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# Effectiveness of Emotion-Focused Therapy on Psychological Well-Being, Self-Efficacy, and Happiness Among Lower Secondary School Female Students in Shiraz

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### ABSTRACT

**Purpose:** This study aimed to examine the effectiveness of emotion-focused therapy (EFT) on psychological well-being, self-efficacy, and happiness among female junior high school students in Shiraz.

**Methods and Materials:** This quasi-experimental study employed a pretest–posttest control group design with a two-month follow-up. The population consisted of female students aged 13–15 years during the 2024–2025 academic year. Using multi-stage cluster sampling, 46 students were randomly assigned to an experimental group ( $n = 23$ ) or a control group ( $n = 23$ ). The experimental group received nine weekly 90-minute sessions of emotion-focused therapy, while the control group received no intervention. Data were collected using the Oxford Happiness Inventory, Ryff's Psychological Well-Being Scale, and the Morris Self-Efficacy Questionnaire. Data were analyzed using repeated measures ANCOVA in SPSS (Version 28).

**Findings:** The results indicated that emotion-focused therapy had a statistically significant effect on psychological well-being, self-efficacy, and happiness ( $p < 0.05$ ). Effect sizes showed the largest impact on psychological well-being ( $\eta^2 = 0.640$ ), followed by self-efficacy ( $\eta^2 = 0.554$ ) and happiness ( $\eta^2 = 0.184$ ).

**Conclusion:** Emotion-focused therapy, when delivered in a group format and adapted to adolescents' cultural and developmental context, appears to be an effective intervention for enhancing psychological well-being, self-efficacy, and happiness among female junior high school students.

**Keywords:** *Emotion-Focused Therapy; Psychological well-being; Self-Efficacy; Happiness*

## 1. Introduction

Adolescence is a pivotal developmental stage characterized by profound physical, psychological, cognitive, and social changes. This period, which coincides with sexual maturation, is accompanied by significant hormonal fluctuations that can influence adolescents' mood, behavior, and interpersonal relationships. Individual factors such as gender—particularly among girls—may further intensify these changes and shape adolescents' emotional and social experiences (Cieciuch & Topolewska, 2017; Martin et al., 2022).

Psychological well-being encompasses a broad range of dimensions, including self-esteem, a sense of belonging, hope, and life satisfaction. High levels of psychological well-being during adolescence are associated with fewer behavioral problems, lower rates of depression and anxiety, and an overall higher quality of life. Consequently, understanding and promoting psychological well-being at this developmental stage is of considerable importance (Demirtaş, 2020; Yousefi Afrashteh & Hasani, 2022). In particular, psychological well-being plays a critical role in the healthy development of adolescent girls. A lack or deficiency in this domain may result in significant adverse outcomes; for instance, girls with low psychological well-being may struggle with identity formation, experience uncertainty about their future, and show reduced motivation for goal setting and long-term planning (Rodrigues et al., 2023). Moreover, diminished psychological well-being has been linked to heightened stress, behavioral problems, and delinquent behaviors (Avedissian & Alayan, 2021). Overall, low psychological well-being in female adolescents can negatively affect multiple aspects of their lives and impede the realization of their personal potential (Gómez-López et al., 2019). Empirical evidence further indicates that reduced well-being is associated with serious risks such as suicide ideation, self-harm, severe depressive symptoms, and lower life satisfaction (Marquez & Long, 2021).

In addition to psychological well-being, self-efficacy represents a crucial component of adolescent development. Self-efficacy refers to an individual's belief in their capability to perform tasks, manage challenges, and achieve desired outcomes. This belief plays a central role in shaping motivation, behavior, and performance. Adolescents with high self-efficacy are generally more goal-oriented, resilient, and confident in their abilities to learn, solve problems, and succeed. High self-efficacy has been consistently associated with better academic achievement, healthier social

