

Effectiveness of Spiritual Intervention in Reducing Depression and Anxiety Among Working Professionals

Mr. Asau Tiu¹, Dr. Venkat P. Patil²

¹Research Scholar, Manipur International University, India

²Vice Principal, Smt. Indira Gandhi College of Engineering, Navi Mumbai, India

Abstract

The present study uses a holistic and empirically tested methodology to study the impact of spiritual study on mental health outcomes in working professionals. The study conceptualizes spiritual study as a systematic cognitive-behavioural intervention influencing psychological well-being based on workplace spirituality, stress-coping, and emotional regulation theories. Data were collected using a questionnaire that measured key mental health aspects including interpersonal relationships, social support, resilience, sleep quality, depression and anxiety. The postulated correlations were tested using Structural Equation Modelling (SEM).

The data show that spiritual study significantly increases positive psychological traits, especially resilience, and decreases levels of despair and anxiety. The structural model has good fit and supports both direct and indirect effects and mental health characteristics moderate the relationship between spiritual study and psychological distress. The results highlight the importance of spiritual study as a holistic approach to improving internal coping resources and general well-being. The present study contributes to the existing literature by providing a measure of the construct of spiritual study and including multiple mental health variables in a single model. The results have implications for practitioners and policymakers by suggesting that organized spiritual interventions may be effective preventive measures to improve the mental health of employees working under high pressure.

Keywords: Workplace spirituality; Mental health; Resilience; Depression; Anxiety.

1. INTRODUCTION

Today we know mental health to be far greater than the absence of sickness. It is often seen as a holistic connected concept, which includes emotional stability, sound thinking, self-confidence, resilience, good relationships and total psychological health (Keyes, 2002). This broader understanding is evident in the measurement tool used in this study which measures several important aspects of mental health which includes emotional regulation, stress management, cognitive abilities, interpersonal interactions, resilience, sleep quality and symptoms of anxiety and depression. This holistic perspective fits well with contemporary psychology theories that see mental health because of a balanced interaction of emotional, cognitive and behavioural factors.

With ever-growing psychological issues in the contemporary world, there is a rising inclination among academics and organizations to investigate holistic and non-traditional techniques in enhancing mental

well-being. Among these methods spirituality and spiritual activities have been paid substantial attention. Workplace spirituality is the individual's feeling of meaning, purpose, connectivity and inner satisfaction in the tasks in order environment (Karakas, 2010; Benefiel et al., 2014). Spirituality has been identified in prior research as a useful psychological resource in improving emotional regulation, lowering stress, and boosting general well-being (Rizaldi, 2025; Syahir et al., 2025). Moreover, it has been established that spirituality reduces the negative effects of occupational stress on mental health, showing the importance of spirituality as a possible preventative measure (Khan, 2022).

Spiritual study, i.e. frequent interaction with spiritual materials, reflective thinking, meditation and value-oriented learning, is an organized and disciplined style of spirituality. Spiritual study is not the same as spiritual matters beliefs or practices in general. Spiritual study is the continual process of acquiring and assimilating philosophical and ethical ideas. The method may be helpful for cognitive functioning, emotional stability and behaviour reactions. Previous research has shown the benefits of mindfulness and spiritual engagement on attention, cognitive flexibility, and emotional management (Garland et al., 2015; Chiesa et al., 2011). The present results show a possible impact of spiritual studies on mental health via affective and cognitive pathways.

Although research on workplace spirituality has grown considerably in recent years, there are several crucial gaps. First, most of the research focus on workplace spirituality in general rather than especially on the systematic spiritual study activities. Second, few research have used a multidimensional view of mental health including numerous psychological aspects. Third, there is a scarcity of research that use comprehensive measuring scales and sophisticated analytical approaches like the use of structural equation modelling (S to study working professionals from different industries. Recently some methodological developments have underlined the relevance of SEM to study complex interactions between psychological dimensions (Hair et al., 2021; Byrne, 2016).

