- Ellison, C. G., Bradshaw, M., Kuyel, N., & Marcum, J. P. (2012). Attachment to God, stressful life events, and changes in psychological distress. *Review of religious research*, 53(4), 493-511.
<https://www.jstor.org/stable/41940754>
- Ghaffari, M., Esmali, A., & Mohammadi, R. (2021). The Mediating Role of Family Communication Patterns in the Relationship between Emotional Maturity and Self-Compassion with Vulnerability to Stress in Soldiers. *Journal of Police Medicine*, 10(4), 287-292. doi: 10.30505/10.4.287
- Granqvist, P., & Kirkpatrick, L. A. (2008). *Attachment and religious representations and behavior*. The Guilford Press.
<https://psycnet.apa.org/record/2008-13837-039>
- Heng Ying Ting, E. L. I. S. A. (2021). The role of Attachment to God in the relationship between religious coping, stress and adjustment. Thesis of National University of Singapore.
<https://scholarbank.nus.edu.sg/handle/10635/195867>
- Hewitt, P. L., Flett, G. L. (1991). Perfectionism in the self and social context: Conceptualization, assessment, and association with psychology. *Journal of*

- Personality and Social Psychology*, 60, 456-470. doi: 10.1037//0022-3514.60.3.456
- Irani, M. (2020). Review on the symptoms, transmission, therapeutics options and control the spread of the disease of COVID-19. *Alborz University Medical Journal*, 9(2), 171-180. doi: 10.29252/aums.9.2.171
- Kirkpatrick LA.(1999). *Attachment and religious representations and behavior*. The Guilford Press. <https://psycnet.apa.org/record/1999-02469-035>
- Kohneshintaromi, F., Afshariniya, K., & Kakabaraie, K. (2021). Comparison of the Effectiveness of Acceptance and Commitment-Based Therapy (ACT) and Meta-Diagnostic Therapy in Reducing Emotional Problems and Increasing Life Satisfaction in Nurses. *Quarterly Journal of Psychological Methods and Models Spring*, 12(43), 55-69.
- Mayer, J. D. (2014). *Personal intelligence: The power of personality and how it shapes our lives*. Scientific American/Farrar, Strauss, & Giroux. https://scholars.unh.edu/psych_facpub/332/
- Molnar, D. S., Flett, G. L., & Hewitt, P. L. (2021). Perfectionism and perceived control in posttraumatic stress disorder symptoms. *International Journal of Mental Health and Addiction*, 19(6), 2204-2218.
- Mowlaie, M., Mikaeili, N., Aghababaei, N., Ghaffari, M., & Pouresmali, A. (2017). The relationships of sense of coherence and self-compassion to worry: the mediating role of personal intelligence. *Current Psychology*, 36(3), 630-636. <https://psycnet.apa.org/doi/10.1007/s12144-016-9451-1>
- Narimani, M. & ghaffari, M (2016). The relationship between senses of coherence, self-compassion and personal intelligence with postpartum depression in women. *Iranian Journal of Nursing Research*, 11(1), 25-33. <http://ijnr.ir/article-1-1666-en.html>
- Nasiri, Habibaleh and Latifian, Morteza (1387). Attachment to God, positive emotions and satisfaction with life. *Fourth Student Mental Health Seminar, Shiraz University*, 462-459.
- Nielsen, D. S., & Dieperink, K. B. (2020). Cultural perspectives and nurses reactions on the corona pandemic: A critical view from Denmark. *Journal of transcultural Nursing*, 31(4), 333-336. doi: 10.1177/1043659620924118
- Raj, N. S., & Sim, T. N. (2020). Stressful events, stress level, and psychological distress: A moderated mediation model with secure attachment to god as moderator. *Psychology of Religion and Spirituality*, 6,9-19. doi: 10.32768/abc.20196121-28
- Richardson, M. V., Miller, H., Papa, E., & Santurri, L. (2021). Perfectionism, Stress, and the Entry-Level Doctor of Physical Therapy Student: A Cross-Sectional, Observational Study. *Journal of Physical Therapy Education*. Under publication.
- Silverman, L. K. (1999). Perfectionism. *Gifted education international*, 13(3), 216-225. doi: 10.1177%2F026142949901300303
- Sirois, F. M., Toussaint, L., Hirsch, J. K., Kohls, N., & Offenbacher, M. (2021). A person-centred test of multidimensional perfectionism and health in people with chronic fatigue syndrome versus healthy controls. *Personality and Individual Differences*, 181, 111036. doi: 10.1016/j.paid.2021.111036
- Smith, M. K. (2002). Howard Gardner and multiple intelligences. *The encyclopedia of informal education*, 2, 96-132. <http://www.infed.org/thinkers/gardner.htm>
- Stevellink SAM, Malcolm EM, Mason C, Jenkins S, Sundin J, Fear NT. (2015). The prevalence of mental health disorders in (ex-)military personnel with a physical impairment: a systematic review. *Occup Environ Med*, 72,243-251. doi: 10.1136/oemed-2014-102207
- Suh, H., Kim, S., & Lee, D. G. (2021). Review of Perfectionism Research from 1990 to 2019 Utilizing a Text-Mining Approach. *Review of General Psychology*, 25(3), 283-303. doi: 10.1177%2F10892680211018827
- Tavakoli, A., Vahdat, K., & Keshavarz, M. (2020). Novel coronavirus disease 2019 (COVID-19): an emerging infectious disease in the 21st century. *ISMJ*, 22(6), 432-450. doi: 10.29252/ismj.22.6.432
- Terry-Short, L. A., Owens, R. G., Slade, P. D., & Dewey, M. E. (1995). Positive and negative perfectionism. *Personality and individual differences*, 18(5), 663-668. doi: 10.1016/0191-8869(94)00192-U
- Wang, J., Zhou, M., & Liu, F. (2020). Reasons for healthcare workers becoming infected with novel coronavirus disease 2019 (COVID-19) in China. *J Hosp infect*, 105(1), 50-61. doi: 10.1016/j.jhin.2020.03.002
- Washburn, N. S., Simonton, K. L., Richards, K. A. R., & Lee, Y. H. (2021). Examining Role Stress, Emotional Intelligence, Emotional Exhaustion, and Affective Commitment Among Secondary Physical Educators. *Journal of Teaching in Physical Education*, 1,1-11. doi: 10.1123/jtpe.2021-0102
- Yildirim-Hamurcu, S., & Terzioglu, F. (2021). Nursing students' perceived stress: Interaction with emotional intelligence and self-leadership. *Perspectives in Psychiatric Care*, 6,91-99. doi: 10.1111/ppc.12940