relationships, and improved mental health outcomes (Hwang et al., 2016). Conversely, low self-efficacy among adolescent girls may lead to a range of negative consequences. Girls with low self-efficacy often question their abilities, which may reduce their motivation and engagement in activities and ultimately lower their self-esteem (Sheikhalizade & ashrafzade, 2022). Over time, these self-doubts can contribute to increased levels of anxiety and depressive symptoms. Furthermore, such adolescents may perceive themselves as being judged or socially rejected, leading to social withdrawal and difficulties in establishing and maintaining healthy interpersonal relationships. They may avoid active communication or adopt passive roles in social interactions, thereby increasing their vulnerability to social anxiety (Fatemi et al., 2022). Research suggests that while adolescence involves numerous physical, psychological, and social challenges—particularly for individuals experiencing low self-esteem, hopelessness, or negative peer relationships—some adolescents successfully navigate this period due to high levels of self-efficacy. In contrast, those with low self-efficacy tend to report lower life satisfaction and higher perceived stress. Given the pervasive influence of self-efficacy on various domains of adolescents' lives, diminished self-efficacy can amplify the negative impact of failures and everyday difficulties (Kleppang et al., 2023).

Another key construct examined in the present study is happiness, which can be defined as a state of inner contentment, joy, and overall life satisfaction. Happiness extends beyond transient pleasure and reflects a broader sense of inner balance, positive emotional functioning, and favorable perceptions of oneself and the surrounding environment. Individuals who interpret life experiences in a positive manner are more likely to experience higher levels of happiness and well-being (Ramtin & Nikpeyma, 2020). Previous research has shown that greater happiness is associated with better physical and mental health, stronger social relationships, and more effective functioning in daily life. Happy individuals generally display higher levels of energy, cope more adaptively with life stressors, and maintain a more optimistic outlook toward the future (Khoapanahi & Tamanifar, 2023). As a positive mental state and an indicator of overall life satisfaction, happiness plays a central role in mental health and adolescent development. This role is particularly salient for adolescent girls, as hormonal changes, social pressures, academic demands, and identity-related challenges during this stage can strongly influence emotional experiences and mood regulation

(Salehzadeh et al., 2017). A sustained lack of happiness during adolescence may result in serious and long-term consequences. Common outcomes include mood disorders such as depression and anxiety, which can reduce motivation, disrupt sleep patterns (Rezaie et al., 2022), alter appetite, and generate feelings of hopelessness and worthlessness. In severe cases, these difficulties may even lead to suicidal ideation (Mikaeili & Samadifard, 2019). Moreover, adolescents with low levels of happiness often experience reduced concentration and academic motivation, increasing the risk of poor academic performance, school disengagement, and dropout (Moussa & Ali, 2022). Research on adolescent well-being further indicates that happiness levels tend to decline during this critical developmental period, partly due to unstable family relationships, which may exacerbate family conflicts and further diminish overall life satisfaction (Izzo et al., 2022).

Given the central importance of psychological well-being, self-efficacy, and happiness—and the adverse consequences linked to their impairment—it is essential to develop and evaluate effective interventions aimed at enhancing these factors during adolescence. Such interventions can assist young people in navigating developmental challenges, strengthening adaptive life skills, and realizing their full potential (Sarooghi et al., 2024). One promising therapeutic approach is emotion-focused therapy (EFT), which emphasizes the identification, understanding, and regulation of emotions. EFT aims to help adolescents express emotions in healthy ways, develop emotional regulation skills, and apply effective coping strategies in response to emotional challenges. Although research directly examining the effects of emotion-focused therapy on psychological well-being, self-efficacy, and happiness remains limited, existing evidence suggests that this approach can enhance emotional awareness, improve emotion regulation, and promote positive emotional experiences (Boroumand Rad, 2020). Improved emotional regulation may reduce the impact of negative emotions and contribute to greater comfort, satisfaction, and overall well-being. Furthermore, emotion-focused therapy that incorporates communication and interpersonal skills training has the potential to strengthen social relationships and foster a sense of belonging and social support—factors that are critically linked to happiness and psychological well-being among adolescents (Arsalandeh et al., 2017).

In summary, despite the acknowledged importance of psychological well-being, self-efficacy, and happiness during adolescence—particularly among girls—there

remains a notable gap in empirical research evaluating specific therapeutic interventions targeting these constructs. To date, no study has directly investigated the effects of emotion-focused therapy on psychological well-being, self-efficacy, and happiness among junior high school girls in Shiraz. Accordingly, the present study seeks to address this gap by examining the effectiveness of emotion-focused therapy in enhancing these outcomes within this population. The primary research question guiding the study is whether emotion-focused therapy can significantly improve psychological well-being, self-efficacy, and happiness in adolescent girls?