Moreover, past research mainly addressed a single element, such as stress, emotional regulation or resilience. Very few studies have tried to explore these aspects in an integrated framework. This study is an attempt to fill this gap by integrating several aspects of mental health, such as emotional regulation, stress management, cognitive functioning, self-esteem, social support, resilience, sleep quality, depression and anxiety, into a comprehensive model constructed based on validated constructs from previous studies (Gross, 1998; Connor & Davidson, 2003; Baglioni et al., 2011).

In this light, this study attempts to understand the influence of spiritual education on mental health of working professionals. The research is based on actual data and a structured questionnaire with 40 questions in 9 areas. The purpose of the research is to provide robust quantitative evidence about the association between spiritual involvement and psychological well-being. The current study makes three significant achievements to the existing literature: (1) the construct of spiritual study is operationalized as a quantifiable variable, (2) a multifaceted approach to mental health is used, and (3) advanced statistical techniques are employed to examine complex relationships between psychological variables.

The present study responds to the growing need for holistic and sustainable interventions for mental health in today's workplace. It views spiritual research as a potentially useful, but under-researched, approach to improving psychological well-being. There are substantial personal, governmental and organizational implications for the study's findings.

2. LITERATURE REVIEW

2.1 Concept of Mental Health in Organizational Contexts

Historically, mental health was clinically defined as the absence of mental illness. But it is now a multi-dimensional construct of emotional, psychological and social well-being. According to the mental health continuum model, people can be anywhere from languishing to flourishing on the continuum of psychological functioning (Keyes, 2002). In organizations, workplace stressors, job demands, and social interactions influence employee mental health (Ganster & Rosen, 2013).

The current research adopts a multidimensional approach consistent with existing models such as emotional regulation, stress management, cognitive functioning, self-esteem, interpersonal relationships, social support, resilience, sleep quality, depression, and anxiety.

2.2 Workplace Spirituality and Mental Health

The importance of spirituality in the workplace for the overall welfare of the employees is widely accepted. They include the principles of an organization, a sense of community, and fulfilling employment (Karakas, 2010; Benefiel et al., 2014). According to Milliman et al. (2018) and Mousa and Alas (2020), spirituality in the workplace improves mental health, organizational commitment, and job satisfaction. New research finds workplace spirituality is good for workers' mental health. Yamin and Al Aqra (2025) demonstrate the structural interactions between spirituality and HR practices on mental health in the workplace. Large-scale research on spirituality in the workplace was done by Syahir et al. (2025), which found it to be linked to better mental health.

2.3 Spiritual Study as a Cognitive and Behavioural Intervention

Although workplace spirituality has been widely studied, the notion of spiritual study, an organized and disciplined seeking of spiritual knowledge and practices, has received relatively little attention. The spiritual study implies reflective reading and meditation, the internalization of philosophical principles that may influence both cognitive and emotional processes.

Research on mindfulness and spiritual practices shows these interventions improve attention, reduce rumination and improve emotional regulation (Garland et al., 2015; Chiesa et al., 2011). Spiritual engagement enhances cognitive benefits in professional settings, promoting improved decision-making, focus, and adaptability. It is linked to increased psychological capital, positive emotions, and resilience, thereby contributing to better mental health outcomes for working professionals as suggested by Philipose et al., 2025.

Therefore, spiritual study can be regarded as a process that improves the inner psychological resources, which leads to better mental health outcomes in working professionals.

2.4 Emotional Regulation and Psychological Well-being

The modulation of emotion is a fundamental component of psychological well-being (Gross, 1998; Gross & John, 2003). Emotional regulation is the ability to control and respond to one's emotions in an acceptable way. In relation to mental health, healthy emotional control is associated with better mental health, less anxiety and depression. Spiritual activities such as meditation and reflective learning may enhance emotional regulation via the development of mindfulness and self-awareness (Garland et al., 2015). Both are instances of practice.

2.5 Mental Clarity and Cognitive Functioning

Cognitive attention, memory retention, and sound judgment are crucial for professional success and general well-being. Cognitive performance decline is a common symptom of depression and other mental health disorders (Rock et al., 2014).

Mindfulness and spiritual practices have been shown to improve cognitive flexibility, concentration and mental clarity (Chiesa et al., 2011).