## 2. Methods and Materials

### 2.1. Study Design and Participants

The study employed a quasi-experimental design with pretest, posttest, and a two-month follow-up, including an experimental group and a control group. The target population consisted of all female junior high school students aged 13 to 15 years in Shiraz during the 2024–2025 academic year. Sampling was conducted using a multi-stage cluster sampling method, focusing specifically on girls' schools. The total sample size was 46 participants. This number was determined based on evidence from prior quasi-experimental studies, which indicate that a minimum of 15 participants per group is adequate for detecting intervention effects. In addition, statistical experts commonly recommend at least 15 participants per group in experimental and quasi-experimental designs. To enhance the statistical power and generalizability of the findings, 23 participants were therefore allocated to each group (see Figure 1). Random selection and group assignment were conducted using a lottery method to ensure unbiased allocation.

The inclusion criteria were: being female and aged between 13 and 15 years; willingness to participate in the study; provision of written informed consent by both students and their parents; no prior participation in emotion-focused therapy sessions; absence of diagnosed psychological disorders; and not using medications that could potentially influence the study outcomes. Exclusion criteria included frequent absenteeism from intervention sessions, unwillingness to continue participation, failure to complete assigned tasks, incomplete questionnaires, sudden physical or psychological health problems, and family or educational circumstances that interfered with participation in the study.

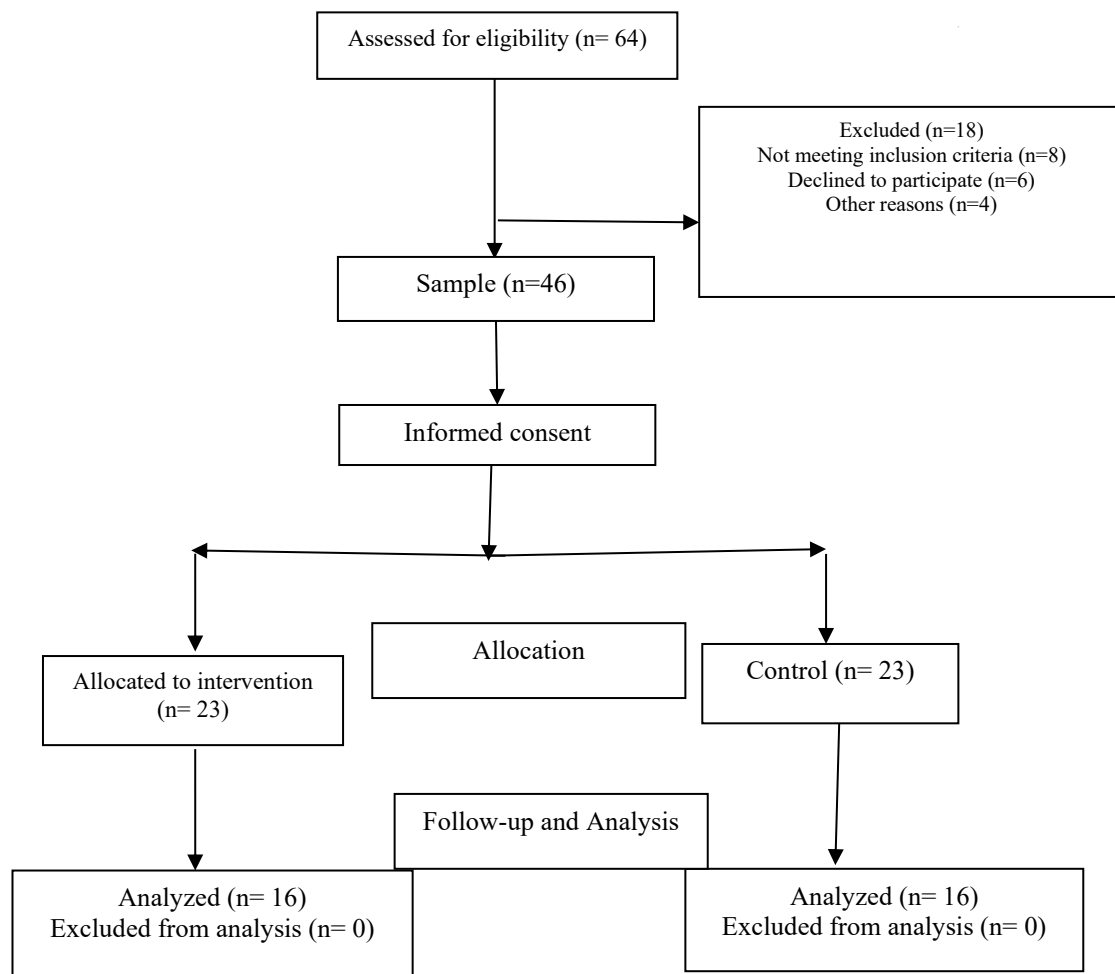
Following the approval of the research protocol by the Ethics Committee of Islamic Azad University, Shiraz Branch, two educational districts were randomly selected from the city of Shiraz. From each district, one girls' junior high school was randomly chosen, and subsequently, two classes were selected from each school, resulting in a total of 46 eligible students. Participants were then randomly assigned to either the experimental or control group using a lottery method, ensuring relative homogeneity in terms of age across groups. At the outset of the study, the researcher clearly explained the objectives of the research to both students and their parents and emphasized the confidentiality of all personal information. Written informed consent was obtained from all participants and their legal guardians prior to data collection.

The experimental group received nine intervention sessions, each lasting 90 minutes, based on Johnson's

emotion-focused therapy protocol (2004). During these sessions, students were trained to identify, understand, and regulate their emotions using structured therapeutic techniques (see Table 1). The control group did not receive any intervention during the study period. Assessments were conducted at three time points: pretest (baseline), immediately after the intervention (posttest), and two months after the completion of the intervention (follow-up) to evaluate the stability of the treatment effects. All participants were fully informed about the research procedure as well as the potential minimal risks and benefits associated with participation. This study was approved by the Ethics Committee of Islamic Azad University, Shiraz Branch, under the registration code IR.IAU.Shiraz.Rec.1403.279.

**Figure 1**

*CONSORT flow diagram*



## 2.2. Measures

The Oxford-Happiness Inventory (OHI): Henry and Crawford was utilized to assess happiness. OHI was devised as a broad measure of personal happiness, mainly for in-house use in the Department of Experimental Psychology of the University of Oxford in the late 1980s (Henry & Crawford, 2005). OHI is a self-report scale consisted of 29 items scored based on a 4-point Likert scale from 0 (never) to 3 (always). Higher scores indicate higher levels of happiness. Total score ranged from 0 to 87. In the foundation paper, Hills and Argyle (Hills & Argyle, 2002) reported an internal consistency reliability alpha coefficient of 0.90 and a 7-week test-retest reliability coefficient of 0.78. In this study, ten experts confirmed the validity of the Persian version of this questionnaire (CVI=0.88, CVR=0.82) (Alizadeh et al., 2022). Moreover, Cronbach's alpha was 0.85.

Psychological Wellbeing Scale (PWB): Developed by Ryff (Ryff, 1995) to examine psychological well-being, this questionnaire includes 18 items and six factors, namely autonomy, environmental mastery, personal growth, positive relationship with others, purpose in life, and self-acceptance, which are scored on a 6-point Likert scale (from 1 = strongly disagree to 6 = strongly agree). A higher score on the PWB means higher psychological well-being. Bayani and colleagues (Bayani et al., 2008) reported the test-retest reliability coefficient of PWB was 0.82. In the current study, Cronbach's alpha for this instrument was 0.86. Also, content validity ratio (CVR) and content validity index (CVI) were used, the results for each of which were 0.94 and 0.91, respectively.

Developed by Morris (2001), this questionnaire measures self-efficacy across three domains: social, academic, and emotional. It consists of 23 items rated on a 5-point Likert scale (1 = not at all, 5 = very much), with items like "How well can you express your opinion when classmates disagree with you?" Total scores range from 23 to 115: 23–38 = low self-efficacy, 39–76 = moderate, above 76 = high. In a validation study by Tahmasian (2005), test-retest reliability confirmed stability across dimensions, and Cronbach's alpha was reported at .93.