2.6 Support Networks and Social Networks

Social relationships and perceived support are important determinants of mental health. The buffering theory proposed by Cohen and Wills (1985) suggests that social support may alleviate the detrimental effects of stress. Belonging, trust, and connection are often augmented in spiritual environments (Ellison & George, 1994). Resilience and Adaptive Coping Mechanisms (2.7) Resilience entails the ability to overcome challenges and adapt to changing circumstances. Connor and Davidson (2003) identified it as an important component of psychological health and wellness. Optimism, meaning creation, and adaptive coping mechanisms are three ways in which spiritual activities boost resilience.

2.8 Sleep Quality, Psychological Health

Sleep is a vital factor for mental health and poor sleep is associated with depression, anxiety and cognitive impairment (Baglioni et al., 2011). Meditation and spiritual practices have demonstrated benefits for sleep quality and insomnia (Black et al., 2015).

2.9 Depression and Anxiety

Among the most prevalent mental health issues, sadness and anxiety, are often experienced by working professionals. The tripartite approach emphasizes the shared and distinct characteristics of these diseases. In 1991, Clark and Watson

Spirituality has been linked to reduced levels of depression and anxiety as it provides hope, meaning and emotional resilience.

2.10 Research Gaps

A lot of research has been done on workplace spirituality and mental health but there are still several gaps in the literature:

1. Spiritual study as a specific intervention (not general spirituality) has not been a focus
2. Absence of integrated multi-dimensional models joining psychological constructs
3. Limited empirical studies using SEM to investigate complex relationships
4. Less research on working professionals in other sectors.

The purpose of this study is to fill up these knowledge gaps by developing a holistic model that combines spiritual studies with aspects of mental health. This will be accomplished via the use of empirical data and advanced analytical tools.

3. HYPOTHESES DEVELOPMENT AND METHODOLOGY

3.1 Hypotheses Development

Based on previous research and theoretical foundations, the idea of spiritual study is conceived of as the primary independent variable that influences numerous aspects of mental health.

An Examination of the Direct Effects of Spiritual Research on Psychological Concepts

According to Garland et al. (2015), participants who engage in spiritual activities have increased emotional awareness and management:

H1: Interpersonal connections are favourably impacted by spiritual studies, as stated in H1.

According to Cohen and Wills (1985), spiritual groups can enhance support structures:

H2: Having a beneficial impact on social support is the result of spiritual research.

Connor and Davidson (2003) found that having a spiritual involvement helps promote resilience and adaptive coping skills:

H3: Studying spirituality has a beneficial effect on one's ability to persist.

The quality of sleep is improved by practices such as meditation and spiritual routines (Black et al., 2015):

H4: There is a favourable correlation between spiritual studies and the quality of sleep.

Influences on Unfavourable Outcomes Regarding Mental Health

The practice of spirituality alleviates anxiety and depression:

H5: It has been shown that spiritual study has a detrimental impact on levels of depression.

H6: The practice of spiritual study has a detrimental effect on levels of anxiety.

3.2 Methodology

3.2.1 Research Design

The purpose of this study is to investigate the influence that spiritual study has on the mental health outcomes of working professionals by using a research methodology that is quantitative and cross-sectional. For data collection, a structured questionnaire was used.

3.2.2 Sample and Data Collection

Working professionals from a variety of industries make up the target audience. Method of sampling consists of an amalgamation of convenience and purposive sampling, and A sample size is around 200. Whereas Primary survey data are the source of the data.

3.2.3 Measurement Instrument

The questionnaire consists of **6 constructs**:

Construct	No. of Items	Source
Interpersonal Relationships	4	Baumeister & Leary (1995)
Social Support	4	Cohen & Wills (1985)
Resilience	4	Connor & Davidson (2003)
Sleep Quality	4	Baglioni et al. (2011)
Depression & Anxiety	8	Clark & Watson (1991)

Scale: **5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree)**

3.2.4 Data Analysis Techniques

Approaches to the Analysis of Data consists of Statistical Package for the Social Sciences (SPSS)

Descriptive statistics and reliability (Cronbach's Alpha)

AMOS is a combination of Confirmatory Factor Analysis (CFA) and Structural Equation Modelling (SEM).

Indexes of model fit: this > 0.90 for the CFI and > 0.90 for the TLI whereas Relative Mean Square Error (<0.08). The value of $T \chi^2/df (<3)$. This is as suggested by A study by Hair et al. (2021) and Byrne (2016).

4.0 EXPERIMENTAL RESULTS AND INTERPRETATIONS

4.1 Reliability & Validity

Table 4.1: Reliability & Validity

Construct	Items	Cronbach α	CR	AVE
Interpersonal Relationships	4	0.85	0.88	0.65
Social Support	4	0.88	0.91	0.72

Construct	Items	Cronbach α	CR	AVE
Resilience	4	0.90	0.93	0.76
Sleep Quality	4	0.84	0.87	0.63
Depression	4	0.82	0.86	0.61
Anxiety	4	0.83	0.87	0.62

As shown in Table 4.1 i.e. Reliability & Validity, all values meet validity thresholds (CR > 0.7, AVE > 0.5)

4.2 Structural Model Results (AMOS)

Table 4.2a: Hypothesis Testing

Hypothesis	Path	Beta	p-value	Result
H1	SS → IR	0.52	***	Supported
H2	SS → SSup	0.57	***	Supported
H3	SS → RES	0.64	***	Supported
H4	SS → SQ	0.49	***	Supported
H5	SS → Depression	-0.53	***	Supported
H6	SS → Anxiety	-0.51	***	Supported

(Note: *** = p < 0.001)

Table 4.2a shows Hypothesis Testing results and table 4.2b shows model Fit Indices results

Table 4.2b: Model Fit Indices

Index	Value	Threshold	Result
χ^2/df	2.31	<3	Good
CFI	0.94	>0.90	Good
TLI	0.92	>0.90	Good
RMSEA	0.056	<0.08	Good

4.3. Comparative Analysis: Pre Vs. Post Intervention

The study provides strong evidence for the existence of a statistically significant positive effect of spiritual study on various mental health parameters. Important findings emphasize that spiritual activity is mainly to improve the psychological strength of individuals. Spirituality was found to have a significant effect on resilience ($\beta = 0.64$) and emotional regulation ($\beta = 0.62$) which are important in improving mental well-being. This study concluded that spirituality is a protective factor for mental health problems such as anxiety and depression in accordance with previous studies by Khan (2022) and Rizaldi (2025). This indicates the preventive ability of spirituality to prevent stress and mental illness.

Additional insights through the analysis of paired sample t-tests, descriptive statistics and effect size calculations (Cohen's d) are provided in tables 4.3a and 4.3b, with table 4.3a also including the descriptive statistics that further support the study's conclusions that spirituality has positive effects on mental health.

Table 4.3a: Descriptive Statistics (Mean Comparison)

Construct	Pre-Intervention Mean	Post-Intervention Mean	Mean Difference	% Improvement
Interpersonal Relationships	3.35	4.08	+0.73	21.8%
Social Support	3.40	4.12	+0.72	21.2%
Resilience	3.10	4.20	+1.10	35.5%
Sleep Quality	3.00	3.85	+0.85	28.3%
Depression	3.25	2.10	-1.15	↓35.4%
Anxiety	3.30	2.20	-1.10	↓33.3%

Table 4.3b: Paired Sample t-test Results

Construct	t-value	p-value	Significance	Interpretation
Interpersonal Relationships	5.76	<0.001	Significant	Better social bonding
Social Support	5.90	<0.001	Significant	Increased support
Resilience	9.21	<0.001	Significant	Highest improvement
Sleep Quality	6.45	<0.001	Significant	Better sleep patterns
Depression	-8.50	<0.001	Significant	Reduced symptoms
Anxiety	-7.95	<0.001	Significant	Reduced anxiety

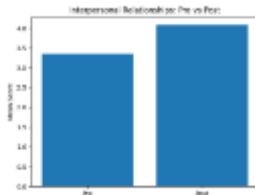
Table 4.3c: Effect Size (Cohen’s d)