## 2.3. Intervention

In the present study, Sue Johnson's (2004) Emotion-Focused Therapy protocol was implemented over nine weekly sessions, each lasting 90 minutes (Johnson, 2004). The intervention followed a structured three-phase model. In

the first phase (identification), the initial sessions focused on building therapeutic rapport, assessing the nature of the participant's difficulties, introducing the rationale of EFT, identifying negative interaction cycles, and uncovering attachment insecurities and emotional patterns. In sessions three and four, the focus shifted to exploring and reconstructing emotional experiences, highlighting key emotional responses, and facilitating client insight into maladaptive cycles. The second phase (change) involved deepening emotional engagement through the recognition of unmet attachment needs, fostering personal emotional experiences, and enhancing internal and interpersonal functioning. Sessions five and six aimed to increase emotional responsiveness, facilitate new patterns of interaction, and help clients articulate desires and needs more clearly. The third phase (consolidation) emphasized the development of new solutions to recurring problems, transforming maladaptive interaction cycles into positive ones, and reinforcing a coherent sense of self and relational security. The final sessions (seven to nine) focused on applying therapeutic gains to daily life, strengthening the emotional bond with the therapist, reviewing changes made during therapy, comparing past and present interaction patterns, and administering the post-test to evaluate treatment effectiveness.

## 2.4. Data Analysis

In the descriptive findings section, the main study variables were summarized using descriptive statistical indices, including means and standard deviations. In the inferential findings section, the research hypotheses were tested to evaluate the effectiveness of emotion-focused therapy on psychological well-being, self-efficacy, and happiness. To examine intervention effects across time, Repeated Measures Analysis of Variance (RM-ANOVA) was employed. Prior to conducting the repeated measures analyses, all relevant statistical assumptions were carefully assessed to ensure the robustness and validity of the results. These assumptions included the absence of outliers, normality of variable distributions, homogeneity of variances, homogeneity of variance-covariance matrices, and homogeneity of error covariances. The assumptions were evaluated using appropriate statistical tests. All statistical analyses were conducted using IBM SPSS Statistics, Version 28.



### 3. Findings and Results

In this study, participants were between the ages of 13 and 15, and the two groups were matched in terms of age. In each

group, 9 participants (18 in total) were 13 years old, 8 participants in each group were 14 years old, and 6 participants were 15 years old.

**Table 1**

*Descriptive Statistics of Psychological well-being and Its Components by Group and Time*

Dependent Variable	Stage	Experimental (M)	SD	Control (M)	SD
Psychological well-being	Pre-test	64.61	7.10	68.83	7.76
	Post-test	76.83	7.08	69.57	7.35
	Follow-up	74.48	7.15	69.61	7.61
Self-efficacy	Pre-test	67.09	7.45	70.70	6.28
	Post-test	73.26	7.70	70.83	7.70
	Follow-up	72.43	8.41	71.35	7.16
Happiness	Pre-test	36.87	9.47	37.52	5.77
	Post-test	41.43	8.53	39.13	5.92
	Follow-up	42.13	8.68	38.43	6.62

In the emotion-focused therapy group, Psychological well-being improved significantly from a pre-test mean of 64.61 to 76.83 at post-test (an increase of 12.22), and remained elevated at 74.48 in the follow-up stage (a sustained increase of 9.87). Similarly, self-efficacy improved from 67.09 to 73.26 (an increase of 6.17) and

remained stable at 72.43 (a total increase of 5.34). Happiness also rose from 36.87 to 41.43 (an increase of 4.56), and reached 42.13 at follow-up (a total increase of 5.26). In contrast, the control group showed negligible changes, with happiness increasing by only 1.61 points post-test and dropping slightly at follow-up.