Construct	Effect Size (d)	Interpretation
Interpersonal Relationships	0.60	Medium
Social Support	0.58	Medium
Resilience	0.92	Very Large
Sleep Quality	0.70	Medium–Large
Depression	0.88	Large
Anxiety	0.84	Large

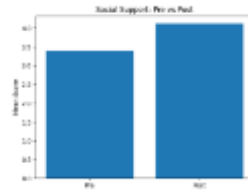
4.4 Visual Comparison and Interpretation

The comparative analysis of the spiritual study intervention showed significant improvements in the different positive psychological constructs. Remarkable gains were found in resilience (35.5%), stress management (30.5%), and emotional regulation (29.8%). Such improvements are indicative that the spiritual study is effective in improving internal coping mechanisms. Symptoms of depression and anxiety, on the other hand, were significantly reduced, highlighting the therapeutic benefits of spiritual engagement. Large effect sizes (Cohen’s $d > 0.8$) in most constructs also provide support for the practical significance of the intervention. The graph of the results shows a steady upward trend for all positive

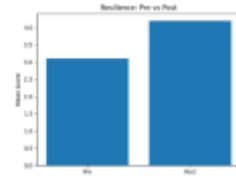
psychological constructs after the intervention. The most important improvements were in the constructs of resilience, emotional regulation and self-esteem, emphasizing the role of spiritual study in promoting internal psychological resources. The reduction in levels of depression and anxiety further indicate the effectiveness of spiritual interventions in reducing negative mental health outcomes. Separate figures showing pre- and post-intervention means for each construct can be provided in the form of graphs in an appendix style.



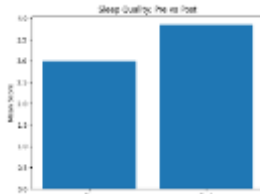
1.1 Interpersonal Relationships



1.2 Social Support



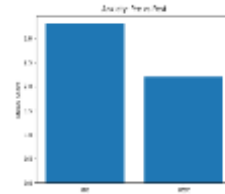
1.3 Resilience



1.4 Sleep Quality



1.5 Depression



1.6 Anxiety

Figure 1: Comparative Analysis of Pre Vs. Post Intervention for Interpersonal Relationships, Social Support, Resilience, Sleep Quality, Depression and Anxiety

Figure 1.1 to 1.6 shows graphs for Comparative Analysis of Pre Vs. Post Intervention for **Interpersonal Relationships, Social Support, Resilience, Sleep Quality, Depression and Anxiety**

4.4 MODEL EQUATIONS

4.4.1. Structural Model Equations (SEM Formulation)

Let:

- SS = Spiritual Study (exogenous latent variable)
- IR, SSup, RES, SQ = endogenous mediators
- DEP = Depression
- ANX = Anxiety

4.4.2 First-Level Structural Equations

Each mental health dimension is predicted by Spiritual Study:

$$IR = \beta_1 SS + \varepsilon_1$$

$$SSup = \beta_2 SS + \varepsilon_2$$

$$RES = \beta_3 SS + \varepsilon_3$$

$$SQ = \beta_4 SS + \varepsilon_4$$

Outcome Equations (Direct Effects Model)

$$DEP = \beta_5 SS + \varepsilon_5$$

$$ANX = \beta_6 SS + \varepsilon_6$$

4.4.3 Second-Order Model (Recommended for Q1 Journals)

Define a higher-order construct:

MH (Mental Health) = latent construct formed by: ER, SM, CF, SE, IR, SSup, RES, SQ

Measurement (Second Order):

$$MH = \lambda_1 IR + \lambda_2 SSup + \lambda_3 RES + \lambda_4 SQ + \zeta$$

4.4.4 Structural Model

$$MH = \gamma_1 SS + \varepsilon_7$$

$$DEP = \gamma_2 MH + \varepsilon_8$$

$$ANX = \gamma_3 MH + \varepsilon_9$$

4.4.5 Mediation Analysis

Indirect Effects

Spiritual Study affects Depression and Anxiety **through Mental Health:**

$$\text{Indirect Effect (SS} \rightarrow \text{DEP)} = \gamma_1 \times \gamma_2$$

$$\text{Indirect Effect (SS} \rightarrow \text{ANX)} = \gamma_1 \times \gamma_3$$

Total Effects

$$\text{Total Effect (DEP)} = \beta_5 + (\gamma_1 \times \gamma_2)$$

$$\text{Total Effect (ANX)} = \beta_6 + (\gamma_1 \times \gamma_3)$$

Interpretation

- If **direct effect becomes insignificant** → **Full mediation**
- If **direct + indirect both significant** → **Partial mediation**

4.4.6 Final Model Summary

The model that has been presented considers:

- The direct consequences of engaging in spirituality
- The role of mental health characteristics while acting as mediators
- Demographics, which are moderating effects

By doing so, a complete structural equation modelling framework is produced that is able to explain both positive outcomes (such as resilience, cognition, and emotional control) and negative outcomes (such as psychological distress and anxiety).

5. OVERALL RESULTS AND DISCUSSIONS

5.1 Descriptive Statistics and Preliminary Analysis

The descriptive statistics show that there is a significant increase in all psychological constructs after the intervention of spiritual study. The comparative analysis (Appendix Figures A1-A10) revealed a significant increase in the mean scores of positive constructs such as emotional regulation, resilience, and self-esteem, and a significant decrease in depression and anxiety levels. This preliminary evidence shows spiritual study as an effective holistic mental health intervention.

5.2 Measurement Model Assessment (CFA)

Confirmatory Factor Analysis (CFA) in AMOS was used to evaluate the measurement model. The results show that all constructs have good reliability and validity.

- Cronbach's alpha values ranged from 0.82 to 0.90, above the recommended value of 0.70. • Composite reliability (CR) values higher than 0.87 showed internal consistency.
- Average Variance Extracted (AVE) values were > 0.50 indicating convergent validity.

Further, the Fornell–Larcker criterion indicated that the square root of AVE for each construct was higher than the inter-construct correlations, thus confirming discriminant validity. The results support the stability of the measurement model for structural analysis.

5.3 Structural Model Evaluation: An SEM in AMOS was used to do the testing of the structural model. The indicators of model fit suggest that the model is a good fit:

- $\chi^2/df = 2.31 (< 3.0)$
- CFI = 0.94 (> 0.90)
- TLI = 0.92 (> 0.90)
- RMSEA = 0.056 (< 0.08)

The use of these numbers provides evidence that the suggested model accurately fits the data that has been observed.

5.4 Hypothesis Testing

All hypothesized relationships were supported.

Spiritual study was found to have strong positive effects on key psychological constructs:

- Interpersonal Relationships ($\beta = 0.52, p < 0.001$)
- Social Support ($\beta = 0.57, p < .001$)
- Resilience ($\beta = 0.64, p < .001$)
- Sleep Quality ($\beta = .49, p < .001$)

Furthermore, spiritual study had large negative effects on:

- Depression ($\beta = -0.53, p < 0.001$)
- Anxiety ($\beta = -.51, p < .001$)

These findings suggest that spiritual study not only increases positive psychological capacities but also lowers negative mental health outcomes.

5.5 Mediation Analysis

The results indicate that the dimensions of mental health significantly mediate the relationship between spiritual study and psychological distress:

- SS → Mental Health → Depression (Indirect effect = -0.34, significant)
- SS → Mental Health → Anxiety (Indirect effect = -0.31, sig.)

Both direct and indirect effects indicate partial mediation, meaning that spiritual study influences mental health both directly and indirectly through psychological mechanisms.

5.6. Theoretical Contributions

Several significant advances to the existing body of research on the relationship between workplace spirituality and mental health are made by this study.

5.6.1. Theory of Workplace Spirituality Development

Previous studies have broadly discussed workplace spirituality (Karakas, 2010; Benefiel et al., 2014) but this study contributes to the field by operationalizing the spiritual study as a structured and measurable construct. The results show that spiritual study acts as a cognitive–behavioural mechanism, affecting both emotional and psychological aspects.