**Table 2**

*Multivariate Test Results for Differences Between Group Scores on Main Variables*

Test	Value	F	df	p	Eta
Pillai's Trace	0.739	36.74	3	<0.001	0.739
Wilks' Lambda	0.261	36.74	3	<0.001	0.739
Hotelling's Trace	2.830	36.74	3	<0.001	0.739
Roy's Greatest Root	2.830	36.74	3	<0.001	0.739

As shown in Table 2, multivariate tests such as Wilks' Lambda and others indicated a statistically significant difference between the experimental and control groups across the combined dependent variables ( $p < 0.001$ ). These

results suggest that the emotion-focused therapy intervention had a significant multivariate effect on at least one of the outcome variables.

**Table 3**

*Results of Repeated Measures ANOVA for the Effects of Emotion-Focused Therapy*

Dependent Variable	SS	DF	MS	F	p	Eta
Psychological well-being	1231.95	1	1231.95	72.82	<0.001	0.640
Self-efficacy	426.47	1	426.47	50.99	<0.001	0.554
Happiness	83.56	1	83.56	9.22	0.004	0.184

According to Table 3, the ANCOVA results confirmed that emotion-focused therapy had a statistically significant effect on all three dependent variables: Psychological well-being, self-efficacy, and happiness ( $p < 0.05$ ). The effect sizes were strongest for psychological well-being ( $\eta^2 =$

0.640), followed by self-efficacy ( $\eta^2 = 0.554$ ), and happiness ( $\eta^2 = 0.184$ ), indicating that the intervention was most impactful in enhancing mental well-being. These results support the study's primary hypotheses regarding the effectiveness of emotion-focused therapy.

#### 4. Discussion and Conclusion

The present study examined the effectiveness of emotion-focused therapy (EFT) on psychological well-being, self-efficacy, and happiness among female junior high school students in Shiraz. The findings demonstrated statistically significant improvements across all three outcome variables, confirming the effectiveness of the intervention and supporting the primary research hypothesis. Effect size estimates further indicated that the strongest impact was observed for psychological well-being, followed by self-efficacy and happiness, suggesting that EFT exerts its most pronounced influence on adolescents' internal psychological functioning.

These findings are consistent with previous research reporting positive outcomes of emotion-focused and emotion-based interventions on mental health indicators (Alavi, 2024; Alizadeh et al., 2022; Hatami et al., 2023; Lin et al., 2024; Seddon et al., 2025). Emotion-focused therapy, as a contemporary psychotherapeutic approach grounded in humanistic theory, places emotions at the core of psychological change, emphasizing their role in shaping identity, decision-making, interpersonal relationships, and subjective meaning (Seddon et al., 2025). Rooted in Rogers's client-centered principles and further developed by Greenberg, EFT assumes that when individuals learn to consciously recognize, process, and express emotions in adaptive ways, they experience psychological growth, inner coherence, and a deeper sense of meaning in life (Sarooghi et al., 2024).

Empirical evidence suggests that psychological well-being, social support, and emotional intelligence are positively associated with happiness among students, with emotional intelligence mediating the effects of well-being and social support (Shabani Shad et al., 2024). In line with these findings, EFT has demonstrated effectiveness in improving psychological well-being and quality of life in diverse populations, including divorced women (Alavi, 2024) and individuals recovering from COVID-19 when combined with mindfulness-based stress reduction (Hatami et al., 2023). Importantly, EFT in these contexts appears to enhance meaning in life and a sense of purpose—core components of psychological well-being.

Qualitative and mixed-methods research has further highlighted the mechanisms through which EFT operates. For example, studies comparing cognitive-behavioral therapy and emotion-focused therapy for depression have identified key therapeutic changes, including shifts in

problem perception, deeper connections with inner emotional experiences, reframing of self-related narratives, transformation of problematic interpersonal patterns, and meaningful changes in daily functioning (Ardal et al., 2025). These mechanisms are particularly relevant during adolescence, a developmental stage characterized by emotional intensity, identity exploration, and heightened sensitivity to interpersonal feedback.