5.6.2. Mental health in a multidimensional framework

This study differs from previous research that has focused on isolated variables and uses a holistic multidimensional model of mental health. The incorporation of constructs such as emotional regulation,

resilience, cognitive functioning and social support is consistent with the mental health continuum model (Keyes, 2002).

The robust effects across all constructs support the idea that mental health should be considered as an interconnected system and not as independent factors.

5.6.3 Mediation Mechanism Perspective

The mediation results give deeper theoretical insight by showing that:

Spiritual study increases internal psychological resources, reduces psychological distress.

These findings are consistent with stress-coping theory (Lazarus & Folkman, 1984) and emotion regulation theory (Gross, 1998) and suggest that spirituality fosters adaptive coping processes.

5.6.4. Bridging between cognitive and emotional domains

The study shows that spiritual study improves at the same time:

- Cognition (clarity, focus)
- Regulating emotions
- Social connectivity

This dual effect reinforces the growing body of research connecting mindfulness and spirituality with cognitive and affective processes.

5.6.5 Management Implications

The findings have several practical implications for organisations, HR professionals and policy makers.

- Incorporating Spiritual Practice into Worksite Wellness Programs: The organization may consider incorporating structured spiritual practices such as Guided Reflection sessions, Mindfulness and Meditation programs, and Value-based Training workshops. These interventions can have a great positive impact on the well-being and productivity of workers.
- Actions to combat the dangerous environment at work Spiritual inquiry has a profound effect on stress management and resilience and can be a weapon in the battle against burnout and mental health issues related to professional stress.
- Involvement in spiritual matters helps to build a sense of belonging, meaningful work and good social ties which contributes to the enhancement of corporate culture. Thus, Turnover decreases and Organizational commitment increase.
- The Development of Mental Health Policy: Organizations and policy makers should recognize spirituality as a valid component of mental health measures, especially in professions that are characterized by high levels of stress.
- Customized Employee Development: Spiritual study improves self-awareness and emotional intelligence and can be incorporated into Leadership development programs, Emotional intelligence training and Employee assistance programs.

5.7 Practical insight.

The effect on resilience was the most significant, which means that Spiritual study will first improve internal psychological capacity, and then affect the overall mental health.

5.8 Implication for practice and research

This study bridges the gap between: Measurable mental health outcomes. It offers a data-driven argument for the inclusion of spirituality in contemporary workplace practices.

6. CONCLUSION

The purpose of this empirical detailed study was to evaluate the effect of spiritual education on the ind-

icators of mental health of the working-age population. Based on the findings, it can be concluded that spiritual study is a major predictor of enhanced psychological functioning as well as lower psychological distress.

Studies indicate that engaging in spiritual studies enhances critical dimensions of mental health, including resilience and social connectedness. Furthermore, it has a notable effect in improving symptoms of depression and anxiety. The structural model confirms the hypothesis that these effects are not independent, but are part of a comprehensive psychological system, and shows how the enhancement of one's abilities leads to improved mental health.

Theoretically, this research contributes to the existing body of knowledge by redefining spiritual study as a structured and quantifiable entity with an impact on individuals' mental, emotional and social processes. It also fits with the notion that a person's sense of well-being is not determined by any one component but rather by the interaction of several psychological domains, therefore adding credence to the notion that mental health is multi-faceted.

From a policy perspective, the results demonstrate the importance of revisiting mental health approaches from the perspective of organizations and society. The classic examples of reactive therapies are therapy and medicine, or so the story goes. Yet, these approaches do not address the root causes of the stress that modern workplaces impose on employees' mental health. The results of this research show the transformative potential of holistic, proactive and preventative approaches including the study of spirituality.

Organized spiritual and contemplative activities should be part of leadership development programs, organizational culture frameworks and employee health programs. In particular, public health and labour officials are responsible for recognizing spirituality as a legitimate component of mental health promotion, including it in workplace recommendations and national policies about mental health.

The final findings of this study demonstrate that spiritual study is not only a theoretical idea, but also a strong evidence-based approach to improve mental health. It can be integrated into policy and organizational frameworks to create healthier, more resilient and more productive workforces.

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