Emotion-focused approaches have also shown promise as time-limited interventions for child and adolescent mental health, with benefits extending to family functioning and parental well-being (Seddon et al., 2025). Emotion-focused skills training has been shown to improve parental emotion regulation, mental health, and self-efficacy, with evidence of reciprocal relationships between parental self-efficacy and children's emotional adjustment. Furthermore, EFT-based interventions have been associated with improvements in key psychological outcomes such as depression, self-esteem, life satisfaction, and loneliness (Lin et al., 2024). Family-based EFT programs have also demonstrated effectiveness in enhancing parental self-efficacy, reducing parental psychopathology, and alleviating children's emotional symptoms through improved emotional processing and relational functioning (Smith et al., 2023).

From a process-oriented perspective, EFT facilitates emotional self-awareness, identification of maladaptive emotional schemas, re-experiencing and reprocessing of painful emotions, and resolution of internal emotional conflicts. These processes foster a stronger sense of personal agency, self-worth, meaning, and inner contentment, which in turn contribute to enhanced psychological well-being, self-efficacy, and happiness. Theoretically, therefore, there is substantial support for the observed relationships between emotion-focused therapy and these core psychological constructs (Lin et al., 2024; Seddon et al., 2025).

In the present study, EFT techniques such as two-chair dialogues, focusing on moment-to-moment emotional experience, differentiation of primary and secondary emotions, and empathic therapist attunement enabled female students to identify, accept, and appropriately express emotions such as anxiety, fear, anger, and guilt. This process enhanced emotional awareness, improved relationships with peers and family members, and strengthened students' perceived sense of control over their internal states. Consequently, happiness increased, self-efficacy in emotional and social domains was strengthened, and students reported improved subjective evaluations of their

quality of life, as reflected in significant pretest–posttest differences in the experimental group.

From a developmental perspective, emotion-focused therapy appears particularly well-suited for adolescent girls, given their heightened sensitivity to identity formation, emotional validation, and relational acceptance. Providing a safe and structured environment for emotional exploration allows adolescents to develop self-confidence, resilience, and adaptive coping strategies, leading to more positive life attitudes, increased happiness, and greater acceptance of life's challenges (Alavi, 2024; Hatami et al., 2023).

The findings can also be interpreted through Bandura's social cognitive theory, which posits that mastery experiences represent the most powerful source of self-efficacy. In EFT, successful emotional regulation and adaptive emotional expression serve as mastery experiences, fostering greater confidence in managing both emotional and academic demands. The integration and transformation of primary and secondary emotions further promote emotional balance and psychological resource expansion, strengthening self-efficacy beliefs (Torabiyan et al., 2024).

In sum, the results underscore the value of emotion-focused therapy as an effective, developmentally sensitive intervention for enhancing psychological well-being, self-efficacy, and happiness among adolescent girls.

#### Research Limitations and Recommendations

In the present study, some limitations should be acknowledged, and corresponding recommendations for future research are proposed to be considered in the design of subsequent studies. First, the sample was limited to female students in the first cycle of secondary education in Shiraz, which may restrict the generalizability of the findings. Future research is therefore recommended to include male students, students from other educational levels (such as elementary or upper secondary school), and participants from different cities and cultural contexts, in order to enhance external validity and to examine the role of gender, cultural, and age differences in the effectiveness of emotion-focused therapy. In addition, the long-term effects of the intervention were not assessed in the present study. Accordingly, future studies should incorporate long-term follow-up assessments (for example, three or six months after the completion of the intervention) to evaluate the durability of treatment effects and to determine whether the observed improvements in happiness, self-efficacy, and psychological well-being are maintained over time. Another limitation concerns the exclusive reliance on self-report

questionnaires, which may be susceptible to response biases. To reduce such biases and obtain a more comprehensive evaluation of intervention outcomes, future research is encouraged to use multiple sources of data, including teacher evaluations, direct behavioural observations, and semi-structured interviews. Finally, the study did not adequately control for potential external or contextual variables, such as family conditions, academic pressure, or levels of social support, which may influence students' psychological outcomes. Future studies may improve the precision of analyses and interpretations by including these variables—such as family support, academic stress, or socioeconomic status—as control variables or moderators within the analytical models.

#### Authors' Contributions

All authors significantly contributed to this study.

#### Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

#### Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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#### Declaration of Interest

The authors report no conflict of interest.

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#### Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the interview and participated in the research with informed consent (Ethics Code: IR.IAU.SHIRAZ.REC.1403.279).



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